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INVESTIGATING AND HANDLING ALLEGATIONS OF RESEARCH MISCONDUCT PROCEDURE

Introduction and Aim

The UK Policy Framework for Health and Social Care Research (2017) sets in place systems and processes to ensure that all research conducted is safe, of a high quality and contributes to improving the treatment and care of patients. Under the framework Health Boards are required to put in place systems for 'ensuring employees are supported in and held to account for conducting research in a professional manner, including research integrity'. The Research Governance Policy (UHB099) of Cardiff and Vale University Health Board (the UHB) has been written to ensure staff are aware of and observe the highest standards in the conduct of their research. Failure to comply with the Research Governance Policy may give rise to an allegation of misconduct. Misconduct in research may be grounds for disciplinary action and, if sufficiently serious, dismissal.

This Procedure should be read in conjunction with the Disciplinary Policy of the UHB (ref UHB 061) and Disciplinary, Conduct and Capability Policy And Procedures – Medical Staff (UHB 128 -08 August 2012). It should also be read in conjunction with the UHB Procedure for NHS Staff To Raise Concerns (UHB 043) and the Research Governance Policy (UHB 099).

This Procedure is without prejudice to the normal operation of the relevant Disciplinary Policies and Procedures of the UHB. In the event of any conflict between this Procedure and the relevant Disciplinary Policy of the UHB, the latter shall prevail.

In cases of research misconduct where fraud is alleged and/or suspected, the incident should be reported immediately to the UHB Counter Fraud Manager 02920742725) for a potential criminal investigation.

The Investigating and Resolving Allegations of Research Misconduct Procedure aims to ensure compliance with The UK Policy Framework for Health and Social Care Research (2017) by putting in place a system to detect and deal with research misconduct and fraud, which will support probity and public confidence in research.

The Procedure should help to protect the safety, well-being, dignity and rights of research participants and will provide protection to staff by ensuring that all allegations of research misconduct are investigated in a professional, timely and consistent manner.

Principles

All allegations of misconduct in research shall be treated seriously and fairly and their merit investigated with integrity and sensitivity and in a timely manner.

In all enquiries and in any action taken as a result of their outcome, due regard shall be given to the need:

- To protect researchers against malicious, frivolous or ill-founded allegations of research misconduct;
- To protect the position and reputation of those alleged to have engaged in misconduct in

research where such allegations are not confirmed;

- To protect the position and reputation of those who make allegations of research misconduct in good faith i.e. in the reasonable belief on the basis of any supporting evidence that misconduct in research may have occurred;
- To observe the principle of no detriment such that neither the complainant nor the respondent should suffer solely as a consequence of the fact that a good faith allegation has been made.

Random, planned or 'for cause' auditing and ongoing monitoring each have key roles to play in detecting and investigating allegations of research misconduct.

The Medicines and Healthcare products Regulatory Agency (MHRA) has the power of inspection of sites involved in the conduct of Clinical Trials of Investigational Medicinal Products and may identify alleged research misconduct or fraud.

Objectives

- To provide a definition of research misconduct
- ensure that an investigation is thorough and fair, conducted in a timely and transparent manner, and with appropriate confidentiality;
- demonstrate that, by using an agreed standard process, there should be fewer errors in the conduct of investigations; and
- reassure those raising concerns, those who are under investigation and other involved parties, that the process of investigation will follow a template procedure adopted nationally by research organisations.
- To provide staff with guidance on the Procedures they must follow if they suspect or believe research misconduct has occurred.
- To recognise that research misconduct can vary in its degree of seriousness, and to bring about improvements in an employee's conduct of research.
- To outline the escalation process and the sanctions that may result.
- establish the ethos and mechanisms by which misconduct in research may be addressed appropriately, investigated effectively, and handled fairly, in a timely manner and with an appropriate balance of confidentiality and transparency;
- assess whether the allegations have substance and should proceed to a full investigation, be addressed through other means, or be dismissed;
- conclude through a full investigation whether, on the balance of probabilities, the evidence upholds the allegations of misconduct in research (either intentional or reckless in nature); and
- produce a report to initiate appropriate actions following the conclusion of the process.

Purpose:
This Procedure recognises that the investigation of allegations of research misconduct can involve complex issues and seeks to discharge CAVUHB's responsibilities sensitively and fairly. It outlines the process to be followed when allegations of misconduct in research are brought against a researcher about research conducted under the auspices of CAVUHB.

Dealing with research misconduct cases can be complex and difficult. Whilst the intention is for the Procedure to be as comprehensive as possible, it cannot cover all scenarios that will occur in course of any specific case. Integral to running an investigation well is the need, on occasion, to make informed judgements in difficult situations and have confidence in those judgements.

Scope

This procedure applies to all individuals undertaking clinical and non-clinical research (including Clinical Trials of Investigational Medicinal Products) within the UHB including those individuals:

- substantively employed by the UHB; however, in the case of honorary contracts, dependent on the circumstances the relevant university or NHS organisation might take the lead in an investigation in line with the Cardiff University and Associated NHS Bodies Protocol for the joint arrangements for the employment of clinical academics
- holding an honorary research contract or 'letters of access' to UHB. Where the University is the employer, in these circumstances only the university could take the lead in an investigation of allegations of misconduct in research. Where the main employer is another NHS organisation there must be close liaison between the UHB and the other NHS organisation(s).
- General Practitioners holding contracts with the UHB in accordance with the National Health Service (General Medical Services Contracts) (Wales) Regulations 2004.
- undertaking clinical research involving UHB patients;
- undertaking clinical research on UHB or CU premises where NHS resources are used

Equality Health Impact Assessment	An Equality Impact Assessment has not been completed for this procedure. 'This is because this procedure has been written to support the implementation the Research Governance Policy (UHB 099). The Equality Impact Assessment completed for the policy found there to be no impact.
Documents to read alongside this Procedure	Disciplinary Policy, Reference No UHB 061 Procedure for NHS Staff to Raise Concerns UHB 043 Research Governance Policy (UHB 099) Counter Fraud and Corruption Policy (UHB 054) The UK Policy Framework for Health and Social Care Research (2017) Standards of Behaviour Framework Policy Incorporating Gifts, Hospitality and Sponsorship (UHB 064)
Approved by	Joint Research Governance Group

Accountable Executive or Clinical Board Director	*Medical Director*
Author(s)	Research & Development Manager, Governance Officer Human Tissue Act -Research

Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.

Summary of reviews/amendments

Version Number	Date of Review Approved	Date Published	Summary of Amendments
2	07/07/15	30/09/15	Updated to new UHB format Updated to reflect Royal Assent of Bribery Act 2010 Updated to reflect new medical staffing policies
3	17/07/18	20/08/18	Updated to reflect UK Policy Framework for Health and Social Care Research (2017) has replaced the Research Governance Framework for Health and Social Care in Wales, Second edition 2009. Deleted references to obsolete roles and meetings.
4	28/04/2021	02/08/2021	Updated to reflect Title changes
5	18/07/2024	15/11/2027	Updated to reflect new UKRIO procedure. Procedure for the Investigation of Misconduct in Research (ukrio.org) New structure: Purpose, Scope and Standards Receipt of Allegations stage Initial Investigation stage Full Investigation stage Outcomes and Reporting stage Appeals stage

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1 RESPONSIBILITIES

The UHB has responsibility for maintaining high ethical standards for any research that is undertaken either on UHB premises, or by UHB employees. The UHB is also charged with monitoring all research that is ongoing and to investigate promptly and fairly where episodes of misconduct have been alleged. Research misconduct is taken seriously and staff raising bone fide concerns can do so confidentially and without fear of suffering any detriment. The Medical Director, Joint Research Office Director, Research and Development Manager and Research Governance Team are responsible for implementing this procedure which is aimed at all staff involved in research and development projects at Cardiff and Vale University Health Board as well as staff involved in caring for patients who may be involved in research.

Executive Lead

The Medical Director has been appointed as the Executive lead for research activities for the UHB and as such is responsible for:

- ensuring that arrangements are in place to respond to and manage potential incidents of research misconduct
- ensuring that the Board and the Quality Safety and Experience Committee are informed, as required, on the Investigating and Resolving Allegations Of Research Misconduct
- supporting training and development of staff

Joint Research Office Director

The Joint Research Office Director will be the **NAMED PERSON**: The Named Person is defined in the Procedure as the individual nominated by CVUHB to have responsibility for receiving any allegations of misconduct in research; initiating and supervising the Procedure for investigating allegations of misconduct in research; maintaining the record of information during the investigation and subsequently reporting on the investigation to internal contacts and external organisations; and taking decisions at key stages of the Procedure.

The Named Person should have a nominated alternate who should carry out the role in their absence or in the case of any potential or actual conflict of interest. The Named Person and the nominated alternate should not be the Organisation's Principal or equivalent, or Head of Human Resources. The nominated alternate is the Assistant Medical Director for Research.

The named person will raise concerns as appropriate with the Medical Director, who can authorise an official investigation. Where staff other than medics are involved e.g. Nurses, Allied Health professionals or Scientists etc. then the Medical Director may liaise with the appropriate Professional Executive lead e.g. Director of Nursing.

The Joint Research Office Director is responsible for the following:

- Taking the allegations of research misconduct seriously and investigating fairly where the allegation appears justified
- Assessing the available evidence and to determine whether the matter falls under this procedure for investigating misconduct in research (in terms of both the matter raised and the individuals identified).
- Suspending research activities relating to the allegations. This may happen, but is not limited to, where public health and safety is considered to be at risk, where the safety and well-being of research subjects or staff are considered to

be at risk or where there is reasonable indication of possible violation of civil or criminal law. The Director will also need to consider any other activities that the individual may carry out in the UHB and liaise with the relevant directorate to ensure that patient safety is maintained

- The Named Person will identify an investigator and suitable administrative and other support to assist the Investigator
- Supporting training and development of staff

Principal Investigator (PI)

The Principal Investigator is the appropriately qualified individual at each project site who has responsibility for the conduct of the project at that site. The PI is responsible for:

- ensuring that research is conducted in accordance with the principles of good research practice described in the UK Policy Framework for Health and Social Care Research (2017) and in accordance with the approved Protocol.
- reporting their concerns through the Procedure if they suspect or believe that research misconduct has occurred.

Responsibilities of Researchers

- Researchers bear the day-to-day responsibility for the conduct of research.
- They are individually responsible for ensuring that any research they undertake follows the agreed research protocol and agreed standard operating procedures , for helping care professionals to ensure that participants receive appropriate care while involved in research, for protecting the integrity and confidentiality of clinical and other records and data generated by the research, and for reporting any failures in these respects, adverse drug reactions and other events or **suspected misconduct** through the appropriate systems
- All researchers must communicate with their academic supervisors, where appropriate, on a regular basis and this must be documented.

Research Governance Team

The Research and Development Office of the UHB has a Research Governance team that serves the UHB research community. The team is responsible for establishing systems of monitoring and audit of research and providing training in research governance. They are responsible for reporting their concerns through the Procedure, if they suspect or believe that research misconduct has occurred

All Staff

Anyone with a duty of care to UHB patients or research subjects seen on UHB premises has the responsibility of reporting their concerns through the Procedure, if they suspect or believe that research misconduct has occurred.

Each research active employee has the responsibility to conduct research in accordance with the principles of good research practice described in the UK Policy Framework for Health and Social Care Research (2017) and in accordance with the approved Research Protocol and relevant legislation.

2 DEFINITION OF RESEARCH MISCONDUCT

The definition of research misconduct used throughout this document has been taken from the Concordat to support Research Integrity, namely: 'research misconduct is characterised as behaviours or actions that fall short of the standards of ethics, research and scholarship required to ensure that the integrity of research is upheld. It can cause harm to people and the environment, wastes resources, undermines the research record and damages the credibility of research. The Concordat recognises that academic freedom is fundamental to the production of excellent research. This means that responsibility for ensuring that no misconduct occurs rests primarily with individual researchers.'

Research misconduct can take many forms, including but not limited to:

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
b. falsification: inappropriately manipulating and/or selecting research processes, materials, equipment, data, imagery and/or consents
c. plagiarism: using other people's ideas, intellectual property or work (written or otherwise) without 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, or 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 the purposes of peer review

e. misrepresentation of:
    i. data, including suppression of relevant results/data or knowingly, recklessly or by gross negligence presenting a flawed interpretation of data
    ii. involvement, including inappropriate claims to authorship or attribution of work and denial of authorship/attribution to persons who have made an appropriate contribution
    iii. interests, including failure to declare competing interests of researchers or funders of a study
    iv. qualifications, experience and/or credentials
    v. publication history, through undisclosed duplication of publication, including undisclosed duplicate submission of manuscripts for publication

f improper dealing with allegations of misconduct: failing 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.

Honest errors and differences in, for example, research methodology or interpretations do not constitute research misconduct.' For the avoidance of doubt, misconduct in research includes acts of omission as well as acts of commission.

In addition, the standards by which allegations of misconduct in research should be judged should be those prevailing in the country in which the research took place and at the date that the behaviour under investigation took place (the requirements on the processing and storage of personal and research data). This is particularly important (and not straightforward) when investigating allegations relating to research that was carried out many years previously.

The basis for reaching a conclusion that an individual is responsible for misconduct in research relies on a judgement that there was an intention to commit the misconduct and/or recklessness in the conduct of any aspect of a research project. Where allegations concern an intentional and/or reckless departure from accepted procedures in the conduct of research that may not fall directly within the terms detailed above, a judgement should be made as to whether the matter should be investigated using the Procedure.

When allegations of misconduct in research are raised that include/relate to allegations of bullying/ harassment, CAVUHB will determine whether those allegations are investigated under this Procedure and/or another Organisational process, for example, the bullying/ harassment procedure or disciplinary process

CAVUHB will need to ensure that they have arrangements in place for collaboration with other organisations over investigations where appropriate. This could include when an individual has moved during the course of the matter being investigated, where the Respondents are based in more than one institution, or when individuals fall under the auspices of CAVUHB and another body or members of staff on a joint clinical or honorary contract). Matters for investigation can also be across national boundaries. The references below include further information:

- Montreal Statement on Research Integrity in Cross-Boundary Research Collaborations https://wcrif.org/documents/354-montreal-statement
- Russell Group Statement of Cooperation in Respect of Cross-Institutional Research Misconduct Allegations https://russellgroup.ac.uk/media/5708/russell-group-research-integrityforum-statement-of-cooperation-may-2018.pd

If at any stage of this Procedure, a Respondent or anyone else whether involved in the matter or not raises a counter-allegation of misconduct in research or an allegation of misconduct in research unrelated to the matter under investigation, these allegations will be

addressed under this Procedure as separate matters and will be forwarded to the Named Person for consideration.

Bribery Act 2010

The Bribery Act 2010 came into force on 1 July 2011 and replaces former Anti Bribery Laws with a suite of new offences which is markedly different to previous legislation. The Bribery Act 2010 makes it a criminal offence to "give, promise or offer a bribe and to request, agree to receive or accept a bribe either at home or abroad". The maximum penalty for bribery is now 10 years imprisonment, with an unlimited fine.

In addition, the Act introduces a 'corporate offence' of failing to prevent bribery by the organisation not having adequate preventative procedures in place. An organisation may avoid conviction if it can show that it had such procedures and protocols in place to prevent bribery. The 'corporate offence' is not a standalone offence. It always follows from a bribery and/or corruption offence committed by an individual associated with the company or organisation in question.

In relation to corruption, this can be broadly defined as the offering or acceptance of inducements, gifts, favours, payment or benefit-in-kind which may influence the action of any person. Corruption may not always result in a loss, e.g. a person may use their position to give some advantage to another and may not benefit directly from doing so. It is a common law offence of corruption to bribe the holder of a public office. It is similarly an offence for the office holder to accept a bribe.

Corruption prosecutions are most commonly brought within specific legislation dealing with corruption:

- the Public Bodies Corrupt Practices Act 1889;
- the Prevention of Corruption Acts 1889–1916;
- the Anti-terrorism, Crime and Security Act 2001.

Financial fraud or other misuses of research funds or research equipment may be addressed under the Organisation's financial fraud investigation process or equivalent, instead of under this Procedure.

3 PROCEDURE

The procedure to be undertaken is up to 5 stages namely:

1. Receipt of Allegations Stage
2. Initial Investigation Stage
3. Full Investigation Stage
4. Outcomes and Reporting Stage
5. Appeals Stage

3.1 Receipt of Allegations stage

Purpose	The purpose of the Receipt of Allegations Stage is to assess an allegation of research misconduct that has been received by an Organisation, to determine the most appropriate process to investigate or otherwise address

	it. The primary aim is to determine whether the matter falls under CAVUHB procedure for investigating misconduct in research (in terms of both the matter raised and the individuals identified). Its aim is NOT to investigate the substance of the matter raised.
Conducted By	the Named Person will carry out this stage of the Procedure, supported by the Research and Development Manager
	The Named Person may identify suitable professional, administrative, and other support to assist them in carrying out the above actions
	The Named Person shall be free to seek confidential advice from persons with relevant expertise, both within the Organisation and outside it
Possible Outcomes	At the conclusion of the Receipt of Allegations stage, the Named Person will determine whether the allegation of misconduct in research (it may be the case that more than one course of action needs to be followed)
	a) falls under the definition of research misconduct and the scope of the Procedure and should advance to the Initial Investigation Stage of this Procedure;
	b) falls within the scope of another formal process of the Organisation and warrants referral directly to it, including but not limited to examination regulations, academic misconduct process or equivalent; bullying/ harassment procedure or equivalent; financial fraud investigation process or equivalent; disciplinary process; or
	c) warrants referral directly to an external organisation, including but not limited to the research organisation(s) under whose auspices the research in question took place; statutory regulators; or professional bodies, the latter Discussion Allegations of research misconduct can be complex, even when they initially present as straightforward situations, and all humans can be subject to biases and gaps in expertise. As this stage of the Procedure puts a large amount of responsibility on the Named Person role, it is advised that the Named Person seeks confidential advice from persons with relevant expertise before making any decisions on the outcome of this stage being particularly relevant where there are concerns relating to Fitness to Practise; or. d) presents as being related to potential poor practice rather than to misconduct, and therefore the initial approach to addressing the matter will be via informal measures, such as education and training, mediation or other non-disciplinary approach, rather than through the next stage of the Procedure or other formal processes; or e) should be dismissed because it does not fall under the remit of the Procedure and does not need to be referred elsewhere
Timescale	this stage of the Procedure should be completed as soon as is practicable upon receipt of an allegation, if possible ***within ten working days***, provided this does not compromise the Standards and Principles (see Annex 1) and the full and fair assessment of the allegation. The Named Person will explain any delays to this timescale to the Complainant in writing, presenting an estimated revised date of completion.

Process	Initial allegations of misconduct in research by the Complainant should provide as detailed a statement as possible in writing in support of the allegation.
	A person making an allegation or complaint will not be penalised, provided that it is done without malice and in good faith, reasonably believing it to be true.
	Anyone may raise a concern relating to research misconduct; it is not limited to members of the organisation. The complainant may, in the first instance and where appropriate, attempt to address the issue with either the individual concerned or an appropriate senior colleague rather than raising a concern via this Procedure; they may also wish to seek advice from the confidential liaison point within CAVUHB. Where the complainant is not satisfied with the outcome of an informal approach, or if they do not consider such an approach appropriate, then they should raise concerns via this Procedure.
	While this Procedure encourages persons with concerns about the conduct of research to raise them with the Named Person directly, it is recognised that staff may fear that their own position could be jeopardised if they raise a particular concern directly. Staff may choose to raise a concern under the Whistleblowing Procedure.
Conclusion of this stage and next steps	The Named Person shall write a note summarising their assessment of the allegation(s) and inform other organisational contacts as appropriate of the next steps from the outcomes detailed above
	Where the outcome determined is a, that it should proceed to the initial investigation, the Named Person will inform the Respondent of the following, formally and in writing: a) An allegation of misconduct in research has been made which involves them. b) A summary of the allegation(s) and a copy of the Procedure. At all times, the Named Person should emphasise to all parties that the allegation is as yet unproven, is being addressed under this Procedure and that the information is confidential. c) That it has been determined at the Receipt of Allegations stage that the matter has sufficient substance and falls under this procedure and therefore will proceed to the 'Initial Investigation' stage. d) That they will be allowed to respond to the allegation(s) and set out their case. e) The conclusions of the initial assessment of the allegation(s), an outline of the next steps and approximate timescales. Where possible, this may include the identity of the investigator and an indication of when they will be in contact to gain the Respondent's version of events.

	f) When allegations have been made against more than one Respondent, the Named Person should inform each individual separately and not divulge the identity of any other Respondent.
	For all other outcomes, the Procedure reaches its endpoint.
Support for this stage	Please refer to Procedure for the Investigation of Misconduct in Research (ukrio.org)

3.2 Initial Investigation stage

Purpose	The purpose of the Initial Investigation Stage is to determine whether there is sufficient evidence of research misconduct to warrant a Full Investigation of the allegation or whether alternative action(s) should be taken.
Conducted by:	This stage will normally be conducted by an Investigator, whose appointment is discussed under 'Process'
	The Named Person will identify suitable administrative and other support to assist the Investigator.
	The Investigator shall be free to seek confidential advice from persons with relevant expertise, both within the Organisation and outside it.
Possible outcomes:	After the Initial Investigation Stage, the Investigator will determine whether the allegation of misconduct in research: a) is sufficiently serious and has sufficient substance to warrant a Full Investigation of the complaint; or b) has some substance but due to its relatively minor nature or because it relates to poor practice rather than to misconduct, will be addressed through education and training or another non-disciplinary approach, such as mediation, rather than through the next stage of the Procedure or other formal processes; or c) warrants referral directly to another formal process of the Organisation, including but not limited to examination regulations, academic misconduct or equivalent; bullying/ harassment procedure or equivalent; financial fraud investigation process or equivalent; disciplinary procedure; or d) warrants referral directly to an external organisation, including but not limited to statutory regulators or professional bodies, the latter being particularly relevant where there are concerns relating to Fitness to Practise; or e) is unfounded, because it is mistaken or is frivolous or is otherwise without substance (this could include difference of opinion on methodology), and will be dismissed; or f) is unfounded, because it is vexatious and/or malicious, and will be dismissed
Timescale	The Investigator will normally aim to complete the Initial Investigation Stage ***within 30 working days*** following instruction from the Named Person provided this does not compromise the Standards and Principles of this Procedure and the full and fair investigation of the allegation. Any delays to this timescale will be explained to the Complainant, the Respondent and the

	Named Person in writing, presenting an estimated revised date of completion
Process	The Initial Investigation Stage will commence following instruction to that effect from the Named Person after the Receipt of Allegations stage. The Named Person can decide that an Initial Investigation may instead be conducted by an Initial Investigation Panel consisting of two or three persons, which may include external members or an external Chair. Use of an Initial Investigation Panel may be advantageous when allegations involve multiple disciplines of research and/or are especially complex, or where there are significant potential conflicts of interest within the Organisation. The decision by the Named Person to use an Initial Investigation Panel will normally be made on a case-by-case basis.
	The Named Person will as soon as is practicable, appoint an individual ('the Investigator') to undertake an Initial Investigation into the allegation(s). The Investigator will normally be an experienced member of academic staff from within the Organisation and may be from within or outside the department concerned, depending on the circumstances of the investigation and at the discretion of the Named Person.
	All persons appointed to carry out the Initial Investigation will confirm to the Named Person in writing that: a) Their participation involves no conflict of interest, seeking advice from the Named Person if unsure b) They will abide by the Procedure; c) They will respect the confidentiality of the proceedings; and d) d. They will adhere to the Principles and Standards of the Procedure
	The Respondent and Complainant may raise with the Named Person concerns that they may have about the person chosen to carry out the Initial Investigation but neither has a right of veto over those nominated. The Named Person will consider any concerns raised and whether new persons should be selected to carry out the Initial Investigation Stage
	In the event of the Investigator becoming unable to participate in the Initial Investigation Stage once it is underway, the Named Person will determine whether a new person should be selected to take on the role of the Investigator and continue the investigation from its current point or if the Initial Investigation Stage should be restarted.
	The Named Person will provide the Investigator with all relevant information including any correspondence and information already provided in support of the allegation(s). The Investigator will keep a full record of the evidence received and of the proceedings and should be supported in this by the administrative and other support identified. The Investigator will then contact the Complainant and the Respondent to gather information in support of their investigation. The Investigator shall assess the information obtained and any additional information they require. The work of the Investigator will include the determination of whether the allegation is made in good faith; a confidential review and assessment of the evidence provided; and reaching a conclusion on the allegation(s) in line with the possible outcomes

	As part of the process, in the interests of fairness and impartiality and to help ensure confidence in the process, both parties should have the opportunity to provide input into the investigation whether in writing or by interview. This procedure will allow Complainants and Respondents to be accompanied to interviews by a colleague, or trade union representative. When interviewed, the Respondent will be allowed to respond to the allegations made against them
	The Investigator may also contact relevant witnesses suggested by the Complainant or Respondent. Care should be taken not to miss opportunities to gather relevant evidence.
	Where the Complainant has raised an allegation relating to a large body of work, or work carried out over a significant period, the Investigator will need to carry out a sufficient investigation to reach a robust conclusion on the allegation(s). This can take time and resources, and advice should be sought from the Named Person on how to best approach this.
Conclusion of this stage and next steps	The Investigator shall write a report of (where relevant, for each allegation) the outcome as set out above.
	The standard of proof used by the Initial Investigation is that of "on the balance of probabilities". This means that the activity was more likely than not to have occurred.
	A summary of the findings will be sent to the Complainant and the Respondent for comment on matters of factual accuracy. The Investigator will consider the responses received and if they consider that the report includes errors of fact, will modify the report as necessary
	The Investigator will then submit their final report and records/material relating to the investigation to the Named Person, setting out the conclusions of the Initial Investigation stage on the allegation(s) under investigation and any other matters they wish to draw to the attention of the Organisation.
	The Named Person shall convey the substance of the Investigator's findings to the Complainant, the Respondent and such other persons or bodies as they deem appropriate.
	The Named Person will then undertake the following actions depending on the conclusions of the Initial Investigation stage on the allegation(s) under investigation: a) If it is concluded that the allegation(s) is sufficiently serious and has sufficient substance to warrant a Full Investigation of the complaint, then the investigation moves to the Full Investigation stage b) b. For all other outcomes, the investigation moves to the Outcomes and reporting stage
	The work of the Investigator is then concluded and they play no further role in the Procedure or any subsequent disciplinary procedure, apart from clarifying any points in their report. As the matter may then give rise to disciplinary or other action, a former Investigator should not make any comment on the matter in question, unless formally permitted by the

	Organisation or otherwise required to by law. They should also remember that all information concerning the case was given to them in confidence.
	Any queries or requests for comment addressed to the Investigator should be referred to the Named Person
	The Initial Investigation stage now ends
Support for this stage	Please refer to Procedure for the Investigation of Misconduct in Research (ukrio.org)

3.3 Full Investigation stage

Purpose	The purpose of the Full Investigation is to review all the relevant evidence and: a) conclude whether an allegation of misconduct in research is upheld in full, upheld in part or not upheld; and b) make recommendations as appropriate, for consideration by the appropriate Organisational authorities, regarding any further action the Full Investigation Panel ("the Panel") deems necessary to address any misconduct it may have found; correct the record of research, and/or address other matters uncovered during its work.
Conducted by	The Named Person will establish a Full Investigation Panel, whose appointment is discussed under 'Process' below. At least one member of the Panel must be from outside the Organisation. The Concordat to Support Research Integrity requires external membership on Full Investigation Panels or their equivalents, as do the terms and conditions of some research funders.
	The Named Person will identify suitable administrative and other support to assist the Panel.
	The Panel shall be free to seek confidential advice from persons with relevant expertise, both within the Organisation and outside it
Possible outcomes:	The Panel will reach a conclusion on the allegation(s) under investigation and may also make recommendations on subsequent actions which should be taken by the Organisation and/or other bodies.
	a) After the Full Investigation, the Panel will conclude, giving the reasons for its decision and recording any differing views, whether the allegation of misconduct in research is: b) is upheld in full; or c) is upheld in part; or d) has some substance but due to its relatively minor nature or because it relates to poor practice rather than to misconduct, will be addressed through education and training or another non-disciplinary approach, such as mediation, rather than through the next stage of the Procedure or other formal processes; or e) warrants referral directly to another formal process of the Organisation, including but not limited to examination regulations, academic misconduct process or equivalent; bullying/ harassment procedure or equivalent; financial fraud investigation process or equivalent; disciplinary procedure; or e. warrants referral directly to

	an external organisation, including but not limited to the current employer, statutory regulators or professional bodies, the latter being particularly relevant where there are concerns relating to Fitness to Practise; or f) is unfounded, because it is mistaken or is frivolous or is otherwise without substance and will be dismissed. g) is unfounded, because it is vexatious and/or malicious, and will be dismissed; or h) The Panel may also make recommendations, for consideration by the Named Person and/or appropriate Organisational authorities, regarding any further action(s) which should be taken by the Organisation and/or other bodies to address any misconduct the Full Investigation may have found; correct the record of research, and/or address other matters uncovered. Such recommendations might include but are not limited to: a. whether the matter should be referred to CVUHB's relevant disciplinary procedure; and/or b. whether the matter should be referred to another relevant Organisational process, such as the examination regulations, academic misconduct process or equivalent or the Organisation's financial fraud investigation process; and/or c. what external organisations should be informed of the findings of the investigation, with appropriate confidentiality, including statutory regulators, relevant funding bodies, partner organisations and professional bodies, the latter being particularly relevant if concerns relate to Fitness to Practise; and/or d. whether any action will be required to correct the record of research, including informing the publishers and editors of any journals that have published articles concerning research linked to an upheld allegation of misconduct in research or to correct honest errors; and/or e. whether procedural or organisational matters should be addressed by the Organisation or other relevant bodies through a review of the management of research; and/or f. informing research participants or patients or their doctors; and/or g. other matters that should be investigated, including allegations of misconduct in research which are either unrelated to the allegation in question or alleged to have been committed by persons other than the Respondent and/or other forms of alleged misconduct
Timescales	The Panel will normally reach its conclusions within ***three months*** of being established, provided this does not compromise the Standards and Principles of this Procedure and the full and fair investigation of the allegation. This is indicated as it will depend on the number and complexity

	of the allegations under investigation. The aim throughout must be a thorough and fair investigation of the allegation(s) in question, conducted in a timely and transparent manner, and with appropriate confidentiality. Any delays to this timescale will be explained to the Complainant and Respondent in writing, presenting an estimated revised date of completion
Process	The Full Investigation Stage will normally commence following instruction to that effect from the Named Person after the Initial Investigation stage.
	The Named Person shall then, as soon as is practicable, appoint a Full Investigation Panel ("the Panel") to undertake a Full Investigation into the allegation(s). a. The Panel will normally consist of three persons. Depending on the circumstances of the investigation and at the discretion of the Named Person, the Panel may consist of a greater number of persons, for example, to ensure that it contains sufficient expertise or diverse perspectives to reach a thorough and fair conclusion on the allegation(s) under investigation. b. At least one member of the Panel shall be from outside the Organisation, as required by The Concordat to Support Research Integrity. At the discretion of the Named Person, the Panel may include multiple external members. This may be advantageous when allegations involve multiple disciplines of research and/or are especially complex and can help involved parties that the investigation process will be transparent, rigorous and fair. c. At least two members of the Panel shall be academic specialists in the general area within which the misconduct is alleged to have taken place, and where allegations concern highly specialised areas of research the Panel should have at least one member with specialised knowledge of the field. Such specialists can be drawn from within the Organisation, bearing in mind the conflict of interest requirements or from the Panel's external member(s). d. For allegations that involve staff on joint clinical/honorary contracts it may be helpful to include representation from the other employing Organisation(s). In these circumstances, they are not classified as the external member of the panel.
	The Named Person will select one of the members of the Panel to act as its Chair. In the event of the Chair becoming unable to participate in the Full Investigation Stage once it is underway, the Named Person will select a new Chair from the members of the Panel and then consider the overall membership of the Panel. At the discretion of the Named Person, the Chair may be selected from the Panel's external members; this can help reassure involved parties that the investigation process will be transparent, thorough and fair
	All persons appointed to carry out the Full Investigation, will confirm to the Named Person that: a) Their participation involves no conflict of interest, seeking advice from the Named Person if unsure;

	b) They will abide by the Procedure; c) They will respect the confidentiality of the proceedings and data protection requirements; and d) d. They will adhere to the Principles and Standards of the Procedure
	The Respondent and Complainant may raise with the Named Person concerns that they may have about those chosen to carry out the Full Investigation but neither has a right of veto over those nominated. The Named Person will consider any concerns raised and whether new persons should be selected to carry out the Full Investigation Stage
	The Chair will keep a full record of the evidence received and of the proceedings and should be supported in this by the administrative and other support identified by the Named Person to assist the Panel.
	The Named Person or suitable administrative support will provide the Chair and each member of the Panel with: a. a copy of this Procedure; b. details of the allegation(s) which will be considered under the Full Investigation stage; c. a copy of the Named Person's note of the Receipt of Allegations stage; d. a copy of the report of the Initial Investigation stage; e. other records from the Initial Investigation stage as deemed relevant by the Named Person; f. names and contact details of the Complainant(s) and the Respondent(s); g. a summary of correspondence with the Complainant(s) and the Respondent(s) to date; and h. a summary of any evidence secured by the Named Person during the Receipt of Allegations stage or by the Investigator during the Initial Investigation stage
	The Named Person will inform the Complainant and the Respondent of the following, formally and in writing that the Procedure has moved to the Full investigation stage and that they will be interviewed as part of the process, and allowed to provide evidence. They will also be informed that they may be accompanied to any meetings by a colleague or Trade Union representative.
	Respondents will normally be informed of the name of any Complainant(s) who have made the allegation(s) concerning them at the discretion of the Named Person, in exceptional circumstances the identity of the Complainant(s) may remain confidential. Any such decision should be made after seeking advice from human resources/ student and/or legal services; taking into account CAVUHB's whistleblowing policy and the impact on the Respondent(s) ability to respond to the allegation(s) that have been made against them. No decision should be made that compromises the Principles and Standards of this Procedure or the thorough and fair investigation of the allegation(s) in question.

	The Complainants will be informed that their identity is being disclosed to the Respondent(s) at this point unless it has been determined that it should remain confidential.
	The Chair of the Panel will be responsible for the conduct of the proceedings during the Full Investigation. The Panel does not have any disciplinary powers. The Panel shall decide its way of working based on the provisions of this stage of the Procedure and the information that it has been given, as to what information it needs and whom it wishes to interview/ take statements from in addition to the Complainant and the Respondent, who must be interviewed.
	When making any decisions about the conduct or conclusion of the Full Investigation, the Panel will attempt to reach a consensus by discussion
	The Panel shall assess the evidence provided and any additional information they require. The work of the Panel will include: a) determination of whether the allegation is made in good faith; b) a confidential review and assessment of the evidence provided; c) reaching a conclusion on the allegation(s) in line with the possible outcomes set out in above; d) it may choose to make recommendations on further actions which might be necessary to address what the Full Investigation discovers in line with the possible outcomes set out above.
	As part of its work, the Panel must separately interview the Complainant and the Respondent. Where there are multiple Complainants and/or Respondents, each must be interviewed separately. a. Complainants and Respondents have the right to be accompanied to interviews by a colleague or trade union b) b. When interviewed, the Respondent will be allowed to respond to the allegations made against them, set out their case and submit their evidence for consideration by the Panel, before interview. They can also suggest witnesses for the Panel to interview; the Panel may then choose to invite the suggested witnesses to interview.
	If the Complainant or Respondent does not wish to be interviewed, they should be asked to engage with the process through other means, such as providing written answers to questions posed by the Panel.
	The Panel should also interview relevant witnesses; these can include witnesses suggested by the Complainant or Respondent.
	Where the Complainant has raised an allegation relating to a large body of work, or work carried out over a significant period, the Panel will need to carry out a sufficient investigation to reach a robust conclusion on the allegation(s). This can take time and resources, and advice should be sought from the Named Person and their advisers/ support on how to best approach this
Conclusion of this stage	The Panel will reach a conclusion on the allegation(s) under investigation.

and next steps:	
	The Panel shall write a report setting out their conclusions (where relevant, for each allegation), giving the reasons for its decision and recording any differing views. The standard of proof used by the Full Investigation is that "on the balance of probabilities." This means that the activity was more likely than not to have occurred. The potential outcomes are set out above.
	In its report, the Panel may also make recommendations, for consideration by the Named Person and/or appropriate Organisational authorities, regarding any further action(s) which should be taken by CVUHB and/or other bodies to address any misconduct the Full Investigation may have found; correct the record of research, and/or address other matters uncovered during the course of the Full Investigation.
	The outcome of the investigation will be sent to the Complainant and the Respondent for comment on matters of factual accuracy. The Panel will consider the responses received and if they consider that the report includes errors of fact, will modify the report as necessary.
	The Panel will submit their final report to the Named Person, setting out the conclusions of the Full Investigation stage on the allegation(s) under investigation, their recommendations regarding further actions to be taken and any other matters they wish to draw to the attention of the Organisation. The Chair and Panel will also hand over to the Named Person or their nominated representative all records/ material relating to the Full Investigation.
	The Named Person shall convey the substance of the Panel's findings and recommendations to the Complainant, the Respondent and such other persons or bodies as they deem appropriate
	The work of the Panel is then concluded and the Panel should be disbanded. As the matter may then give rise to disciplinary or other action, the Chair and members of the disbanded Panel should not make any comment on the matter in question, unless formally requested by the Organisation or otherwise required to by law. They should also remember that all information concerning the case was given to them in confidence.
	The Full Investigation stage is complete and the Procedure moves to the relevant section of the Outcomes and reporting stage
	Those who have contributed to the disbanded Panel should have no further involvement in the Procedure unless formally asked to clarify a point in their written report at a subsequent stage or as part of any subsequent action or process. A role as Chair or member of the Panel rules out participation in any subsequent disciplinary or other processes.
	The Full Investigation stage now ends.
Support for this stage	Please refer to Procedure for the Investigation of Misconduct in Research (ukrio.org)

3.4 Outcomes and Reporting Stage

Purpose	The purpose of the Outcomes and Reporting stage is to ensure that all necessary actions are taken at the conclusion of this procedure, including but not limited to: actions arising following any Initial Investigation or Full Investigation that may have taken place; and ensuring that the research record is correct
Conducted By	The Named Person is responsible for ensuring that the actions described under this stage are carried out. Some actions may require the involvement of other departments within the Organisation and/or external organisations.
Possible Outcomes	The Named Person is responsible for ensuring that any necessary actions are carried out after the investigation is completed. In general terms, these actions may include: a. Actions relating to the operation and conclusion (subject to any subsequent appeal) of this Procedure, including appropriate transfers of information to any subsequent Organisational processes or informal measures (see Annex 3), and/or to any relevant processes of external organisations. b. Reporting the outcomes to relevant colleagues/ bodies within the Organisation, for example, line managers, Human Resources and/or Student Services, Academic Board or equivalent. c. Making necessary disclosures on the outcomes of uses of the Procedure to external organisations and other interested parties. d. Duty of care to Complainants, Respondents and other involved parties, including but not limited to research participants. e. Ensuring that appropriate efforts are made to correct the research record. f. Addressing procedural or organisational matters uncovered during the investigation
Timescale	This will vary depending on the scale of action needed, but the Named Person should ***aim to ensure they are completed within three months of completion of the investigation***. However, some actions may require longer to complete. Any delays to this timescale will be explained to the Complainant, the Respondent and other involved parties in writing, presenting an estimated revised date of completion.
Process	The required steps of this list fall into two categories: 1) "Required actions" which relate to any use of the Procedure and 2) "Actions required following [OUTCOME]", which relate solely to that particular outcome of the Procedure. All

	"Required actions" should be taken, followed by those relating to the particular outcome in question.
Required actions	The Named Person working with the Research Integrity Officer, (R&D Manager) and with others as necessary, should take any further action(s) they deem necessary to: address any misconduct the investigation may have found; correct the record of research, and/or address other matters uncovered during the course of the investigation. Such recommendations might include but are not limited to: a. whether following the conclusion of the operation of this Procedure, the matter should be referred to the Organisation's relevant disciplinary procedure; and/or b. whether following the conclusion of the operation of this Procedure, the matter referred to another relevant Organisational process, such as the examination regulations, academic misconduct process or equivalent or the Organisation's financial fraud investigation process; and/or c. what individuals and/or departments within the Organisation should be notified of the findings of the investigation, such as line managers, Human Resources and/or Student Services, a central committee with responsibility for research quality, or equivalents; and/or d. what external organisations should be informed of the findings of the investigation, with appropriate confidentiality, such as statutory regulators, relevant funding bodies, partner organisations and professional bodies, the latter being particularly relevant if concerns relate to Fitness to Practise; and/or e. informing research participants and other involved parties; and/or f. whether any action will be required to correct the record of research, including but not limited to informing the editors of any journals that have published articles concerning research linked to an upheld allegation of misconduct in research and/or by a person against whom an allegation of misconduct in research has been upheld; and/or g. whether procedural or organisational matters should be addressed by the Organisation or other relevant bodies through a review of the management of research and other measures as appropriate; and/or h other matters that should be investigated, including allegations of misconduct in research which are either unrelated to the allegation in question or alleged to

	have been committed by persons other than the Respondent and/or other forms of alleged misconduct; and/or When considering the above, the Named Person and the Research Integrity Officer should take into account any recommendations on such actions made by the Full Investigation Panel and any need to involve other elements of the Organisation (for example, line managers, Human Resources, committees/ departments with responsibility for research quality, etc.) and/or external bodies (for example, partner research organisations, publishers, funders, regulatory bodies, etc.) in carrying out agreed actions.
Actions required following the conclusion that the allegation(s) is unfounded because it is mistaken or is frivolous or is otherwise without substance:	a) The Named Person shall take appropriate steps to preserve the good reputation of the Respondent. If the case has received any adverse publicity the respondent may be offered the opportunity to have an official statement released by the Organisation. b) Those who have raised concerns/ made allegations in good faith will not be penalised and the Named Person shall take appropriate steps to preserve the good reputation of the Complainant. c) Appropriate communications on the outcome and the reasons for it will be important to ensure a good understanding of the process and outcome.
Actions required following the conclusion that the allegation(s) is unfounded because it is vexatious and/or malicious	a. The Named Person may consider recommending to the appropriate authorities that action be taken against anyone where there is clear evidence that a complaint was vexatious and/or malicious. This may include disciplinary action where the individual is internal to the Organisation. b) The Named Person shall take appropriate steps to preserve the good reputation of the respondent. If the case has received any adverse publicity the Respondent may be offered the opportunity to have an official statement released by the Organisation.
Actions required following the conclusion that the allegation(s) warrants referral directly to another formal process of the Organisation	Where this is necessary, the Named Person will inform the Complainant in writing of: a. the reasons why the allegation cannot be investigated using this Procedure; b) which process for dealing with complaints is appropriate for handling the allegation; and c) that the allegation will be referred to the relevant department/ process. The Named Person will then refer the matter to the relevant department/ process

Actions required following the conclusion that the allegation(s) warrants referral directly to an external organisation	When the Named Person has determined that the allegation does not relate to researchers or research under the auspices of the Organisation, the Named Person will inform the Complainant, in writing, of: a. The reasons why the Organisation is not an appropriate body to investigate the allegation; b. Which external organisation(s) might be an appropriate body to investigate the allegation; c. Relevant information relating to contacting the external organisation(s). When the Named Person has determined that, while the allegation does relate to researchers or research under the auspices of the Organisation, the allegation warrants referral directly to an external organisation, the Named Person will: a. Contact the relevant external organisation(s), in writing, to inform them of the allegation and ask them to investigate or otherwise address it. The Named Person should also explain why the Organisation has concluded that the allegation warrants referral directly to the external organisation in question. b) Inform the Complainant, in writing, that the allegation is being referred directly to the external organisation(s) in question and provide the Complainant with relevant information so that they can contact the external organisation(s) in question if they so wish.
Actions required following the conclusion that the allegation(s) has some substance but due to its relatively minor nature or because it relates to poor practice rather than to misconduct, will be addressed through education and training or other non-disciplinary approaches	The Named Person shall ensure that the relevant education and training or other informal measures are provided either directly or by referring the matter to the relevant department. 4 Further advice on addressing matters using informal measures, rather than a punitive/ disciplinary approach, is given in Annex 3: Resolution using informal measures.
Actions required following the conclusion that the allegation(s) is upheld in full or in part:	The Named Person in conjunction with relevant colleagues should decide whether the matter should be referred to the Organisation's disciplinary process or for other formal actions a. Should the allegations proceed to the Organisation's disciplinary process, the report of the Full Investigation Panel should form the basis of the evidence that the disciplinary panel receives.

	b) b. Relevant information collected and brought to light through the Procedure should be transferred to the disciplinary process. The Named Person should take such steps as are appropriate, given the seriousness of the allegations, to support the reputation of the Complainant and, if the allegation has been upheld in part rather than in full, the Respondent as appropriate, and any relevant research project(s). Following the conclusion of the Procedure, the Named Person may need to recommend further measures in addition to those that may be taken by way of the Organisation's disciplinary process. Examples of potential actions that an Organisation may consider include, but are not limited to, the following, listed in no particular order. The Organisation should also remember the measures listed under "Required Actions", above. a. Recommendations for retraction/correction of published research, via notification of findings to editors/ publishers; b. withdrawal/repayment of funding; c. notifying research participants and other involved parties; d. notification of findings to relevant employers, statutory, regulatory, professional, grant-awarding bodies or other public bodies with a relevant interest; e. notifying other employing organisations; f. notifying other organisations involved in the research; g. adding a note of the outcome of the investigation to a researcher's file for any future requests for references; h. review internal management and/or training and/or supervisory procedures for research; and/or i. revocation of any degrees awarded based on research that is the subject of a research misconduct finding. Where an investigation has established research misconduct relating to a significant body of work over some time, the Organisation will wish to consider whether it needs to review other work carried out by the individual or individuals concerned, including work not specifically flagged up in the course of the investigation.

CONCLUSION OF THIS STAGE AND NEXT STEPS	The Complainant and Respondent will be informed of a. The actions arising from this stage of the Procedure and any relevant actions arising from earlier stages and, where relevant, the contact points for any follow-up communications regarding those actions. b. The options for appeal open to them (see next stage). c. They should also be informed that, unless an appeal is raised, the investigation and the use of this Procedure have now concluded. The Outcomes and Reporting stage of the Procedure is then concluded, with the Named Person and Research Integrity Officer involved in follow-up actions, or receiving reports on them, as appropriate. As the matter may then give rise to disciplinary or other action, the Named Person and Research Integrity Officer should remember that all information concerning the allegation and investigation was given to them in confidence
Support for this stage	Please refer to Procedure for the Investigation of Misconduct in Research (ukrio.org)

3.5 Appeals stage

PURPOSE	The purpose of an appeals stage is to permit the Complainant and/or the Respondent to appeal in certain circumstances against the findings of an investigation carried out under this Procedure, by the requirements of The Concordat to Support Research Integrity.
CONDUCTED BY	The appeals process will be managed by an individual other than the Named Person as they could be implicated in the substance of any appeal. An alternative designated individual who has not been involved in the matter previously will establish an Appeals Panel, whose appointment is discussed under 'Process' below. At least one member of the Appeals Panel must be from outside the Organisation
POSSIBLE OUTCOMES	The Appeals Panel has the power to uphold, reverse or modify the following outcomes of the Procedure, including the decisions and/or recommendations associated with them. The following outcomes are available: a. A conclusion of an Initial Investigation or a Full Investigation that an allegation is unfounded, because it is mistaken or is frivolous or is otherwise without substance, and will be dismissed; or b. A conclusion of an Initial Investigation or a Full Investigation that an allegation is unfounded, because it is vexatious and/or malicious, and will be dismissed; or

	c. A conclusion of an Initial Investigation or of a Full Investigation that an allegation has some substance but due to its relatively minor nature or because it relates to poor practice rather than to misconduct, will be addressed through education and training or other non-disciplinary approaches, such as mediation, rather than through the next stage of the Procedure or other formal processes; or d. A conclusion of a Full Investigation that an allegation is upheld in full; or b) e. A conclusion of a Full Investigation that an allegation is upheld in part
TIMESCALE:	Any appeal should normally be **heard within two months** of the outcome of the investigation. Any delays to this timescale will be explained to the Complainant and the Respondent in writing, presenting an estimated revised date of completion.
PROCESS:	Appeals may be permitted on any or all of the following grounds: a. Procedural irregularity in the conduct of the investigation up to and before the Appeal Panel that could have had a material impact on the outcome. b. Fresh evidence becoming available which was not available to the Investigator and/or the Full Investigation Panel. c. There was evidence of bias or unfairness in the process or decisions taken by the Named Person, Investigator and/or the Full Investigation Panel. b) d. The recommendations made as part of an outcome of the Procedure/ subsequent actions taken are either excessive or inadequate concerning the misconduct found by the investigation The Complainant and/or the Respondent may appeal against the outcomes of the Procedure, including the decisions and/or recommendations associated with them**. Any appeal shall be made in writing to the Alternative Named Person within 10 working days of being notified of the outcome of the Procedure**. The written notice of appeal shall set out the grounds of appeal, and be accompanied, wherever possible, by supporting documentation. The Alternative Named Person will then assess the appeal to determine whether it falls within one or more of the grounds for appeal set out above, seeking clarification from the person(s) submitting the appeal as necessary a) If the appeal does not fall within one or more of the grounds for appeal set out above, then the appeal is dismissed and this decision should be communicated to the person who submitted the appeal. The Appeals stage now ends.

b) If the appeal does fall within one or more of the grounds for appeal, the Alternative Named Person shall then, as soon as is practicable, appoint an Appeals Panel to undertake the appeals process.

The Appeals Panel will normally consist of three persons. Depending on the circumstances of the investigation and at the discretion of the Alternative Named Person, the Appeals Panel may consist of a greater number of persons, for example, to ensure that it contains sufficient expertise or diverse perspectives to reach a thorough and fair conclusion on the appeal. No individual involved in the Appeals Panel will have been involved at any stage previously as an Investigator or as a member of a Full Investigation Panel or as the Named Person.

a) One member of the Appeals Panel shall be from outside the Organisation. At the discretion of the Appeals Named Person, the Appeals Panel may include more than one external member. This may be advantageous where the appeal involves multiple disciplines and/or is especially complex, and can help reassure involved parties that the process will be transparent, rigorous and fair.
b) One member of the Appeals Panel shall be an academic specialist in the general area within which the misconduct is alleged to have taken place (where allegations concern highly specialised areas of research they should instead have specialised knowledge of the field). Such a specialist can be drawn from within the Organisation, bearing in mind the conflict of interest requirements below or from the Appeals Panel's external member(s). When allegations involve multiple disciplines of research, it may be necessary to increase the membership of the Appeals Panel so it contains sufficient expertise.
c) For matters that involve staff on joint clinical/honorary contracts it may be helpful to include representation from the other employing Organisation(s). In these circumstances, they are not classified as the external member of the panel.
d) Once convened, the membership of the Appeals Panel should not normally be changed. If the membership falls below its initial number, the Alternative Named Person will determine whether to recruit additional members and continue the investigation from its current point or restart the investigation.

The Alternative Named Person will select one of the members of the Appeals Panel to act as its Chair. In the event of the Chair becoming unable to participate in the Appeals Stage once it is underway, the Alternative Named Person will select a new Chair

	from the members of the Appeals Panel and then consider the overall membership of the Appeals Panel. At the discretion of the Alternative Named Person, the Chair may be selected from the Appeal Panel's external members; this can help reassure involved parties that the investigation process will be transparent, thorough and fair. All persons appointed to carry out the Appeals stage, and all persons allowed to observe it, will confirm to the Alternative Named Person that: a. Their participation involves no conflict of interest, seeking advice from the Named Person if unsure (see paragraph 196); b. They will abide by the Procedure as it affects the work of the Appeals stage; c. They will respect the confidentiality of the proceedings; and d. They will adhere to the Principles and Standards of the Procedure. Both the Respondent and Complainant may raise with the Alternative Named Person concerns that they may have about those chosen to carry out the Appeals stage but neither has a right of veto over those nominated. The Alternative Named Person will consider any concerns raised and whether new persons should be selected to carry out the Appeals Stage. The Chair is responsible for keeping a full record of the work of the Appeals Panel and should be supported in this by the administrative and other support identified by the Named Person to assist the Panel. When making any decisions about the conduct or conclusion of the Appeals Stage, the Appeals Panel will do so by reaching a consensus. The Appeals Panel will then review the conduct of the investigation and any evidence submitted in support of the appeals(s) in question, rather than carry out a re-investigation of the allegation(s) in question
CONCLUSION OF THIS STAGE AND NEXT STEPS:	The Appeals Panel will decide whether it upholds, reverses or modifies the outcome in question by the Procedure, including the decisions and/or recommendations associated with it. The decision of the Appeal Panel is final. The Appeals Panel shall write a report setting out its conclusions, giving the reasons for its decision and recording any differing views. A summary of the conclusions will be sent to the Complainant and the Respondent for comment on matters of factual accuracy. The Appeals Panel will consider the responses received and if they consider that the report includes errors of fact, will modify the report as necessary.

	The Appeals Panel will then submit their final report to the Alternative Named Person. The Chair and Appeals Panel will also hand over to the Alternative Named Person or their nominated representative all records/ material relating to the Full Investigation. The Alternative Named Person shall convey the substance of the Appeals Panel's findings and recommendations to the Complainant, the Respondent and such other persons or bodies as they deem appropriate. The Alternative Named Person will then undertake the actions necessary to implement the conclusions of the Appeals Panel, following relevant provisions of the Outcomes and Reporting stage and liaising with the Research Integrity Officer and others, within and/or external to the Organisation, as necessary. The work of the Appeals Panel is then concluded and the Appeals Panel should be disbanded. As the matter may then give rise to disciplinary or other action, the Chair and members of the disbanded Appeals Panel should not make any comment on the matter in question, unless formally permitted by the Organisation or otherwise required to by law. They should also remember that all information concerning the case was given to them in confidence. Any queries or requests for comment addressed to the Chair or members of the Appeals Panel should be referred to the Alternative Named Person. Those who have contributed to the disbanded Appeals Panel should have no further involvement in the Procedure unless formally asked to clarify a point in their written report at a subsequent stage or as part of any subsequent action or process. A role as Chair or member of the Appeals Panel rules out participation in any subsequent disciplinary or other processes. The Appeals stage now ends.

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Annex 1:

Principles

Misconduct in research is a serious matter. The investigation of allegations of misconduct in research must be conducted by the highest standards of integrity, accuracy, and fairness.
Those responsible for carrying out investigations of alleged misconduct in research should always act with integrity and sensitivity.
The following principles of

- Data Protection,
- Fairness,
- Confidentiality,
- Integrity,
- Prevention of Detriment, and
- Balance as defined below must inform the use of this Procedure for the investigation of allegations of misconduct in research.

Those responsible for carrying out this Procedure must be aware that there may be occasions when a balance has to be struck in the application of the Principles. This is discussed under 'Balance' at the end of this Annex.

Data Protection
The use of this Procedure to investigate or otherwise respond to any allegation will constitute the processing of the personal data of living individuals. Such processing is regulated by the Data Protection Act 2018 and the UK General Data Protection Regulation ("Data Protection Legislation"). The Organisation must comply with the Data Protection Legislation and accordingly any investigation or use of this Procedure will be carried out in accordance with it. The Organisation recognises that it may process special category data while carrying out the Procedure and it will do so in accordance with the Data Protection Legislation.

Fairness
The investigation of any allegations of misconduct in research must be carried out fairly and in accordance with the statutory human rights of all parties involved. Matters should be dealt with promptly - without unreasonable delay of meetings, decisions or outcomes.
Respondents should be dealt with consistently - dealing with similar cases in different ways or by delivering very different outcomes creates a risk of unfair outcomes, claims and reputational damage for the organisation. Those responsible for carrying out this Procedure should do so with knowledge of:

a. the statutory obligations of the Organisation and the rights of employees according to current law
b. any additional rights and obligations particular to the institution and/or its employees and/or its students - for example, those bestowed by university statutes and ordinances.

Those responsible for carrying out this Procedure should be mindful of equality, diversity and inclusion, and also ensure that all related obligations are met. Where the allegations concern any equality, diversity or inclusion issues, those carrying out the Procedure will be appropriately trained or have relevant experience in dealing with equality, diversity and inclusion matters.

Where anyone is formally accused of misconduct in research, that person must be given full details of the allegations in writing at the appropriate stage.
When someone is investigated for alleged misconduct in research under this Procedure, they must be given a reasonable opportunity to set out their case and respond to the allegations against them. They must also be allowed to:

a. ask questions;
b. submit evidence in their defence;
c. suggest witnesses for the Investigator and/or Full Investigation Panel to interview; the Investigator and/or Full Investigation Panel may then choose to invite the suggested witnesses to interview;
d. raise points with the Investigator and/or Full Investigation Panel, as appropriate, about any information given by any witness (regardless of who has called the witness in question).

The Respondent, Complainant and any witnesses involved in the Initial Investigation stage or the Full Investigation stage may:

a. If they are staff or students of the Organisation, be accompanied to interviews by a colleague, trade union or student union representative, or whoever else is specified in any additional contractual rights (such as by university statutes and ordinances) when they are required or invited to attend interviews or meetings relating to this Procedure;
b. If they are external to the Organisation, while they will not have a contractual right to be accompanied when they are required or invited to attend interviews or meetings relating to this Procedure, it is strongly advised that they be offered the right to be accompanied by a friend.
c. seek advice and assistance from anyone of their choosing

Confidentiality

The Procedure should be conducted as confidentially as is reasonably practicable. The confidential nature of the proceedings should be maintained provided this does not compromise either the investigation of the misconduct allegations, any requirements of health and safety or any issue related to the safety of research participants.
The confidential nature of the proceedings is essential to protect the Complainant, the Respondent and others involved in the Procedure.
Nothing in this Procedure prevents anyone from making a disclosure under whistleblowing law (the Public Interest Disclosure Act).
It is important that in the conduct of an investigation using this Procedure that the principles of confidentiality and fairness are applied with appropriate balance for both the Respondent and the Complainant.
The identity of the Complainant or the Respondent should not be made known to any third party unless:

a. it has been deemed necessary (by those conducting the investigation) to carry out the investigation and/or to carry out required/ necessary actions or disclosures following the outcome of the investigation;

b. it is necessary as part of the action taken against the Respondent if (at the end of the Procedure and/or any subsequent process, such as a disciplinary process, and after any appeals processes) the allegations have been upheld;
c. it is necessary as part of the action taken against a person who has been found to have made malicious, vexatious or frivolous allegations;
d. it is the stated policy of the employer/ funder/ other national body that the identity of individuals proved through appropriate disciplinary and appeals processes to have committed misconduct in research should be made public;
e. any party to the Procedure is seeking legal advice or other advice from another third party who owes them a duty of confidentiality;
f. it is already in the public domain;
g. it is required by law or by the Organisation's regulator.

Any disclosure to a third party of the identity of the Complainant or Respondent, or of any other details of the investigation, should be made on a confidential basis. The third-party should understand this, and that they must respect the confidentiality of any information received.
The Organisation and/or its staff may have contractual/legal obligations to inform third parties, such as funding bodies or collaborating organisation(s), of allegations of misconduct in research. In such cases, those responsible for carrying this Procedure out should ensure that any such obligations are fulfilled at the appropriate time through the correct mechanisms, always keeping in mind the legal rights of the employees, students and others involved in the allegations.

While the allegations are under investigation using this Procedure (and/or the Organisation's disciplinary process), the Complainant, the Respondent, witnesses or any other persons involved in this Procedure should not make any statements about the allegations to any third parties, unless formally sanctioned by the Organisation or otherwise required to by law. Breaching confidentiality may lead to disciplinary action unless covered by the Public Interest Disclosure Act and/or the Organisation's grievance or whistleblowing procedures. In the event of any conflict between the principle of confidentiality and any of the other principles of this Procedure, those conducting the Procedure should consider the principle of Balance, and use their judgement to choose the appropriate solution.

Integrity

An investigation into allegations of misconduct in research using the processes of Initial Investigation or Full Investigation of the Procedure must be fair and comprehensive. The investigation should be conducted expeditiously although without compromising the fairness and thoroughness of the process. Anyone asked to take part in the processes as an Investigator or a member of a Panel must make sure that the investigation is impartial and extensive enough to reach a reasoned judgement on the matter(s) raised. Similarly, those who give evidence to the investigation should do so honestly and objectively following the Principles of the Procedure and should be provided with relevant sections of the Procedure before giving evidence.

All parties involved must inform the Named Person immediately of any interests that they have which might constitute a conflict of interest as regards any aspect of the allegations, the investigation, the area(s) of research in question, or any of the persons concerned. Where the

Named Person has any interest which might constitute a conflict, they should declare any such conflicts and refer the investigation to their nominated alternate, who should decide if they should be excluded from involvement in the investigation, recording the reasons for the decision.

In the interests of openness and transparency, inviting at least one member from outside the Organisation to join the Full Investigation Panel of the Procedure is required. When allegations are deemed to be particularly complex or contentious, Organisations should consider inviting multiple external members to join Full Investigation Panels and to use Initial Investigation Panels to undertake the Initial Investigation stage.

Confidential records should be maintained on all aspects and during all stages, of the Procedure. It is the responsibility of the Named Person to see that such records are maintained and made available at all stages for any use of the Organisation's Disciplinary Processes or any other proceedings or actions which might follow the conclusion of the Procedure After the proceedings, all records should be retained by the Organisation in line with the provisions given earlier in this Procedure

To preserve the integrity of this Procedure, great care must be taken to ensure that all relevant information is transferred to those involved in the various stages of the Procedure, such as between the Initial Investigation stage and any Full Investigation stage or between the Full Investigation stage and any Disciplinary Processes or any other proceedings or actions which might follow the conclusion of the Procedure. Those responsible for carrying out the Procedure should recognise that failure to transfer information could lead to the process being unfair to the Respondent and/or the Complainant. It could also lead to an appeal being made on the grounds of a failure to observe the Procedure or to the collapse of the investigation. It could also be considered as improper dealing with an allegation, and so another instance of research misconduct.

Prevention of Detriment

In using this Procedure, and in any action taken as a result of using the Procedure, care must be taken to protect:

a. individuals against frivolous, vexatious and/or malicious allegations of misconduct in research;
b. the position and reputation of those suspected of, or alleged to have engaged in, misconduct, when the allegations or suspicions are not confirmed; and
c. the position and reputation of those who make allegations of misconduct in research in good faith, i.e., in the reasonable belief and/or based on supporting evidence that misconduct in research may have occurred.

It is acknowledged that allegations may be made for what appear to be malicious reasons. The Procedure should still be used where the Complainant makes a formal complaint, to establish whether the allegations are of sufficient substance to warrant investigation.
Anyone accused of misconduct in research is entitled to the presumption of innocence.
A full Investigation should establish, on the balance of probabilities, the truth of any allegations.
Any formal steps taken to discipline or otherwise reprimand the Respondent, or take steps which might undermine their good name or reputation (or that of any other party), must be taken through

the Organisation's disciplinary process which provides the Respondent with the right of appeal. Only when allegations have been upheld through the Organisation's disciplinary process and, where called upon, the appeals process, may it be appropriate to apply any sanctions to the Respondent. The Organisation must take all reasonable steps to ensure that the Respondent (or any other party) does not suffer because of unconfirmed or unproven allegations. Involvement of the Respondent in the Procedure should not prevent the Respondent from being considered: a. for promotion; b. or the completion of probation; c. or other steps related to their professional development. The Organisation may choose to suspend the implementation of any promotion, completion of probation or any similar step, for the period that allegations are investigated using the Procedure, rather than delay the actual consideration of such matters. If the allegations are upheld at the end of the Procedure, subject to the Organisation's disciplinary process and/or appeals process, the Organisation's normal rules concerning steps related to professional development, such as those detailed above, should apply. It should be made clear that any actions that might be taken by the Named Person in response to the notification of allegations of misconduct in research are not to be regarded as a disciplinary action and do not in themselves indicate that the allegations are believed to be true by the Organisation. The Named Person and any Investigators and members of any Full Investigation Panels should take steps to make it clear to the Respondent, Complainant and any other involved parties that these actions are necessary to ensure that the allegations of misconduct in research can be properly investigated. Appropriate action should be taken against: a. Respondents where the allegations of misconduct in research have been upheld, in full or in part, under this Procedure; and b. anyone who is found to have made frivolous, vexatious and/or malicious allegations of misconduct in research.

Balance.

Those responsible for carrying out this Procedure must be aware that there may be occasions when a balance has to be struck in the application of the Principles and/or its Standards. For example, it may, in certain circumstances prove to be impracticable to undertake a thorough and fair Initial Investigation of the allegations without releasing the Complainant's identity to the Respondent.

The Named Person should be responsible for resolving any such conflicts between the Principles, between the Standards, and/or between the Principles and the Standards, keeping in mind at all times that the primary goal of this Procedure is to determine the truth of the allegations via a thorough and fair investigation, conducted in a timely and transparent manner, and with appropriate confidentiality. The Named Person can seek guidance from UKRIO and other bodies, as well as seeking legal advice. In addition, the Named Person should be responsible for ensuring the integrity of this Procedure and any actions taken. The Named Person should decide the course of action to be taken in cases of doubt. The Named Person should keep a written record of all decisions taken throughout all the steps of the Procedure. The Named Person should liaise closely with the Investigator and the Chair of the Full Investigation panel to ensure that a proper record is maintained throughout the Procedure

Annex 2: Definitions

ACCEPTED PROCEDURES (FOR RESEARCH) -Accepted procedures include but are not limited to the following:

- gaining informed consent where required;
- gaining formal approval from relevant organisations where required;
- any protocols for research contained in any formal approval that has been given for the research, including submitting research for ethical review when required or appropriate and abiding by the terms of all ethical approvals for the research;
- any protocols for research as defined in contracts or agreements with funding bodies and sponsors;
- any protocols set out by and/or approved by a regulatory authority such as the Medicines and Healthcare Products Regulatory Authority (MHRA) for a trial of medicinal products;
- any protocols for research set out in the guidelines of the employing institution and other relevant partner organisations, such as a Code of Practice for Research;
- any protocols for research set out in the guidelines of appropriate recognised professional, academic, scientific, governmental, national and international bodies;
- any procedures that are aimed at avoiding unreasonable risk or harm to humans, animals or the environment;
- good practice for the proper preservation and management of data, artefacts and materials. j. any existing guidance on good practice in research.

Accepted procedures do not include:

- un-consented to/ unapproved variations of the above;
- any procedures that would encourage, or would lead to, breaches in the law.

Although allegations of misconduct in research are often raised as departures from accepted procedures in the conduct of research, investigations should aim to establish intentional and/or reckless behaviour as set out in the definition of misconduct in research.

COMPLAINANT: - The Complainant is a person making allegations of misconduct of research against one or more Respondents. They need not be a member of the Organisation.

DISCIPLINARY PROCESS: The Disciplinary Process refers to an Organisation's mechanism for resolving disciplinary issues amongst its staff or students.

EMPLOYER: The Employer is defined in this Procedure as the person or organisation who has retained the person (e.g., the Respondent) to carry out work at the time that the matter in question took place, usually, but not always, through a contract of employment.

FULL INVESTIGATION: The Full Investigation is that part of the Procedure the purpose of which is to:
a. conclude whether an allegation of misconduct in research is upheld in full, upheld in part or not upheld; and

b. make recommendations, for consideration by the appropriate Organisational authorities, regarding any further action the Full Investigation Panel ("the Panel") deems necessary to: address any misconduct it may have found; correct the record of research, and/or address other matters uncovered during the course of its work.

HONORARY CONTRACT: Honorary contracts are used in a variety of circumstances. As a result, it is not possible to provide blanket guidance as to which organisation should lead an investigation into allegations of misconduct in research against someone holding such a contract. There are different types of honorary contracts but organisations remain responsible for research carried out under the auspices of the institution regardless of whether they are the employer of the researcher(s) in question. It is possible to have agreements in place with partner organisations on the process of investigations into the conduct of employees where there are cross employment and/or honorary contracts. This is particularly important as the outcome of any investigation by one party might affect the contractual relationship of the individual investigated with the other party. These are complex issues and it is therefore recommended that legal advice or other forms of clarity - for example, an agreed protocol as to how matters raised will be dealt with - is sought before any investigation commences and that partner organisations liaise closely.

INITIAL INVESTIGATION STAGE: The Initial Investigation stage is that part of the Procedure the purpose of which is to determine whether there is sufficient evidence of research misconduct to warrant a Full Investigation of the allegation or whether alternative action(s) should be taken.

MISCONDUCT IN RESEARCH: In discussing misconduct in research, which could be investigated using the Procedure, the following may serve as useful terms by way of guidance. Interpretation of the terms will involve judgements, which should be guided by previous experience and decisions made on matters of misconduct in research. The definition below is taken from The Concordat to Support Research Integrity (2019) and it is strongly recommended that this is the definition used. Whilst organisations may decide what definition to be used, they should be aware that this is what is specified in the Concordat. An Organisation's Procedure must set out what it defines as misconduct in research and at what point poor or questionable research practice becomes research misconduct. The Concordat to Support Research Integrity (2019), Commitment 4, pages 12- 13: Research misconduct 'is characterised as behaviours or actions that fall short of the standards of ethics, research and scholarship required to ensure that the integrity of research is upheld. It can cause harm to people and the environment, wastes resources, undermines the research record and damages the credibility of research. The Concordat recognises that academic freedom is fundamental to the production of excellent research. This means that responsibility for ensuring that no misconduct occurs rests primarily with individual researchers. Research misconduct can take many forms, including but not limited to:

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
b. falsification: inappropriately manipulating and/or selecting research processes, materials, equipment, data, imagery and/or consents

c. plagiarism: using other people's ideas, intellectual property or work (written or otherwise) without 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, or 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 the purposes of peer review e. misrepresentation of: i. data, including suppression of relevant results/data or knowingly, recklessly or by gross negligence presenting a flawed interpretation of data ii. involvement, including inappropriate claims to authorship or attribution of work and denial of authorship/attribution to persons who have made an appropriate contribution iii. interests, including failure to declare competing interests of researchers or funders of a study

iv. qualifications, experience and/or credentials

v. publication history, through undisclosed duplication of publication, including undisclosed duplicate submission of manuscripts for publication

e. improper dealing with allegations of misconduct: failing 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. Honest errors and differences in, for example, research methodology or interpretations do not constitute research misconduct.' For the avoidance of doubt, misconduct in research includes acts of omission as well as acts of commission. In addition, the standards by which allegations of misconduct in research should be judged should be those prevailing in the country in which the research took place and at the date that the behaviour under investigation took place (the requirements on the processing and storage of personal and research data). This is particularly important (and not straightforward) when investigating allegations relating to research that was carried out many years previously. The basis for reaching a conclusion that an individual is responsible for misconduct in research relies on a judgement that there was an intention to commit the misconduct and/or recklessness in the conduct of any aspect of a research project. Where allegations concern an intentional and/or reckless departure from accepted procedures in the conduct of research that may not fall directly within the terms detailed above, a judgement should be made as to whether the matter should be investigated using the Procedure.

NAMED PERSON: The Named Person is defined in the Procedure as the individual nominated by the Organisation to have responsibility for receiving any allegations of misconduct in research; initiating and supervising the Procedure for investigating allegations of misconduct in research; maintaining the record of information during the investigation and subsequently reporting on the investigation to internal contacts and external organisations; and taking decisions at key stages of the Procedure. The Named Person should have a nominated alternate who should carry out the role in their absence or in the case of any potential or actual conflict of interest. The Named Person and the nominated alternate should not be the Organisation's Principal or equivalent, or Head of Human Resources.

ORGANISATION: The Organisation is defined in this Procedure as the establishment that employs the Respondent, the Named Person and, on occasions, other parties involved in the proceedings and is the host and (most likely) the Sponsor for the research to which allegations of misconduct refer.

POOR RESEARCH PRACTICE: the conduct of research that departs from Accepted Procedures (for research) but the cause is not considered either intentional or reckless behaviour.

THE PROCEDURE: The Procedure refers to this document, The Procedure for the Investigation of Misconduct in Research.

PROFESSIONAL BODY: A professional body is an organisation with statutory powers to regulate and oversee a particular profession, such as doctors or solicitors.

REGULATORY AUTHORITY: A regulatory authority is an organisation with statutory powers to regulate and oversee an area of activity, such as health and safety, or medicines to be used on humans.

RESEARCH: The Research Excellence Framework (Research Excellence Framework 2021, Assessment framework and guidance on submissions, Annex C) defines research as the following … 'research is defined as a process of investigation leading to new insights, effectively shared.' It includes work of direct relevance to the needs of commerce, industry, culture, society, and to the public and voluntary sectors; scholarship; the invention and generation of ideas, images, performances, artefacts including design, where these lead to new or substantially improved insights; and the use of existing knowledge in experimental development to produce new or substantially improved materials, devices, products and processes, including design and construction. It excludes routine testing and routine analysis of materials, components and processes such as for the maintenance of national standards, as distinct from the development of new analytical techniques. It also excludes the development of teaching materials that do not embody original research. It includes research that is published, disseminated or made publicly available in the form of assessable research outputs, and confidential reports. Other definitions of research are available, for example, the 'Frascati' definition' (Frascati Manual 2015: Guidelines for Collecting and Reporting Data

on Research and Experimental Development, OECD 2015). Organisations should ensure they define in their procedure what is and is not research.

RESEARCH INTEGRITY OFFICER: is the term used in the Procedure for staff within the Organisation responsible for research integrity and research misconduct matters. They may do this alongside other roles.

RESPONDENT: The Respondent is the person against whom allegations of misconduct in research have been made. They will be a present or past employee/research student of the Organisation that is investigating the allegations using the Procedure, or an individual visiting the Organisation to undertake research.

SPONSOR: there is no universal definition of the term 'sponsor', however for this Procedure the definition from The UK Policy Framework for Health and Social Care Research 2020 (paragraph 9.10), p. 22) is useful: “The sponsor is the individual, organisation or partnership that takes on overall responsibility for proportionate, effective arrangements being in place to set up, run and report a research project. All health and social care research has a sponsor. The sponsor is normally expected to be the employer of the chief investigator in the case of non-commercial research or the funder in the case of commercial research (The employer or funder is not automatically the sponsor; they explicitly accept the responsibilities of being the sponsor). The sponsor has overall responsibility for the research”. Sponsors of clinical trials of investigational medicinal products have particular legal duties”

Annex 3: Resolution using informal measures

One potential outcome of the use of this Procedure is a conclusion that the allegation(s) under investigation has some substance but, due to its relatively minor nature or because it relates to poor practice rather than to misconduct, will be addressed through education and training or another non-disciplinary approach. This annex provides general guidance on the implementation of this type of outcome. They may be used after the initial investigation or full investigation stage. It is not recommended that they are used after the receipt of allegation stage, as an assessment of the substance of the allegation has not taken place at this point.

Resolution through such measures - called 'informal' as opposed to resolution through a formal process of the Organisation, such as a disciplinary process or academic regulations - can be challenging. There are many types of informal measures and they can be applied to many potential situations. Those operating this Procedure will need to determine what informal measures follow the outcome of a particular investigation.

a. The Named Person and/or Research Integrity Officer may need to seek advice from colleagues to determine the best course of action and can also contact UKRIO.
b. Decisions made concerning the implementation of informal measures, and the reasoning behind those decisions, should be recorded in a brief format, in case they need to be referred to at a later date.

Informal measures can take many forms and some examples are given below. This list should not be taken as exhaustive and Organisations should devise and implement other informal measures as needed for the situation in question.

a. Education, training and other development activities.
b. Enhanced supervision/ oversight of research activities.
c. Restriction of research activities.
d. Mentoring.
e. Mediation between involved parties.
f. Awareness-raising of relevant issues of good research practice.
g. Pastoral care and support.
h. Revision of relevant research practices, systems and/or policies relating to the allegation(s) in question. Such revision may be limited to a particular team or have a wider scope, covering a department or the entire organisation, and should be supported by appropriate training and awareness-raising.

The audience of the informal measures can also vary - Respondents, Complainants, other involved parties, other researchers and/or professional services staff within the Organisation or even the Organisation as a whole. Different informal measures may well be needed for different people

The implementation of some informal measures may require the involvement of other organisations and/or making disclosures to them

IMPLEMENTING RESOLUTION USING INFORMAL MEANS: six key features of an effective system of resolution using informal measures are set out in the following paragraphs:

a. The nature and scope of the informal measures should be clearly defined.
b. A designated person should be responsible for carrying out the agreed measures.
c. Their duration should be clearly set out.
d. The designated person, working with the Research Integrity Officer and others, should ensure that the informal measures are delivered.
e. Appropriate documentation should record the delivery and outcomes of the informal measures, and any next steps.
f. Once completed, there should be discussion by the Research Integrity Officer and others about any learning points for the Organisation.

The person designated to carry out the informal measures can also request implementation of formal measures instead, and this should be considered by the Named Person as above.

DEFINED: the nature and scope of the informal measures should be defined in writing. This should be communicated by the Named Person or the Research Integrity Officer to the persons involved, in writing and including those who will be responsible for carrying out the informal measures. (e.g., "The Respondent should undergo training in authorship and publication ethics, including the norms of their discipline. The training will be sourced by the Organisation and the Respondent must provide evidence to their line manager that they have completed it."). If communications with external persons or organisations are required, this would normally be carried out by the Research Integrity Officer on behalf of the Organisation.

DESIGNATED PERSON: The Organisation should determine who will carry out and/or oversee the informal resolution, what resources will be made available to support them, and to whom they will give updates on the progress of the informal resolution (e.g., "The Departmental Head will liaise with the Research Integrity Officer to arrange awareness-raising activities on plagiarism, including discipline-specific information, within their department. The Research Integrity Officer will provide materials for these activities and, if possible, a speaker for an awareness-raising event."). For some informal measures, support made be needed from outside the Organisation and the Research Integrity Officer should assist the designated person as necessary.

DURATION: the duration of informal measures should be set out at the onset, including a proposed start date, and communicated to all involved parties (e.g., "The process of mentoring for the Complainant will last for three months and then there will be a review by the line manager, with the mentoring extended for an additional three months if necessary"). The designated person should make the Named Person aware via the Research Integrity Officer if there is a significant delay in starting or completing the informal measures.

DELIVERY: Given their nature, informal measures can be vulnerable to delays and/or a lack of engagement from involved persons, whether an individual (e.g., Complainant and/or Respondent) or groups (e.g., a research team or a department within the Organisation). The aim is the delivery of the informal measures as defined (see above) and progress should be

measured, in a light touch way, against their agreed nature and scope (e.g., "We are undertaking the agreed course of mediation between the Complainant and Respondent to repair their working relationship. At the end of the mediation, they and their line managers will explore whether the Complainant and Respondent now both feel comfortable working together in the future or if they will no longer work in partnership."). Care must be taken to ensure that agreed actions are delivered by the Organisation and the designated person must be given support by the Named Person, the Research Integrity Officer and/or others, as needed.

DOCUMENTATION: the informal nature of these measures does not mean that no records should be kept. Brief notes should be kept on: the nature and scope of the informal measures; who has responsibility for their delivery; the proposed and actual duration of the measures; and their delivery and associated outcome(s). When informal measures are concluded, involved parties (e.g., Complainant and/or Respondent; Named Person and/or Research Integrity Officer; line managers/ supervisors; Human Resources or Student Services) should be informed in writing, summarising the delivery and outcome(s) of the informal measures and any next steps (e.g., "The Respondent has now completed the six-month period of additional supervision of their research. They have outlined in writing key lessons learned during this period [see attached] and the additional supervision will now cease. The Respondent has been reminded that they can seek advice from their supervisor, their line manager and the Research Integrity Officer on issues of consent and data management in the future."). If communications with external persons or organisations are required, this would normally be carried out by the Research Integrity Officer on behalf of the Organisation. Records should be retained in line with the provisions given earlier in this Procedure, normally by the Research Integrity Officer. The Organisation should determine if records should also be retained by others within the Organisation (e.g., line managers; Human Resources or Student Services.

Further Reading

- The Concordat to Support Research Integrity (2019): https://www.universitiesuk.ac.uk/sites/default/files/field/downloads/2021-08/Updated%20FINAL-the-concordat-to-support-research-integrity.pdf
- UKRIO Self-Assessment Tool for the Concordat to Support Research Integrity (2021): https://doi.org/10.37672/UKRIO.2021.02.self-assessment
- Montreal Statement on Research Integrity in Cross-Boundary Research Collaborations (2013): https://www.wcrif.org/downloads/mainwebsite/montreal-statement/123-montreal-statement-english/file
- Russell Group Statement of Cooperation in respect of cross-institutional research misconduct allegations (2018): https://russellgroup.ac.uk/media/5708/russell-group-research-integrity-forumstatement-of-cooperation-may-2018.pdf
- Guide to managing and investigating potential breaches of the Australian Code of Responsible Conduct of Research (2018): https://www.nhmrc.gov.au/sites/default/files/documents/reports/guidemanaging-investigating-potential-breaches.pdf
- European Network of Research Integrity Offices: Recommendations for the Investigation of Research Misconduct (2019): http://www.enrio.eu/wpcontent/uploads/2019/03/INV-Handbook_ENRIO_web_final.pdf