

Procedures for dealing with Allegations of Research Misconduct

Contact Officer

Deputy Pro Vice Chancellor Research

Purpose

These procedures set out the processes for investigating allegations of research misconduct made by staff or students at the University or by anyone outside of the University, whether they are researchers, participants or collaborators in the research or member of the public.

Overview

This policy is organised into 5 sections:

1. Introduction
2. Definition
3. Responsibilities
4. Procedures for investigation
5. Procedures for Review of decision

Scope

The Policy applies to all staff and students at the University engaged in research, and any individual who is not a member of staff or student at the University but is undertaking research using University premises and facilities, and/or in the University's name. For the purpose of these procedures, these groups are referred to collectively as "researchers".

1. Introduction

- 1.1 These procedures were developed to reflect and engaged with the principles of the Concordat to Support Research Integrity and the policies and good practice guidance of organisations such as the UK Research Integrity Office.
- 1.2 These procedures are intended for:
- Individuals employed by the University (e.g. academic, research and professional staff)
 - Individuals not employed by the University but who are undertaking research on behalf of or in the name of the University (e.g. honorary or associate staff)
- 1.3 The procedures are not intended for students who are alleged to have engaged in misconduct in the course of their study. This will be dealt with under the Student *Procedures for Investigations of Alleged Academic Misconduct*. However, there may be instances where a student engages in research misconduct outside the scope of their study which would be dealt with through these procedures.

2. Definitions

- 2.1 Research misconduct can be defined as the violation of the standard codes of scholarly conduct and ethical behaviour in research.
- 2.2 For the purposes of these Procedures it includes:
- a) Plagiarism - i.e. the copying of ideas, data or text without permission or acknowledgement
 - b) Fabrication of evidence, data, results or consents
 - c) Misrepresentation of evidence, data, results or consents
 - d) Mismanagement of evidence, data, results or consents
 - e) Undisclosed duplication of publication
 - f) Failure to acknowledge contributions of others in disseminated research
 - g) Failure to declare a conflict of interests
 - h) Failure to gain appropriate ethical approvals where the research is ethically “high risk”
 - i) Failure to follow approved ethical protocols where this results in unreasonable risk or harm to humans, animals or the environment
 - j) Facilitating of research misconduct by collusion in, or concealment of, such actions by others
 - k) Inciting others to commit research misconduct
 - l) Intentional or reckless unauthorised use, disclosure or removal of, or damage to, research-related property of another, including apparatus, materials, writings, data, hardware or software or any other substances or devices used in or produced by the conduct of research.
 - m) Failure to meet relevant legal requirements and to follow any protocols set out in the guidelines of appropriate recognized professional, academic, scientific and governmental bodies
 - n) Unauthorised use of information acquired confidentially
 - o) Failure to follow any health and safety procedures and protocols that avoid unreasonable risk or harm to humans, animals or the environment
 - p) The deliberate misuse of research findings which may result in harm to individuals, populations, animals, or the environment
- 2.3 Research misconduct does not include honest error or honest differences in the design, execution, interpretation or judgement in evaluating research methods or results. Nor does it include poor or sloppy research.

- 2.4 The basis for reaching a conclusion that an individual is responsible for research misconduct relies on a judgement that there was an intention to commit the misconduct and/or recklessness in the conduct of any aspect of their research

3. Responsibilities

All staff (including honorary and associate staff) and students, and individuals permitted to work on University premises or use University facilities, have a responsibility to report any well-founded suspicions of research misconduct. Suspicions reported in confidence and in good faith will not lead to disciplinary proceedings against the person making the complaint. In the event, however, of a frivolous, vexatious and/or malicious allegation being made, action may be taken against persons making the allegations.

4. Procedures for investigation

- 4.1 Allegations of research misconduct may come from others in the University, for example, colleagues, research assistants or students, or they may come from outside the institution from, for example, other researchers who may feel that their work has been plagiarized or from research participants/subjects. In addition, allegations may come from individuals outside of the University who represent regulators, professional bodies, funders and journals. This individual is hereafter referred to as the Complainant.
- 4.2 The Complainant should seek to speak to the researcher(s) in the first instance who should do their best to address any questions.
- 4.3 They should also seek guidance from senior researchers and might in particular seek guidance from the University's **Research Integrity Lead**, as published on the website.
- 4.4 If any concerns are not addressed through this route or if the individual feels this route is not appropriate, they should write to the University's **Named Research Misconduct Contact**, as published on the website, outlining their concerns and naming the individual(s) against whom the allegation of misconduct is made.
- 4.5 In the absence of the named Contact (or where there is a conflict of interest with the named Contact), they should write to the **Alternate Research Misconduct Contact**, as published on the website.
- 4.6 Contact may be made anonymously. However, Allegations which remain anonymous or where there is no specific Complainant will only be considered at the discretion of the Contact, taking into account: the seriousness of the concerns raised; the credibility of the concerns; and the likelihood of confirming the concerns from alternative and credible sources.
- 4.7 The Contact will acknowledge receipt of the allegation within 10 working days and will advise the Complainant of the procedure to be followed.
- 4.8 Following receipt of an allegation, the Contact will normally conduct a preliminary investigation in order to determine whether a full investigation is required. The investigation shall be conducted in a timely manner and the confidentiality of the Complainant respected unless it is agreed otherwise.
- 4.9 In the event that the allegations relate to the conduct of a student, the Contact will consult with the Registrar as to whether the matter should be addressed under the *Student Procedures for Investigations of Alleged Academic Misconduct* or other student procedures.
- 4.10 **In cases where the alleged misconduct has the potential to be viewed as gross misconduct under the *Staff Disciplinary Procedures*, it may be necessary to continue the investigation under the *Staff Disciplinary Procedures* rather than these procedures. The University also reserves the right where there is evidence of possible gross misconduct to suspend the staff member, on full pay and without prejudice.**
- 4.11 The Contact may determine that full investigation is not required under these procedures because it is apparent that the allegation is mistaken (i.e. the alleged

actions do not constitute research misconduct as defined in these procedures) or it is frivolous, vexatious or malicious or it should be dealt with under another applicable University policy or procedure. Allegations which are considered to be frivolous, vexatious and/or malicious may be subject to disciplinary or other actions.

- 4.12 The Contact may also determine that the matter can be addressed through some form of arbitration. This does not rule out moving to a full investigation at a later point.
- 4.13 The Contact will provide the Complainant with a written determination summarising the reasons for the decision reached following the preliminary investigation.
- 4.14 In the event that the nature of the allegation is such that it is necessary to notify legal or regulatory authorities, any investigation led by a legal or regulatory body will take precedence over this procedure. This procedure may need to be suspended to be concluded at a later date, or may be deemed unnecessary.
- 4.15 If the Contact determines that there is a case which requires further investigation, the Contact shall inform the Vice Chancellor and, in the case of a staff member, the Director of HR about the investigation, providing the identity of the Respondent and the Claimant (unless the Claimant remains anonymous) and any other relevant details such as collaborators or funding. This information will be treated in confidence and neither the Vice Chancellor or the Director of HR will play any role in the investigation.
- 4.16 The Contact will establish a Panel to assess the allegations.
- 4.17 The subject of the allegation, hereafter the Respondent, shall be informed by the Contact of the decision to set up the Panel and of the membership of the Panel. They shall also be informed that any information gathered during the research misconduct procedure may also be used as information and evidence in any other relevant University procedure.
- 4.18 The Panel shall normally consist of three members who will each be an experienced researcher in their own right, meaning they will be a Professor and/or have acted as a Principal Investigator or Research Project Lead, a Director of Studies or a Research Centre/Unit or Group lead and a secretary, normally an RKE Facilitator. Further:
- at least two members will have expertise in the relevant research area
 - at least one member will be from outside the School of the Respondent who will normally act as Chair
 - one member may be external to the University but may not act as Chair.
- Members of the Panel must have no conflict of interest, including no line management or any other relationship with the Respondent.
- 4.19 The Panel will be provided with such records as are necessary to enable the investigation to proceed. The Panel must ensure these are stored confidentially
- 4.20 The Panel may interview both the Complainant and the Respondent, and any other persons, whose evidence may, in the Panel's view, assist it in reaching a conclusion. Any person attending for interview may be accompanied by a colleague or trade union representative. This person must respect the confidentiality of the investigation and the Panel should be informed of the identity of the accompanying person at least 5 working days before the interview is scheduled to take place.
- 4.21 Records of Panel interviews and any meetings will be maintained by the Secretary. These records must be kept securely and confidentially
- 4.22 The Panel may seek support and guidance from the Research Integrity lead in undertaking their role, as may the Respondent or Claimant.
- 4.23 The Panel shall prepare a report, setting out the evidence which has been evaluated including accounts of interviews, if undertaken and stating its decision and the reasons for reaching this decision. The Panel shall provide a draft report to the Respondent and to the Complainant so that they can comment on its factual accuracy.
- 4.24 The Panel should normally be completed within 90 days of first notification of the allegation to the Contact. It can make the following decisions:

- a) that there is sufficient evidence for there to be a case to answer in relation to all allegations.
- b) that there is sufficient evidence for there to be a case to answer in relation to some of the allegations – in this instance the panel should make clear which allegations have sufficient evidence and which do not.
- c) that there is not sufficient evidence for there to be a case to answer in relation to any of the allegations.
- d) that the allegations were found to be frivolous, vexatious or malicious.

- 4.25 Where there is a sufficient case to answer in relation to the allegations concerned, those allegations will proceed to be considered further under the University's Staff Disciplinary procedure. The report of the Research Misconduct Investigation Panel will form the basis of the evidence in that disciplinary procedure and therefore the case will normally be referred to a disciplinary hearing without the need for further investigation. All the information collected and brought to light through the Procedure for dealing with Allegations of Research Misconduct will be shared with any Disciplinary Hearing Manager or Panel appointed to consider the case under the staff disciplinary procedure.
- 4.26 Where **there is sufficient evidence for there to be a case to answer** in full or in part and the respondent is a student, the contact will refer the matter to the Registrar to be dealt with under *Student Disciplinary Procedures*.
- 4.27 In all cases where **there is sufficient evidence for there to be a case to answer** in full or in part, the Contact will notify the Head of School.
- 4.28 In the event **there is sufficient evidence for there to be a case to answer** in full or in part relate to someone who is not subject to the University's disciplinary procedures, the Contact may determine to notify other institutions, which have a legitimate interest in the outcome of the procedure and the individual's continued use of the University's premises and facilities may be curtailed.
- 4.29 The Contact may also:
- Notify other third parties who are deemed to have a legitimate interest in the outcome of the proceedings, including, for example the co-authors of the Respondent in a manuscript subject to an allegation of research misconduct.
 - Notify the publisher of a manuscript that was subject to an allegation of research misconduct in order that this can be retracted or corrected.
 - Notify any funding body which has supported the research in question.
 - Notify any regulatory or other agencies as required by law.
 - Notify any other organisation involved in the research (including other employing organisations).
 - Instigate a review of internal management procedures for research.
 - Instigate training for research managers or supervisors.
 - Take any actions necessary to safeguard research participants, patients and any other involved parties.
 - Take any actions to address and remedy any research misconduct that may have taken place.
 - Initiate further research misconduct investigations if appropriate.
- 4.30 If the Panel does not uphold the allegations and finds them frivolous, vexatious and/or malicious, where the complainant is a member of staff the contact may refer the matter to the University's Staff Disciplinary Procedures.
- 4.31 If the Panel does not uphold the allegations and finds them frivolous, vexatious and/or malicious, where the complainant is a student the contact may refer the matter to the University's Student Disciplinary Procedures.
- 4.32 If the Panel does not uphold the allegations and finds them frivolous, vexatious and/or malicious, where the Complainant is an individual external to the University of Worcester, the allegations will be dismissed and this decision communicated in

writing to the Complainant. In order to support the reputation of the Respondent and the research project(s) concerned the Contact will consider notifying any appropriate external organisations or authorities.

5. Procedures for review of the decision of the Panel

- 5.1 The Complainant may request a review of the decision of the Panel on the following grounds:
- (a) that these procedures have not been correctly followed
 - (b) that there is significant new evidence which could not have been made available to the Panel at the time of the investigation and which would demonstrate that research misconduct had not occurred.
- 5.2 A request to review the decision of the Panel should be made in writing to the Deputy Pro Vice Chancellor Research within 10 working days of the written decision.
- 5.3 On receipt of a request to review, the Research Integrity lead may make one of the following decisions:
- (a) refuse the request to review and uphold the original decision of the Panel
 - (b) refer the matter back to the original Panel for further consideration
 - (c) request a new investigation be undertaken by a newly constituted Panel
- 5.4 There is no further right of review.

6. Reporting

- 6.1 There will be an annual report to Research and Knowledge Exchange Committee from the Research Integrity and Governance Committee setting out the number of allegations of research misconduct made across the academic year, the number of allegations which were subject to full investigation and the number of investigations which identified research misconduct had taken place.
- 6.2 This information will also form part of the Annual Research Integrity Report submitted to the Board of Governors and published on the University website.

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Related Policies, Procedures, Guidance, Forms or Templates	Research Ethics Policy; Research Integrity Policy; Policy for the Effective Management of Research Data; Staff Disciplinary Procedures; Student Disciplinary Procedures; Whistleblowing Policy
Policy/Policies Superseded by this document	Guidelines and Procedures for Good Research Practice