



Keele University

Research Misconduct Procedure

Human Resources Department

Lead Director: Director of Human Resources and Student Support
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Policy to be reviewed every 2 years.

RESEARCH MISCONDUCT PROCEDURE

1. The University's expectations regarding good research conduct

- 1.1 The University expects all members of staff of the University whose duties involve research and persons authorised to undertake and supervise research in the University¹, to observe the highest standards of professional behaviour in proposing, conducting and publishing research.

It is the responsibility of all those undertaking research to be aware of their commitments and the expectations of the University as outlined in the University's Code of Good Research Practice available from the University website. All those undertaking research must also comply with the expectations and requirements of the funding body or sponsor. Failure to comply with the University's Code of Good Research Practice or the funding body's requirements may constitute research misconduct.

- 1.2 All members of the University (staff and students) and persons authorised to undertake research in or on behalf of the University, or to use University facilities, are required to report any suspected research misconduct, whether this has been witnessed or where there are reasonable grounds for suspicion.
- 1.3 A complaint or allegation of research misconduct can also be made by external third parties, e.g. research subjects, research funding bodies, NHS organisations, etc.
- 1.4 Allegations of research misconduct are rare. The University treats any allegations very seriously. The University is committed to ensuring that allegations of research misconduct are investigated with thoroughness and rigour, whilst ensuring a fair process.
- 1.5 In accordance with the University's Procedure for Handling Allegations by Members of Staff Concerning Malpractice in the Administration and Governance of the University ('Whistleblowing Procedure'), the University encourages members of staff to raise concerns which they believe indicate malpractice or wrongdoing within the organisation. The University will ensure that any member of staff raising a concern under this procedure is protected from any victimisation or unfavourable treatment.
- 1.6 All parties involved in these procedures must ensure that they maintain strict confidentiality within and outside the University.

2. Definition of Research Misconduct

- 2.1 Research misconduct includes, but is not limited to, the following acts or omissions which occur in the course of research activity, howsoever occurring:
- a) Fabrication, falsification, plagiarism, or deception in proposing, carrying out

¹ This includes research activities based at the University or at any other locations. Persons who are not employed by the University but who are authorised to use University facilities to undertake research may include honorary and visiting title holders, those collaborating with Keele employees on research projects, etc.

or reporting results of research;

- b) Piracy (the deliberate exploitation of ideas and work of others without acknowledgement);
- c) Fraud (including the invention of data or the misuse of research funds, equipment or premises);
- d) Publication of data known or reasonably believed to be false or misleading;
- e) Failure to give appropriate recognition to others involved in research activity;
- f) Reckless and/or negligent deviation from current accepted procedures in carrying out research;
- g) Failure to obtain, where required, approval from the appropriate Research Ethics Committee prior to commencing the research;
- h) Failure to meet any legal requirements as set down in legislation, including but not limited to, the Human Tissue Act, Data Protection Act, Clinical Trials Regulations, etc.
- i) Where Research Ethics Committee approval has been obtained, deviating from the approved proposal without first obtaining the permission of the Committee;
- j) Failure to follow any protocols set out in the guidelines of appropriate recognised professional, academic, scientific and governmental bodies;
- k) Failure to follow any procedures that avoid unreasonable risk or harm to humans, animals or the environment;
- l) Facilitating misconduct in research by collusion in, or concealment of, such actions by others;
- m) Any plan, conspiracy or attempt to commit misconduct, or any incitement to do so.

2.2 Misconduct in research will not normally include honest and reasonable error or differences of interpretation or of judgement in evaluating research methods or results.

3. Procedure

A flowchart detailing the procedure can be found at Annex A.

3.1 Making a complaint/allegation of research misconduct

3.1.1 Allegations of research misconduct should be made, in writing, to the relevant Associate Dean for Research/Research Institute Director. Where the subject of the complaint/allegation is the Associate Dean for Research/Research Institute Director themselves, the complaint should be made to the relevant Dean. A copy should also be sent to the Human Resources Department.

- 3.1.2 The complainant will be advised of receipt of the complaint and of the process within 5 working days of receipt of the complaint.
- 3.1.3 The individual receiving the complaint will;
- a) inform the individual against whom the allegation is made of the allegation
 - b) determine whether the issue complained of falls under the definition of research misconduct. Where this is not found to be the case the complainant will be advised and will be redirected to the relevant procedure, as appropriate.
 - c) Contact the University's Research Governance Officer to identify if there any specific funder requirements regarding the investigation of the allegation of research misconduct which is distinct from funder requirements regarding a finding of research misconduct. ²
- 3.1.4 Where an allegation has been made maliciously, the University will treat this very seriously and may consider disciplinary action.

3.2 Informal Action (minor lapses of research conduct)

- 3.2.1 Minor lapses of research conduct will be dealt with informally and this approach is encouraged where appropriate. This may include an informal and preliminary investigation into the facts. Whilst this is, in effect, an informal process, where research misconduct has occurred, the member of staff must be clearly advised, verbally and confirmed in writing, that such conduct is inappropriate and must not occur again. Where required, standards of acceptable conduct and any expected improvement will be set out.
- 3.2.2 If a member of staff is dealt with under the informal process, this will not normally form the basis of subsequent formal disciplinary action. However, failure to meet standards clarified/ objectives issued during the informal process may lead to the instigation of the relevant formal Disciplinary procedure.
- 3.2.3 Consideration will be given as to whether guidance or training might be an appropriate and effective method of addressing the issue raised. If such guidance/advice is offered to or training required from any member of staff and the individual declines or does not complete or adequately comply with it, he or she may be disciplined in accordance with the relevant University Disciplinary and Appeals Procedure.

² For example, if the research is funded by the United States Public Health Service (USPHS) the individual receiving the allegation must notify the US Office of Research Integrity (ORI) of the allegation (email:askORI@osophs.dhhs.gov or telephone 00 (240) 453-880) and collaborate with the ORI or other appropriate offices of the USPHS to ensure that the investigation of the allegation is consistent with US Federal regulation 42 CFR Parts 50 and 93.

3.3 Formal Investigation

- 3.3.1 If the individual receiving the complaint determines the issue(s) raised to be sufficiently serious/ having sufficient substance, a formal investigation will be conducted.
- 3.3.2 The investigation will be conducted following the principles set out in the relevant University Disciplinary and Appeals Procedure, the investigation guidelines and University Statutes where appropriate.

3.4 Disciplinary Action

- 3.4.1 If following the formal investigation, a 'prima facie' disciplinary case is established a formal disciplinary hearing will be arranged in accordance with the relevant University Disciplinary and Appeals Procedure which will then be followed from that point onwards.
- 3.4.2 Where research misconduct is established at a formal disciplinary meeting, formal disciplinary action, up to and including dismissal, may be taken. Individuals authorised to undertake research activities in the University or to use University facilities to undertake research (but who are not employed by the University) who are found to have committed research misconduct may be excluded from conducting research on University premises or on behalf of the University and honorary/visiting contracts/titles may be withdrawn, following liaison with the relevant substantive employer.

3.5 Representation at Formal Meetings

- 3.5.1 Members of staff have a right to be accompanied at formal meetings convened under the University Disciplinary and Appeals Procedure. In accordance with this policy, the representative may be a University work colleague; or an Official employed by a Trade Union, or a lay Trade Union Official.

3.6 Appeals

- 3.6.1 Any member of staff issued with a formal warning or dismissed for research misconduct under the relevant Disciplinary and Appeals Procedure, will have the right to appeal as set out in that procedure.

3.7 Additional Guidance

- 3.7.1 The University may, when investigating a claim of research misconduct, seek advice from the UK Research Integrity Office (UK RIO). See Annex B for further information regarding UK RIO.

3.8 Recording and reporting of outcomes

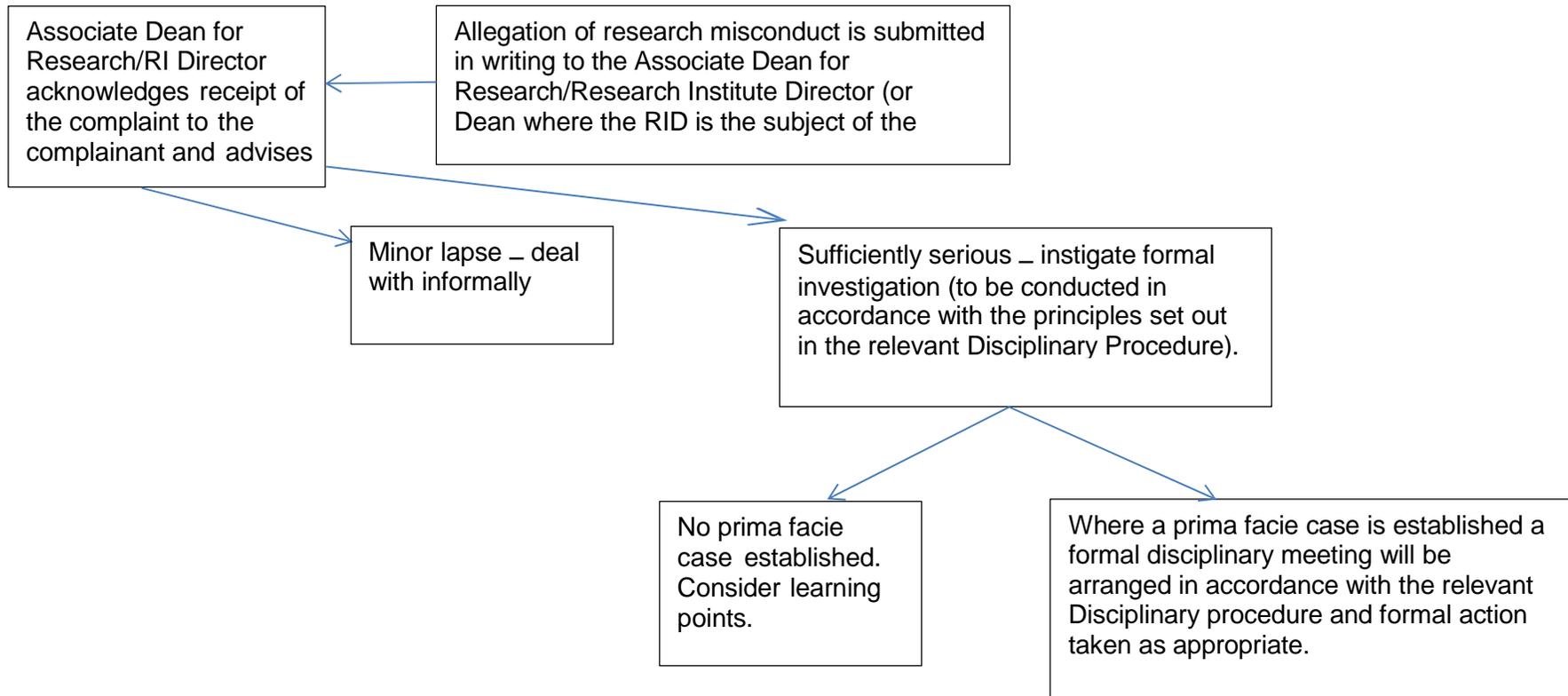
- 3.8.1 The Human Resources Department will log all allegations of research misconduct that are formally investigated and the outcome of all investigations. This information will be reported, on an annual basis, to the University's Research Governance Committee in an anonymous format.
- 3.8.2 The nature of the allegation may mean it is necessary for the University

to notify regulatory or legal authorities, e.g. the funding body³, the relevant professional body, and/or the Police.

- 3.8.3 Where the individual involved is undertaking research on a partner or third party organisation's premises or where the research involves another organisation (e.g. NHS) the University will report any cases of research misconduct to that organisation. Any suspected cases of research misconduct involving the employee of a partner or third party organisation will immediately be reported to the individual's substantive employer.

³ For example, for research funded by United States Public Health Service, the University, via the Directorate of Engagement and Partnerships, will submit an 'Annual report on possible research misconduct' to the US Office of Research Integrity by 30 April each year.

ANNEX A



ANNEX B

UK Research Integrity Office (UK RIO)

UK RIO is available to provide guidance to those who wish to raise concerns or seek advice on any aspect relating to the conduct of research. UK RIO will receive requests for guidance on the Office Helpline or in Emails, fax or written format. On receiving requests for guidance the Office will fulfil an impartial advisory role, ensuring that the most appropriate advice and guidance is made available from the Office Team or through the Register of Advisers.

Further information and contact details can be found at – www.ukrio.org