

## RESEARCH MISCONDUCT PROCEDURE

### 1. INTRODUCTION

The procedure outlined in this document is to be followed if an allegation of research misconduct has been made against a researcher about research conducted under the auspices of Keele University. Keele University is committed to supporting and conducting research to the standards set out in the [Concordat to Support Research Integrity](#) and the [University Research Integrity Policy](#). When the standards, values, and behaviours of research integrity are not upheld there may be harm to participants, colleagues, students, the University, the environment, the scientific process, and/or society as a whole.

#### 1.1 Purpose

This document presents Keele's procedure for dealing with allegations of research misconduct. We recognise that the investigation of allegations of research misconduct can involve complex issues that must be dealt with sensitively and fairly. It has therefore been developed to ensure that it is transparent, robust, and fair. It also ensures clear accountability when things do go wrong, and that appropriate actions are taken to address any findings.

#### 1.2 Scope

- 1.2.1 The definition of research misconduct used through the Procedure—informed by both the [UK Research Integrity Office](#) and the UK Concordat to Support Research Integrity—is as follows:

*Behaviours or actions that deliberately or recklessly fall short of the standards of the standards expected in the conduct of research in all stages of the research cycle—from the formation of ideas through to reporting outcomes. It can cause harm to people and the environment, waste resources, undermine the research record, and/or damage the credibility of research.*

- 1.2.2 When allegations of research misconduct are upheld, in full or in part, this may result in action being taken under Keele's disciplinary procedures as appropriate, or under another relevant process.

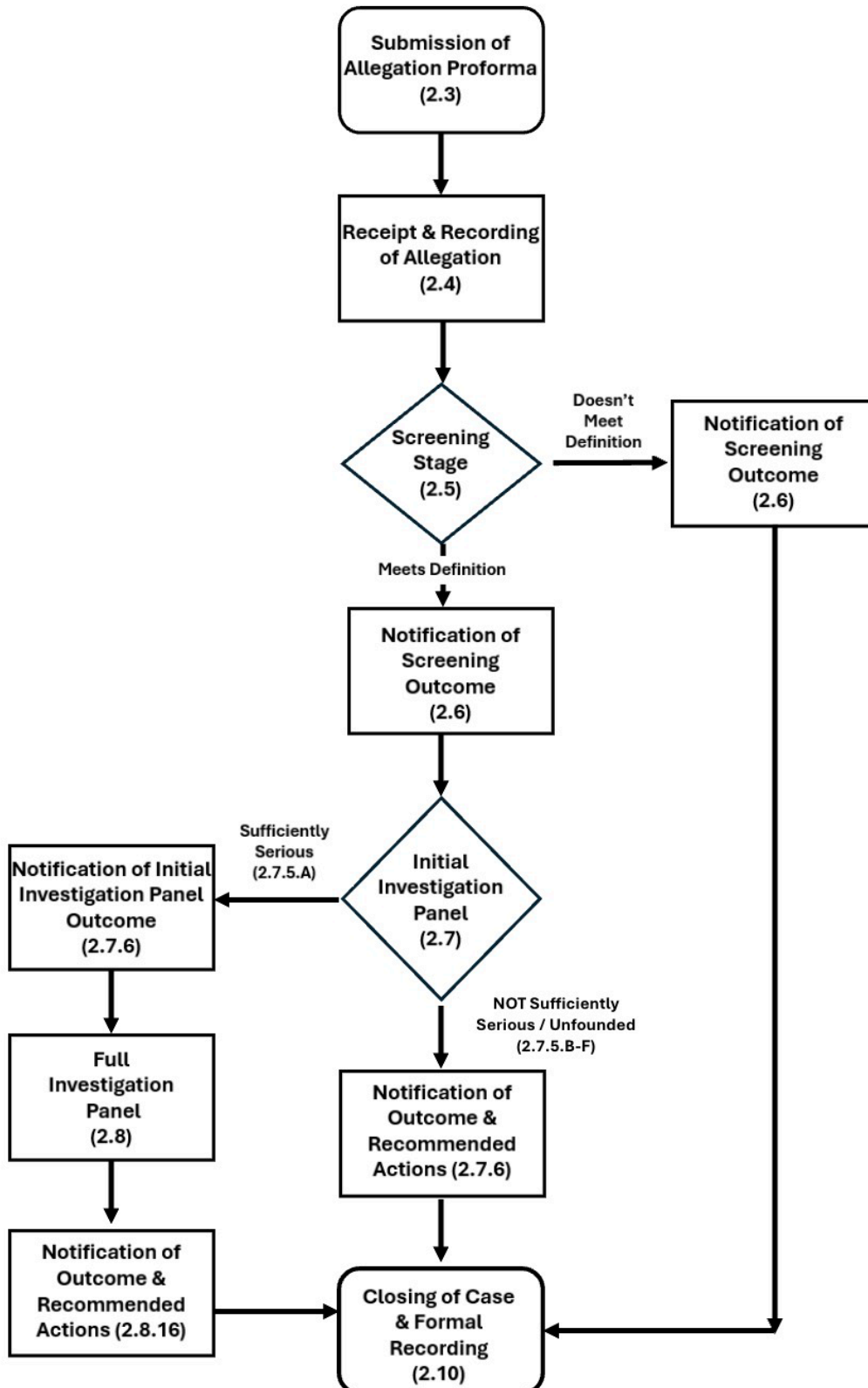
- 1.2.3 Reports generated via this Procedure may be used in evidence by Keele's disciplinary procedures, by subsequent investigations under this Procedure, and by other organisational process.
- 1.2.4 This Procedure applies to any person conducting research under auspices of Keele University. This includes but is not limited to:
- A member or former member of staff.
  - A research student (including visiting students registered elsewhere who are conducting research at Keele University).
  - An independent contractor or consultant.
  - A person with visiting or emeritus status.
  - A member of staff on a joint clinical or honorary contract.
- 1.2.4.1 If allegations are made against a team of Keele researchers that are from more than one faculty or area, the process detailed in this Procedure shall be followed and include representation from all faculties/areas involved.
- 1.2.4.2 If allegations are made against a team that includes more than one organisation, Keele University will communicate with all other organisations involved, and on a case-by-case basis establish whether organisations wish to pursue separate processes or if a coordinated approach is more appropriate. When a coordinated approach is adopted, a lead organisation should be responsible for laying out the procedure that will be followed and ensuring that all involved are clearly informed and that the process is transparent, robust and fair
- 1.2.5 The Policy normally applies to research conducted within the past 10 years.
- 1.2.6 The main categories of research misconduct covered by the Procedure—as defined in the Concordat to Support Research Integrity—are as follows:
- **Fabrication:** Making up results, outputs (such as artefacts), documentation such as participant consent, or any other aspect of research and presenting or recording them as if they were real.
  - **Falsification:** Includes inappropriate manipulation of data, research processes, materials, equipment, data, imagery, and or consents.
  - **Plagiarism:** Using other people's ideas, intellectual property or work (written or otherwise) without acknowledgement or permission. This includes the use of generative artificial intelligence to produce content, as well as the use of essay mills or other services that provide pre-written work.
  - **Failure to meet legal, ethical and professional obligations,** including:

- Not observing legal, ethical, and other requirements for human research participants, animal subjects, or human / animal organs or tissue used in research, or for the protection of the environment.
  - Breach of duty of care for humans involved in research whether deliberately, recklessly, or by gross negligence, including failure to obtain appropriate informed consent.
  - Misuse of personal data, including inappropriate disclosures of the identity of research participants and other breaches of confidentiality.
  - 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.
- **Misrepresentation of:**
    - Data, including suppression of relevant results / data or knowingly, recklessly, or by gross negligence, presenting a flawed interpretation of data.
    - Involvement, including inappropriate claims to authorship or attribution of work and denial of authorship / attribution to persons who have made an appropriate contribution.
    - Interests, including failure to declare competing interests of researchers or funders of a study.
    - Qualifications, experience, and/or credentials.
    - Publication history, through undisclosed duplication of publication, including undisclosed duplicate submission of manuscripts for publication.
  - **Improper dealing with allegations of misconduct:** Failing to address possible infringements, such as attempts to cover up misconduct, reprisals against whistle-blowers, or failing to adhere appropriately to agreed procedures in the investigation of alleged research misconduct. This includes improper handling of allegations, regardless of whether the research is funded, and the inappropriate use of legal instruments (e.g., non-disclosure agreements) to censor parties involved in the process.

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

1.2.8 For the avoidance of doubt, misconduct in research includes acts of omission as well as acts of commission.

## 2. PROCEDURE



## 2.1 Definitions

- **Complainant:** The individual making the allegation of research misconduct
- **Respondent:** Individual(s) against whom the allegation of research misconduct is made.
- **Named Person:** The individual nominated by Keele University to have responsibility for receiving any allegations of misconduct in research, initiating and supervising the Procedure for investigating allegations of misconduct in research, overseeing the maintenance of the record of information during the investigation, subsequently reporting on the investigation to internal contacts and external organisations, and taking decisions at key stages of the Procedure. The Named Person ensures that all information on the investigation is fully and accurately transferred to the next stage of the Procedure.
  - At Keele the Named Person is the Academic Lead for Research Integrity & Improvement.
  - Note that for some stages of the procedure, certain responsibility will be delegated to professional support colleagues and other academic colleagues as appropriate. All such delegations are made explicit in this Procedure.
  - If the Named Person is absent from the University (e.g., annual leave), the Director of Research Strategy Delivery will nominate an alternative to serve as Named Person.
  - If the Named Person has a conflict of interest with a submitted allegation, an alternative shall be nominated by the Director of Research Strategy Delivery. In such cases, the use of the term Named Person refers to the nominated alternative.
- **Working days:** Time frames in this Procedure are specified in working days, which are defined as weekdays (Monday to Friday) that fall outside of the [University's published vacation periods](#).

## 2.2 Standards

- 2.2.1 The burden of proof lies with the party making the assertion (i.e., the Complainant is responsible for providing evidence and facts to support their allegation).
- 2.2.2 **All parties** involved in these Procedures must ensure that they maintain strict confidentiality within and outside the University.
- 2.2.3 **All parties** are expected to engage constructively throughout the process.
- 2.2.4 Research misconduct must not be confused with academic misconduct which for all students (undergraduate and postgraduate) is managed through the [Student Academic Misconduct Code of Practice](#). Academic

misconduct refers to inappropriate actions and behaviour whilst attaining an academic qualification. If a student commits research misconduct, the Procedure outlined in the current document will be followed and the Student Academic Misconduct Code of Practice will also be followed.

- 2.2.5 The RaISE team will inform the relevant Academic Conduct Officer of any allegations, proceedings, and findings of any investigations relating to students.
- 2.2.6 If at any stage of this Procedure, a Complainant, 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.
- 2.2.7 If at any stage of this Procedure, a Complainant, Respondent, or any other person raises a complaint about the use or operation of this Procedure or any decision or action proposed or taken under this Procedure, or raises any other grievance, the Named Person will seek the advice of Human Resources, Student Services and other relevant departments, in confidence, to determine an appropriate course of action.
- 2.2.8 If required to facilitate a full and fair investigation and/or the operation of any aspect of this Procedure, the Named Person and those persons and panels conducting and supporting the Initial Investigation and Full Investigation Stages shall be free to seek confidential advice from persons with relevant expertise, both within the University and outside of it.
- 2.2.8.1 To address technical aspects raised by a matter, they may also employ relevant expertise and use of tools or computer software for assessing different forms of misconduct such as plagiarism, data manipulation, and fabrication.
- 2.2.8.2 Those seeking advice will, so far as possible, anonymise the information provided to make no information available which could lead to the identification of the Complainant, Respondent, or other individuals involved in the process.
- 2.2.8.3 Persons consulted will be subject to the same requirements on confidentiality as others involved in the process.
- 2.2.8.4 Persons who might be consulted include, but are not limited to:
- A. Experts in particular disciplines of research.

- B. Experts in particular aspects of the conduct of research, such as members of research ethics committees, statisticians, editors of academic journals, or equivalent persons from relevant areas of dissemination in research; and/or experts in addressing misconduct in research and poor practice.
- C. Representatives of organisational departments, such as: Legal Services, Human Resources, Student Services, Finance, Legal, Governance and Compliance/Registry; RaISE; Health & Safety; Library Services; Information and Digital Services.
- D. The advisory service of the [UK Research Integrity Office](#).
- E. Legal advisors.

2.2.9 Confidential records will be maintained on all aspects, and during all stages, of the Procedure and notes will be made of all meetings convened under the Procedure.

2.2.10 The Named Person (via appropriate support from Professional Services) will be responsible for the retention of all reports, correspondence, minutes of meetings (if applicable), and other documentation relating to the operation of this Procedure in line with the University [Records Retention Schedule](#).

2.2.11 In addition to those under Section 2.2.9, the Named Person will identify suitable administrative and other support to assist them and other persons responsible for the operation of this Procedure. Support from RaISE, Human Resources, and Student Services may be appropriate. Those selected to provide such support will confirm to the Named Person that their participation involves no conflict of interest and that they will respect the confidentiality of the proceedings.

### **2.3 Submission of Allegations Stage**

2.3.1 The Complainant should complete the Research Misconduct Allegation proforma detailing the allegation and all associated evidence. The proforma is a Microsoft Form<sup>1</sup> and can be accessed here: [Allegation of Research Misconduct Proforma](#).

2.3.1.1 Allegations are to be made in a single submission on a single occasion as this facilitates a thorough assessment of the Complainant's concerns and reduces procedural challenges that can arise from additional allegations being made during subsequent stages of this Procedure.

2.3.1.2 Complainants will normally put their name to any allegations they make.

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<sup>1</sup> Note that the text of this proforma has been provided in Annex A for information and completeness.

- 2.3.1.2.1 However, it is recognised that Complainants can be concerned about revealing their identity. If a Complainant wishes to remain anonymous, they should make this explicitly clear in their initial complaint email. Alternatively, they can contact their relevant [Faculty Research Integrity Lead](#) who can act as an anonymity “buffer” and will liaise with the Complainant to establish what level of engagement with the proceedings they are happy to have. If the Complainant wishes to be kept informed of proceedings and the overall outcome of the allegation but to remain completely anonymous, the Faculty Integrity Lead will interact with the Complainant. The Complainant should therefore contact their Faculty Research Integrity Lead in the first instance.
- 2.3.1.2.2 Allegations raised which are anonymous—or matters identified where there is no specific Complainant—will be considered at the discretion of the Named Person, taking account of the seriousness of the concerns raised and the likelihood of confirming the concerns from alternative sources / evidence. Where appropriate, advice will be sought, and consideration given to whether the Respondent will be able to defend themselves.
- 2.3.2 A complaint of allegation of research misconduct can be made by any member of Keele University, staff, worker, or student, or by an external third party (e.g., research participants, research funders, NHS organisations, charities, etc.). If an issue is identified without an actual Complainant (e.g., through monitoring activities) it is the responsibility of the person who identified the concern to raise an allegation.
- 2.3.3 Anyone may raise a concern relating to research misconduct. It is not limited to members of the University. 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 Named Person (or the relevant [Faculty Research Integrity Lead](#)). 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 as set out below.
- 2.3.4 In accordance with the University’s [Whistleblowing Policy](#), 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.



2.3.5 These matters can be difficult for all involved and staff are reminded that they can access support through occupational health to access Health Assured Service. Students can contact the [Student Services team](#) for independent advice, the [Counselling Service](#) on campus for support, or can contact the relevant [Student Experience and Support Officer](#).

2.3.6 Anyone making allegations in good faith will not be penalised, but where an allegation is shown to have been made maliciously, the University will treat this very seriously and may consider disciplinary action.

## **2.4 Receipt and Recording of an Allegation of Research Misconduct**

2.4.1 The RaISE admin team which manages the [research.integrity@keele.ac.uk](mailto:research.integrity@keele.ac.uk) account shall send an email acknowledging receipt of the allegation to the Complainant within five working days. The acknowledgement email shall also outline the process to be followed in the Screening Stage and will include a copy of this Procedure.

2.4.2 The details of the allegation shall be entered by the RaISE admin team into a password-protected database to allow for administrative processes, oversight, and reporting. A unique reference code (RM-XX-YY where XX is the year and YY is the sequential number assigned to the allegation; for example "RM-25-03" for the third allegation of 2025). If the Complainant has requested anonymity, anonymity will be maintained in the database as well.

## **2.5 Screening Stage**

2.5.1 After receipt of an allegation of research misconduct, the RaISE admin team shall forward the allegation to the Research Governance team ([research.governance@keele.ac.uk](mailto:research.governance@keele.ac.uk)) within three working days of receiving the complaint, redacting any information that may reveal the identity of the Complainant if they have asked to remain anonymous.

2.5.2 The Head of Project Assurance shall be responsible for making an initial screening assessment of the complaint to determine the most appropriate process to investigate or otherwise address it. The primary purpose of this stage is to determine whether the allegation falls under the Procedure for investigating research misconduct (in terms of both the matter raised and the individuals identified, see 1.2.5). Its aim is not to investigate the substance of the matter raised.

2.5.3 The Head of Project Assurance shall be free to consult the Named Person or other Project Assurance colleagues when making this screening assessment. In addition, they and the Named Person may seek confidential

advice from persons with relevant experience—both within the University and outside it—as appropriate, as outlined in Section 2.2.8.

- 2.5.4 The Head of Project Assurance shall inform the RaISE admin team of the outcome of the assessment within three working days of receiving the allegation. The potential outcomes of this assessment are:
- A. **Falls under the definition of research misconduct** and the scope of this Procedure and should advance to the Initial Investigation Stage.
  - B. **Falls within the scope of another formal process** of the University 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.
  - 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 being particularly relevant where there are concerns relating to Fitness to Practice and/or professional standards.
  - D. **Should be dismissed** because it does not fall under the remit of the Procedure and does not need to be referred elsewhere.

2.5.5 If further information is required to make the screening decision, the RaISE admin team will contact the Complainant (or Faculty Research Integrity Lead, if Complainant has requested anonymity) to request further information. Once the information is returned, the Procedure will resume at Section 2.5.2.

## 2.6 Notifications

2.6.1 Once the Screening Stage has been completed, the RaISE admin team will contact the Complainant and notify them of the decision of the screening stage, and will—if relevant to the decision category—inform them of the next stages of the Procedure.

2.6.2 All decisions shall be communicated to the Complainant within three working days of the date of the decision from the Screening Stage.

2.6.2.1 If the decision is that it **falls under the definition of research misconduct**, the Complainant will be informed of the outcome and will be provided an explanation of the next steps of the Procedure.

2.6.2.1.1 Under such circumstances, the Initial Investigation Panel (2.7.2) shall be informed of the case by the RaISE admin team, who will provide the

Panel with all information relating to the allegation. The Procedure will then follow from Section 2.7.

- 2.6.2.2 If the decision is that it **falls under the scope of another formal process**, the Complainant will be informed of the relevant formal process. The RaISE admin team will be responsible for passing all necessary information to the lead of the relevant process so that it can be followed.
- 2.6.2.3 If the decision is that it **warrants referral** directly to an external organisation, the Complainant will be informed of the relevant external organisation. The RaISE admin team (via consultation with Head of Project Assurance and the Named Person) shall be responsible for making this referral, passing all necessary information to the external organisation.
- 2.6.2.4 If the decision is that it **should be dismissed**, the Complainant will be provided a summary of the decision. The Head of Project Assurance shall be responsible for articulating clear reasoning as to why this decision has been reached.
- 2.6.3 The Director of Research Strategy Delivery shall ensure that, if relevant, any obligations to report allegations of research misconduct to funders or other third parties such as research collaborators or journals, are upheld. At the same time, the Director of Research Strategy Delivery shall consider if immediate action is required to prevent risk or harm to staff, participants or other persons, animals or the environment. If harm or risk is identified, appropriate mitigation actions must be undertaken. Such action will be deemed administrative and not disciplinary.

## **2.7 Initial Investigation Stage**

- 2.7.1 The Named Person will notify the Respondent of the allegation within three working days following the completion of the Screening Stage, including the details of the allegation, unless there is potential to cause harm either through breaking anonymity of the Complainant or through impacting the investigation and the Procedure that will be followed.
- 2.7.2 The Initial Investigation Panel will comprise of the Academic Lead for Research Integrity & Improvement (Named Person & Chair), Pro-Vice Chancellor for Research and Innovation, and the Director of Research Strategy Delivery.
- 2.7.2.1 Before the Panel meets, all persons on the Panel shall notify the Named Person in writing if their participation in the Initial Investigation involves a potential conflict of interest.

- 2.7.2.1.1 Under such situations the Named Person shall nominate a suitable colleague from the University when a Panel member declares a conflict of interest.
- 2.7.2.1.2 Where the Named Person has a conflict of interest, the Director of Research Strategy Delivery shall be Chair and will nominate a suitable colleague from the University to sit on the Initial Investigation Panel to replace the Named Person.
- 2.7.2.1.3 If any changes to the default panel membership are made, the Complainant and Respondent shall be informed of the new panel membership.
- 2.7.2.2 All Panel members will be required to abide by the Procedure and respect the confidentiality of the proceedings.
- 2.7.2.3 The Respondent and the Claimant may raise concerns that they may have about the Initial Investigation Panel's membership to the Named Person, but neither has a right of veto of the Panel membership.
- 2.7.3 The Panel will meet as soon as possible after the outcome of the Screening Stage.
- 2.7.4 The Panel will first confirm whether they believe the allegation meets the definition of research misconduct as outlined in this Procedure. If this is found to not be the case, the relevant notification Procedure will follow (see Section 2.6).
- 2.7.5 If confirmed that the allegation meets the definition of research misconduct as outlined in this Procedure, the Panel will review the details and evidence, and decide on whether the allegation of research misconduct:
- A. **Is sufficiently serious and has sufficient substance** to warrant a Full Investigation of the complaint (see Section 2.8).
  - 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 process.
  - C. **Warrants referral** directly to another University process, 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.

- D. **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 being particularly relevant where there are concerns relating to Fitness to Practice.
- E. **Is unfounded**, because it is mistaken or is frivolous or is otherwise without substance (this could include difference of opinion on, for example, methodology), and will be dismissed.
- F. **Is unfounded**, because it is vexatious and/or malicious, and will be dismissed.
- G. **More information is required.** The Named Person shall contact the relevant party for the requested information, and once received the Panel shall be reconvened.

### **2.7.6 Notification of outcomes of the initial investigation.**

2.7.6.1 The Named Person shall provide the Complainant and the Respondent with a written description of the Initial Investigation Panel outcome within five working days of the conclusion of the Initial Investigation Panel. Where relevant, details of the next stages of the Procedure will be provided.

2.7.6.2 The Director of Research Strategy Delivery shall liaise with the Director of Legal, Governance and Compliance to consider if legal or regulatory bodies should be informed of the allegation, depending on the nature of the conduct, for example if a criminal offence may have occurred. Any legal or regulatory investigation will take precedence over this procedure which may be paused while ongoing legal/regulatory investigations take place. The Initial Investigation Panel shall collectively decide whether this procedure must be completed following a legal/regulatory investigation or if it should be abandoned.

2.7.6.3 Where the outcome is that the allegation is deemed sufficiently serious and has sufficient substance, the Full Investigation Stage of the Procedure shall be enacted (see Section 2.8). The Named Person will inform the Faculty Dean for Research of the relevant faculty and will provide all necessary details of the case.

2.7.6.4 Where the outcome is that the allegation has some substance but due to its relatively minor nature or because it relates to poor practice rather than to misconduct, the Named Person will inform the relevant Faculty Executive Dean, Faculty Dean for Research, and the Head of School of the allegation and outcome. This correspondence will occur within five working days of the conclusion of the Initial Investigation Panel meeting.

2.7.6.4.1 In such circumstances, the Respondent must be clearly advised by the Faculty Dean for Research and Head of School—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 in writing. Consideration must be given as to whether guidance, training or mentoring might be an appropriate and effective method of addressing the issue raised. If the required standards and expected improvements are not met, the Respondent may be disciplined in accordance with the relevant University Disciplinary and Appeals Procedure.

2.7.6.5 The Director of Research Strategy Delivery will inform any relevant third party—such as, funder, publisher, current substantive employer of Keele honorary contract holders or previous Keele staff—if appropriate.

## 2.8 Full Investigation Stage

2.8.1 If the Initial Investigation Stage finds that the allegation is sufficiently serious and has sufficient substance to warrant a Full Investigation, then formal action is required, and a Full Investigation Panel must be convened. The purpose of the Full Investigation is to review all 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 University authorities, regarding any further action the Full Investigation 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.

2.8.2 This Stage is triggered by the Chair of the Initial Investigation Panel contacting the relevant Faculty Dean for Research (see Section 2.7.6.1), who will be asked to establish a Full Investigation Panel.

2.8.2.1 The Full Investigation Panel will be chaired by the Dean for Research of the relevant faculty and will normally consist of three persons. If the Dean for Research is not available, a suitable replacement shall be nominated by the relevant Faculty Executive Dean. 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.

2.8.2.2 At least one member of the Panel shall be from outside the University, as required by the Concordat to Support Research Integrity. At the

discretion of the Named Person, the Panel may include multiple external members (e.g., if allegations involve multiple disciplines).

- 2.8.2.3 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. Where the allegations concern highly specialised areas of research the Panel should have at least one member with specialised knowledge of the field.
- 2.8.3 Once the Panel membership has been decided, the Full Investigation Panel Chair shall inform the Named Person of the Panel membership.
- 2.8.4 The Named Person (with suitable administrative support) shall 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 written report of the outcome of the Initial Investigation stage.
  - D. Other records from the Initial Investigation stage as deemed relevant by the Named Person.
  - E. Names and contact details of the Complainant and the Respondent.
  - F. A summary of correspondence with the Complainant(s) and the Respondent(s) to date.
  - G. A summary of any evidence secured by the Named Person during the Receipt of Allegations stage or during the Initial Investigation stage.
- 2.8.4.1 All persons appointed to carry out the Full Investigation will confirm to the Named Person that:
- A. Their participation involves no conflict of interest.
  - B. They will abide by the Procedure.
  - C. They will respect the confidentiality of the proceedings and data protection requirements.
- 2.8.5 The Named Person will inform the Complainant and the Respondent—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 be informed of the panel membership. They will also be informed that they may be accompanied to any meetings (e.g., by a colleague or Trade Union representative).
- 2.8.5.1 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.

2.8.5.2 If the Respondent or Complainant wish to be accompanied to the Panel meeting, they must inform the Full Investigation Panel Chair of whom they wish to be accompanied by at least three working days before the Panel meeting.

2.8.6 Respondents will normally be informed of the name of any Complainant who have made the allegation(s) concerning them at the discretion of the Named Person (see 2.3.1.3). In exceptional circumstances the identity of the Complainant may remain confidential.

2.8.6.1 Any such decision will be made after seeking advice from human resources/ student and/or legal services, considering the University'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 will be made that compromises the Principles and Standards of this Procedure or the thorough and fair investigation of the allegation(s) in question.

2.8.6.2 The Complainant will be informed that their identity is being disclosed to the Respondent at this point unless it has been determined that it should remain confidential.

2.8.7 The Chair of the Full Investigation Panel will be responsible for the conduct of the proceedings during the Full Investigation. The Panel does not have any disciplinary powers. The Full Investigation 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. This is in addition to the Complainant and the Respondent, who both must be interviewed.

2.8.7.1 The [HR Investigation Guidelines](#) should be followed irrespective of whether the Respondent is student or staff, as it is a framework for conducting investigations and is not a disciplinary procedure.

2.8.8 Both Complainant and Respondent must be given at least ten working days prior to the Full Investigation Panel to provide any supporting information they wish to submit for review.



2.8.9 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 University and/or other bodies.

2.8.10 After the Full Investigation, the Panel will conclude, providing the Named Person a report that covers the allegation, the evidence that has been evaluated, and accounts of any interviews that have been conducted. The report should also include a clear statement of the Panel decision—and recording of any differing views—whether the allegation of misconduct in research is:

- A. **is upheld** in full; **OR**
- B. **Is upheld** in part; **OR**
- C. **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**
- D. **warrants referral** directly to another formal process of the University, 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 Practice; **OR**
- F. **is unfounded**, because it is mistaken or is frivolous or is otherwise without substance and will be dismissed; **OR**
- G. **is unfounded**, because it is vexatious and/or malicious, and will be dismissed.

2.8.10.1 The Panel may also make recommendations—for consideration by the Named Person and/or appropriate University authorities—regarding any further action(s) which should be taken by the University 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 the University's relevant disciplinary procedure; **and/or**
- B. whether the matter should be referred to another relevant University process, such as the examination regulations, academic misconduct

process or equivalent or the University'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 Practice; **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 University 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** 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.

2.8.11 The Full Investigation Panel Chair shall be responsible for reporting proceedings and outcomes of the Full Investigation Panel to the Named Person within five working days of the conclusion of the investigation.

2.8.12 The Named Person shall send the report to both the Complainant and the Respondent who will have 10 working days to provide any comments in writing.

2.8.12.1 The Chair of the Full Investigation Panel (via consultation with the full Panel, as appropriate) will consider any comments made and then finalise the report within another 10 working days.

2.8.13 The Full Investigation Panel will normally reach its conclusions within three months of being established, provided this does not compromise the Standards 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.

2.8.13.1 Any delays to this timescale will be explained to the Complainant and Respondent in writing, presenting an estimated revised date of completion.

2.8.14 Once finalised, the Chair of the Full Investigation Panel will send the report to the Named Person, who will share with the Initial Investigation Panel.

2.8.15 The Named Person will provide the Faculty Executive Dean with the findings from the formal investigation within five working days.

2.8.16 The Faculty Executive Dean (or delegate) will then confirm verbally and in writing the outcome of the formal investigation to the Respondent and outline what actions must be taken, whether that is a formal disciplinary action as per the University Disciplinary and Appeals Procedure which can include dismissal (if so, this must be followed from this point onwards), or training, mentoring, exclusion from conducting research on University premises or on behalf of the University, withdrawal of honorary contract/title or alternative action to address the misconduct.

2.8.17 Once the Faculty are informed of the outcomes by the Named Person, the allegation case is considered closed and Section 2.10 should be completed.

2.8.18 The Faculty are responsible for informing the Respondent's line manager of the outcome, who will be responsible for ensuring the actions outlined in the letter (Section 2.8.16) are completed and to escalate if, after the detailed period of time, the actions are not completed so that the University's Disciplinary and Appeals Procedure will be initiated

2.8.19 For postgraduate students, the Subject's supervisor will be informed by the Faculty and will be responsible for ensuring the actions outlined in the letter are completed and to escalate to the Faculty PGR Director if, after the detailed period of time, the actions are not completed so that the University's Student Disciplinary Procedure can be initiated.

## **2.9 Appeals Stage**

2.9.1 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.

2.9.2 Any student issued with a formal warning or excluded for research misconduct under the Student Academic Misconduct Code of Practice will have the right to appeal as set out in that procedure.

2.9.3 If an individual wishes to appeal who is not a current member of staff or student of Keele, the principles of the Disciplinary and Appeals Procedure

(for staff level allegations) or the Academic Misconduct Code of Practice appeals procedure should be followed.

## 2.10 Closing a Case

2.10.1 Once an outcome of either the Screening (Section 2.5), Initial Investigation (Section 2.7), or Full Investigation (Section 2.8) has been completed the RaISE admin team will ensure that all relevant paperwork, including any email correspondence, is archived using the unique reference code (RM-xx-yy, where xx is the year and yy is the sequential number assigned to the allegation; for example "RM-25-03" for the third allegation of 2025) in a secure electronic location that is accessible by the RaISE admin team only, and that the secure database is completed and captures a complete record of the procedure followed but does not include any identifiable data. Records will be retained in line with the University [Records Retention Schedule](#).

## 3. OVERSIGHT OF ALLEGATIONS OF RESEARCH MISCONDUCT

- 3.1 The RaISE admin team will log all allegations of research misconduct and the outcome of all investigations to provide data for reporting purposes.
- 3.2 The University's Research Integrity & Improvement Committee will be informed of all allegations. This reporting will not reveal the Complainant, the Respondent, or any other individuals related to the allegation. Summaries shall be reported to University Research Committee via the annual integrity report.
- 3.3 Where appropriate, the Director of Research Strategy Delivery will conduct a trend analysis to reveal any themes of research misconduct which may be mitigated at an institutional level, for example by increasing awareness or training across the institution.
- 3.4 This information will also be reported anonymously through the University's Annual Statement, which is approved by University Senate Committee.

## 4. ROLES AND RESPONSIBILITIES

- 4.1 **Keele University** has a responsibility, as outlined in the [Concordat to Support Research Integrity](#), to investigate all allegations of research misconduct. This responsibility includes:
  - ensuring that any person involved in investigation of allegations has the appropriate knowledge, skills, and authority to do so;
  - taking reasonable steps to ensure that the investigation is independent and avoids any potential conflicts of interest;

- ensuring that the investigation is well documented and occurs over a reasonable time frame;
  - ensuring that there are clear, well-articulated, and confidential mechanisms for reporting allegations of research misconduct; and
  - ensuring there are clear routes for appeal.
- 4.2 **All members of the University (staff and students) and persons authorised to undertake research in or on behalf of the University, or to use the University facilities**, are required to report any suspected research misconduct, whether this has been witnessed or where there are reasonable grounds for suspicion.
- 4.3 **The Research and Innovation (RaISE) team** are responsible for the administration of the research misconduct Procedure, and producing reports to University Research Committee.
- 4.4 The **University Research Committee** are responsible for the oversight of research misconduct investigations with escalation to Senate, if required.
- 4.5 In accordance with the [Concordat to Support Research Integrity](#), **researchers** must act with integrity when reporting allegations of research misconduct or if they take part in an investigation. They must also engage with any outcomes of the formal misconduct investigation to address the issues raised. Researchers must report any instances of research misconduct to funders, professional, statutory, and regulatory bodies, as appropriate. At any stage during the research misconduct investigation all researchers and professional services staff must declare any conflicts of interest and management strategies adopted to address the conflict.

## 5. RELATED POLICIES AND PROCEDURES

This procedure sits alongside and should be read in conjunction with Keele's [Research Integrity Policy](#)

## 6. REVIEW, APPROVAL, & PUBLICATION

The Policy will be reviewed every three years by the Academic Lead for Research Integrity & Improvement, with input from the Research Integrity Committee. Amendments will be reviewed by Faculty Research Committees and University Research Committee. Senate is ultimately responsible for approval of this Policy and its amendments. The Policy will be published on Keele University's Policy Zone webpage.

## 7. ANNEXES

Annex A – Allegation of Research Misconduct Proforma

## 8. DOCUMENT CONTROL INFORMATION

<b>Document Name</b>	Research Misconduct Procedure
<b>Owner</b>	Professor Jim Grange Academic Lead for Research Integrity & Improvement
<b>Version Number</b>	5.0
<b>Equality Analysis Form Submission Date</b>	[Date form submitted]
<b>Approval Date</b>	03 July 2008
<b>Approved By</b>	Senate
<b>Date of Commencement</b>	18 December 2024
<b>Date of Last Review</b>	18 December 2024
<b>Date for Next Review</b>	18 December 2027
<b>Related University Policy Documents</b>	<a href="#">Research Integrity Policy</a>
<i>For Office Use – Keywords</i>	

## Annex A – Allegation of Research Misconduct Proforma<sup>2</sup>

### 1. Name of Complainant[s] (Required)

The person or persons raising the allegation of research misconduct.

### 2. Names of Respondent[s] (Required)

The person or persons against whom the allegation is being made.

### 3. Type of Allegation (Required)

Select all that apply.

- **Fabrication:** Making up results, outputs (such as artefacts), documentation such as participant consent, or any other aspect of research and presenting or recording them as if they were real.
- **Falsification:** Includes inappropriate manipulation of data, research processes, materials, equipment, data, imagery, and or consents.
- **Plagiarism:** Using other people’s ideas, intellectual property or work (written or otherwise) without acknowledgement or permission. This includes the use of generative artificial intelligence to produce content, as well as the use of essay mills or other services that provide pre-written work.
- **Failure to meet legal, ethical and professional obligations,** including:
  - Not observing legal, ethical, and other requirements for human research participants, animal subjects, or human / animal organs or tissue used in research, or for the protection of the environment.
  - Breach of duty of care for humans involved in research whether deliberately, recklessly, or by gross negligence, including failure to obtain appropriate informed consent.
  - Misuse of personal data, including inappropriate disclosures of the identity of research participants and other breaches of confidentiality.
  - 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.
- **Misrepresentation of:**
  - Data, including suppression of relevant results / data or knowingly, recklessly, or by gross negligence, presenting a flawed interpretation of data.

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<sup>2</sup> Note that this proforma is a Microsoft Form but the required information has been provided here for information and completeness. Note that individual(s) submitting this proforma will be required to declare (upon submission) that they have read and understood Section 2.3. of the Research Misconduct Procedure.

- o Involvement, including inappropriate claims to authorship or attribution of work and denial of authorship / attribution to persons who have made an appropriate contribution.
- o Interests, including failure to declare competing interests of researchers or funders of a study.
- o Qualifications, experience, and/or credentials.
- o Publication history, through undisclosed duplication of publication, including undisclosed duplicate submission of manuscripts for publication.
- **OTHER**

**4. Specifics of Allegation (Required)**

Please detail clearly and concisely the specifics of the allegation being made. Provide all relevant information and evidence supporting all allegations being made. If relevant, append supporting documents and evidence to this proforma. If informal steps have already been taken to resolve the issue, please state these here.

**5. Additional Comments (Optional)**