



Promoting integrity and high ethical standards in research
Providing confidential, independent and expert support

Detailed template procedure for investigating breaches of research integrity

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Table of Contents

Summary of key changes.....	3
Introduction	4
Updates to this document.....	4
Aim of this document	4
How to use this document	6
Template Procedure	7
Introductory information.....	7
Opening policy statement on research misconduct	7
Key operational principles and standards.....	7
Principles.....	8
Definitions	8
Standards of operation	9
Scope and limits of the Procedure	12
Application of the Procedure.....	13
Stage 1 – Reviewing a concern	15
Resolution using informal measures.....	19
Stage 2: Initial investigation.....	23
Stage 3: Full investigation stage.....	26
Stage 4: Outcomes, Follow-up Actions and Reporting.....	31
Stage 5: Appeals	37
Annex: Definitions	41
Acknowledgements.....	47
Authors	47
Contributors	47
Reviewers.....	47
Competing Interests.....	47
Funding.....	47
Further Reading.....	48

Summary of key changes

This document is a modification of UKRIO's 2023 Procedure for the Investigation of Misconduct in Research. It has been adapted to serve as a detailed template for research organisations to develop institutional procedures to support the investigation of alleged breaches of research integrity.

Changes made to the 2023 Procedure include:

- The modified Procedure allows for investigation of alleged breaches of research integrity whether they relate to honest errors, Questionable Research Practices (QRPs), or fraud
- Re-ordering of the current sections
- Revised language/tone to reflect: destigmatising approach; that some sections of the existing procedure will be used to investigate/ address breaches classified as alleged mistakes or alleged QRPs, rather than misconduct. Reduce/ remove duplicated text, improve readability
- Updated introduction / how to use this document to reflect its new scope/ purpose
- Updated *Receipt of Concerns* stage
- '*Resolve using informal measures*' stage moved from its current position as an annex in the Procedure. This would be the first choice to investigate alleged mistakes and minor QRPs
- Updated *Initial Investigation* stage, the first choice to investigate serious QRPs/ alleged misconduct
- Updated *Full investigation* stage, to which investigations of alleged misconduct progress
- Updated *Outcomes* stage, applicable to mistakes, QRPs and misconduct
- Updated Appeals, Definitions, Principles, including bringing the latter two sections forward in the document
- Revised key terms to reflect the March 2025 refreshed edition of the Concordat to Support Integrity.

Introduction

All institutions involved in research and employing researchers will receive concerns raised about the conduct of research and its researchers. Such challenges are part and parcel of academic life and research and are the primary way that issues are raised and resolved. There has been a culture to date of seeing such matters as difficulties and problems to be resolved. We consider that a change of mindset will help see such matters in a more positive light, i.e. that they support the improvement and integrity of research within an institution. Therefore, when raised constructively and in good faith, such concerns should be if not welcomed, at least viewed less negatively. On the rare occasions that this is not done in good faith, then action can be taken but we consider that the majority of Initiators raise in good faith and have a right to see the matter investigated fully and fairly.

DISCLAIMER

UKRIO is an independent charity providing impartial advice on research conduct. UKRIO does not have regulatory powers. This document is intended as guidance only and its contents do not constitute and should not act as a replacement for legal advice. It is not mandatory for organisations to follow the procedure set out in this document and organisations are strongly encouraged to take independent legal advice on the application and use of this procedure. UKRIO accepts no liability for any loss or damage caused or occasioned as a result of advice given by in this document. This document should not be used for court proceedings within any jurisdiction and may not be cited or relied upon for this purpose. Organisations should consider their obligations in responding to concerns of misconduct in research, including but not limited to employment law, contract law and data protection law, as well as any duty of care it might owe to staff and students.

Updates to this document

As the research community and other bodies further develop practices in this area, we expect this Procedure to evolve. It is subject to periodic review and revision to reflect emerging best practices in this area. UKRIO welcomes feedback on the content and use of this document.

Aim of this document

The primary aim of this document is to support institutions in developing appropriate and proportionate procedures for addressing any potential breach of research integrity at the appropriate stage. Many matters may not proceed beyond the first stages; others will proceed to the final stages.

The issues that come forward can range from straightforward to complex and it is important to ensure that responsibilities are discharged sensitively and fairly. The Procedure outlines the process to be followed when concerns are raised.

Smaller research organisations may require additional support to establish this level of process within their organisation. In such circumstances, they should contact UKRIO for support.

The objectives of the Procedure are to:

- ensure that any matters raised are considered fully and fairly, and that investigations are conducted in a timely and transparent manner, with appropriate confidentiality;
- ensure that, by using an agreed process, there should be more consistency in dealing with matters raised;
- reassure all involved parties, especially those raising concerns and those who are under investigation, that matters will be dealt with under a consistent template procedure adopted nationally by research organisations; and
- uphold the integrity of research, including correcting the research record if necessary.

By adapting and following the Procedure it should be possible to:

- establish the ethos and mechanisms by which concerns about breaches of research integrity may be addressed appropriately, investigated effectively, and handled fairly, in a timely manner and with an appropriate balance of confidentiality and transparency;
- assess appropriately any concerns that are raised, determining the appropriate level at which they should be dealt with, such as whether they proceed to investigation, are addressed through other means, or dismissed;
- Where matters reach this stage, undertake a full investigation to determine whether, on the balance of probabilities, the evidence upholds that misconduct in research has taken place (either intentional or reckless in nature); and
- produce a report to initiate appropriate actions following the conclusion of the process.

UKRIO is committed to promoting good conduct in research by providing the research community with practical guidance on the issues which need to be addressed and facilitating the sharing of existing good practices. The Procedure is a vital part of our continuing work to encourage good conduct in research and to help prevent misconduct, setting out the responsibilities and values critical to research, as well as providing practical guidance for researchers and their employers.

This guidance reflects and is in accord with other relevant initiatives, guidance from UKRIO and other bodies, and the expectations of funding bodies. It has been produced to harmonise with broader research integrity expectations, such as *The Concordat to Support Research Integrity* (2025 edition) and this revised version was produced with input from an external review group consisting of representatives from ten research organisations.

How to use this document

The Procedure is a template for the development and adaptation of institutional procedures rather than a standard that institutions are expected to implement in full. Matters under investigation are often complex and the Procedure aims to support institutions in reaching a well-founded conclusion on what has happened, following which disciplinary and other actions to correct the record can take place depending on the outcome.

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 the 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. Organisations with a robust, well-run and regularly reviewed procedure in which all concerned are treated fairly and receive regular communication, can be sure that they are making and applying judgements backed up by a rigorous and consistent procedure.

Template Procedure

Introductory information

The first part of the procedure should include the following:

- Opening statement on institutional standards, commitments and expectations on research integrity.
- Related policies and procedures.
- Key principles.
- Standards of operation – the general principles that the institution will use when operating the procedure.
- Scope and limits of Procedure.
- Application of the Procedure.

Some suggested text is included below, but this should be tailored to the individual institution and its ethos and operational principles.

Opening policy statement on research misconduct

When adopting this Template Procedure or creating their own, Organisations should begin this section by setting out their views/ ethos on the importance of good research practice and the safeguarding of quality and ethical standards in research and briefly describe the importance of addressing research misconduct. Organisations should briefly set out how their Procedure relates to other Organisational research policies (e.g., Code of Good Practice for Research) and other relevant processes (e.g., Whistleblowing Policy, Anti-Harassment Policy, Disciplinary Process) and include similar references to their Procedure in those policies/ processes. They should also note that it helps fulfil key Organisational responsibilities for research, such as conditions of research funding and the Commitments of The Concordat to Support Research Integrity. It is important to ensure that the relationship between procedures is clear and cross-referenced.

Advice should be sought from relevant departments (e.g., Human Resources) on how the Procedure will relate to other relevant Organisational procedures (e.g., disciplinary procedure) and the process for moving from this Procedure to another Organisation procedure or vice versa. The Procedure and other relevant Organisational procedures should include such information on how they relate to each other and processes for moving between them.

Key operational principles and standards

Those responsible for managing the investigation of concerns raised about the conduct of research must ensure that they operate according to the standards and principles set out below. Additional guidance on key issues can be found on [UKRIO's website](#) and in-depth advice on any aspect of investigations, follow-up actions and reporting can be obtained from [UKRIO's Advisory Service](#). This will help ensure that

all involved are treated fairly and that they and the sector generally have confidence in investigations.

Principles

The matters raised can potentially be serious and have consequences for those about whom they have been raised. The investigation of concerns related to the conduct of 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 and the primary aim must be to reach the truth and correct the research record and not to protect the interests of any party or organisation.

Organisations should adopt the principles of **Fairness, Confidentiality and data protection, Integrity, Prevention of Detriment, and Balance** as defined below, in informing the use of this Procedure. Those responsible for carrying out this Procedure must be aware that there will be occasions when judgement needs to be made in the application of the principles.

Definitions

All definitions of terms used are contained in Annex X, but key definitions include:

- **Concerns raised** – informal or formal reporting to an organisation that a breach of research integrity may have taken place.
- **Breach of research integrity** – when conduct of research falls short of standards of research integrity, whether due to error, questionable research practices (QRPs), or research misconduct.
- **Questionable Research Practices (QRPs)** – *The Concordat to Support Research Integrity (2025) defines these as follows: ‘QRPs refer to minor infractions or research practices, **including avoidable errors** [emphasis added], which fall short of the definition of intentional research misconduct. They may arise due to a lack of knowledge or attention to detail, negligence, or deliberate action, and may occur where there is no evident intention to deceive.’*
- **Research Misconduct** – The definition of research misconduct used throughout has been taken from *The Concordat to Support Research Integrity (2025)* “Research misconduct: Research misconduct constitutes the behaviours and deliberate actions that fall short of the principles in Commitment 1 of the Concordat, occurring at any point in the research lifecycle. This includes behaviours associated with the ideation of research proposals, reviewing the work of others, and the reporting of research findings.” A full definition of research misconduct is provided in Annex A of the 2025 Concordat and is reproduced in the Definitions section of this Procedure.

Standards of operation

This section summarises the standards and general arrangements that should apply at any stage of operating the Procedure. The separate guidance discusses these areas more fully.

- **Level** – Matters should be considered and dealt with at the most appropriate level. For example, when a breach is assessed to be an honest error or a QRP that is of a non-severe or non-complex nature, the matter would normally progress to the stage of resolution via informal measures and no further; an alleged breach would normally only progress to the full investigation stage after an initial investigation had determined that there is sufficient evidence to justify this.
- **Timescales** – Concerns raised will be addressed in the shortest possible timescale necessary to ensure a full and fair investigation. All suggestions on timescales mentioned at any stage are indicative. All stages of the operation of this procedure should be completed as soon as is practicable but must not compromise the standards and principles set out here. The aim throughout must be a thorough and fair investigation of the matters raised, conducted in a timely and transparent manner, and with appropriate confidentiality. Any delays in timescales will be communicated to all parties, providing an estimated revised date of completion.
- **Completion of an investigation** – The Organisation will follow this Procedure through to its natural end point as far as possible even in the event that:
 - any individual(s) concerned leaves or has left the jurisdiction of the Organisation, either before the operation of this Procedure is concluded or before the concern(s) of research misconduct was made; or
 - the **Initiator(s)** withdraws the concern raised at any stage; or
 - the **Respondent(s)** admits the alleged breach in full or in part; or
 - the Respondent(s) admits other forms of misconduct, whether research or otherwise; and/or
 - the Initiator(s) and/or the Respondent(s) withdraws from the Procedure.

After an investigation into a concern when a Respondent is not a current member of staff/ student of the Organisation (such as former staff or students, visiting staff, those on honorary contracts and students from other institutions conducting research on the Organisation's premises), the Named Person will determine the nature of any further action to be taken in relation to the investigation and its outcome. Similarly, after an investigation when a Respondent is deceased, the Named Person will determine the nature of any further action to be taken in relation to the investigation and its outcome.

- **Involvement of other organisations** – The Organisation 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 the Organisation and another body (e.g., persons with visiting status who are employed by 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:
 - a. *Montreal Statement on Research Integrity in Cross-Boundary Research Collaborations* – [Montreal Statement - WCRIF - The World Conferences on Research Integrity Foundation](#)
 - b. *Russell Group Statement of Cooperation in Respect of Cross-Institutional Research Misconduct Concerns* – <https://russellgroup.ac.uk/media/5708/russell-group-research-integrity-forum-statement-of-cooperation-may-2018.pdf>

Other sections of this Procedure discuss the involvement of external organisations in terms of reporting to them, for example as required by funder terms and conditions.

- **Counter concerns** – If at any stage, a counter concern is raised about the Initiator of a concern, whether related or not to the matter being investigated, these matters will be addressed as separate matters and will be forwarded to the Named Person for consideration.
 - The Named Person will consider how these allegations should most appropriately be managed, bearing in mind the objectives of this Procedure (above). That might involve the allegations being considered under one process (and if the concerns proceed to the Initial or Full investigation stage, a joint investigation being conducted), with appropriate adjustments made to the Procedure.
- **Complaints** – If at any stage of this Procedure, the Initiator, Respondent or other person raises a complaint about the use or operation of this Procedure or any decision or action taken, or raises any other grievance, then the Named Person will seek the advice of Human Resources, Student Services and other relevant departments of the Organisation, in confidence, to determine an appropriate course of action.
- **Appropriate support** – Where the Initiator, Respondent or other person involved in the investigation have difficulties at any stage of the procedure due to a disability or other accessibility issues, they should discuss this with the Named Person as soon as possible and reasonable adjustments will be made to ensure they are able to fully participate in the procedure.

However well managed, research misconduct matters can be difficult for all parties involved, including the Initiator, Respondent and those managing and

running investigations. The Organisation should consider how best to support all parties in terms of their health and well-being at all stages of the procedure.

- **Meetings** – For all meetings convened under the procedure, the Organisation should consider whether Initiators and Respondents can be **accompanied to interviews** by a colleague, trade union or student union representative – which may be a legal right - or by whoever else is specified in any additional contractual rights (such as by university statutes and ordinances).
- **Evidence-sharing** – Information gathered and reports generated by an investigation under this Procedure may be used in evidence by subsequent investigations under this Procedure, where a related matter is raised, or by other Organisational processes (such as a disciplinary process). Some evidence may be required to be shared with relevant external organisations, such as funding bodies or regulators.
- **Confidential advice** – The Named Person may identify suitable professional, administrative, and other support to assist them in carrying out any action under any stage of the Procedure. It is likely that the Research Integrity Officer or equivalent role will be involved at all stages.

They are also free to seek confidential advice from persons with relevant expertise, both within the Organisation and outside it. 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. Those seeking advice will, so far as is possible, anonymise the information provided to make no information available which could lead to the identification of the Initiator, Respondent or other individuals involved in the case. Persons consulted will be subject to the same requirements on confidentiality as others involved in the process. Persons who might be consulted include but are not limited to:

- a. experts in particular disciplines of research; or
 - 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; or
 - c. representatives of Organisational departments such as: Legal Services, Human Resources, Student Services, Finance; Governance/Registry, Research Office, Health and Safety Office, Library Services, Information and Technology Services or the equivalents; or
 - d. the [Advisory Service](#) of the UK Research Integrity Office; or
 - e. other organisations supporting good research practice; or
 - f. legal advisers.
- **Record keeping** – 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.

The Named Person will retain all reports, correspondence, transcripts of meetings and other documentation. Advice should be sought from the relevant department on the Organisation's records retention policy for enquiries involving staff and/or students. In the absence of Organisational standards, the normal retention period for such records will be 6 years plus current (also known as 6 years +1), defined as 6 years after the last entry in a record, then followed by first review or destruction to be carried out in the additional current (+1) year. After the retention period, organisations will retain anonymised summary information of investigations (i.e., of the sort which is reported in annual statements required by *The Concordat to Support Research Integrity*).

Records must only be retained beyond the normal retention period if:

- a. their retention can be justified for statutory, regulatory, or legal reasons; and/or
 - b. the research project to which the records relate is still ongoing; and/or
 - c. the retention period of the research project to which the records relate is longer.
- **Witnesses** – Both the Initiator and Respondent can suggest **witnesses** to Investigators or Panel members, who can decide whether these persons will be called as witnesses.
- **Conflicts of interest** – Any party involved in the matter in any way must report conflicts of interest to the Named Person. If the Named Person is the Initiator or the Respondent or is personally associated with the work to which the matter relates or has any other conflict of interest, they will instead refer the matter to their nominated alternate who will notify the Initiator accordingly. The nominated alternate will then take on the role of the Named Person as regards the conduct of this Procedure and will be responsible for fulfilling the duties allocated to that role by this Procedure.

Smaller organisations may find it hard to select staff who are not close colleagues of the involved parties and/or who are not involved in the research in question. In such cases, they could consider a reciprocal arrangement with other research organisations.

- **Communication** – key to the successful operation of the Procedure is good regular communication to all parties throughout. It cannot be stressed sufficiently that regular communication and updates are crucial to a successful investigation.

Scope and limits of the Procedure

This Procedure is neither a disciplinary nor a legal process and must not be considered as such. However, if the investigation makes a finding of research misconduct, this Procedure may form the investigation element of an organisation's disciplinary process or equivalent.

Allegations of breaches of research integrity made to the organisation, including but not limited to allegations of research misconduct, can only be investigated via this

Procedure. Where an allegation of potential research misconduct is raised under the organisation's Public Interest Disclosure (whistleblowing) Policy or equivalent, the allegation will be referred to this Procedure.

When concerns are raised that include/relate to alleged bullying or harassment, the Organisation will determine whether they are investigated under this Procedure and/or another Organisational process, for example, the bullying/ harassment procedure or disciplinary process.

Allegations of 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.

Where the Organisation is a higher education institution

- **Organisational Statute(s)** take precedence over anything set out in this Procedure. The Head of the Organisation or their nominee has the right to suspend a member of staff and the right to suspend a student in accordance with the relevant Organisation Statute(s). Organisations and members of staff of the Organisation or a student of the Organisation can exercise their rights under any Statutes and Ordinances concerning discipline and grievance.
- This Procedure will normally apply to **research students**, who are registered for an MPhil, a DPhil, a PhD or a Professional Doctorate, but not normally to undergraduate, taught postgraduate and other types of students (they will usually be subject to the appropriate academic regulations).
- Concerns raised relating specifically to the assessed element of a research degree, i.e., to a thesis which has been submitted for examination may be investigated under the Organisation's examination regulations, academic misconduct process or equivalent, instead of under this Procedure. However, at the discretion of the Organisation, related concerns may be dealt with under this Procedure, especially if either the alleged breach of research integrity involves a published research output, or if the student's supervisor is implicated in the alleged breach, or the student is also an employee of the university.
- Organisations need to be clear on the status of research students and degrees and how they fit into the procedure, including for example students who are also staff members.

Application of the Procedure

These procedures will normally apply to any person conducting research under the auspices of the Organisation. The procedure may be used by any organisation that conducts research and employs researchers.

The Procedure should include the Organisation's definition of **research and researchers**. This includes research conducted solely or in conjunction with others in the Organisation or other bodies or in conjunction with other bodies, including but not limited to:

- a. a member of staff or former member of staff;

- b.** a research student (including visiting students registered elsewhere who are conducting research at the Organisation);
- c.** an independent contractor or consultant;
- d.** a person with visiting or emeritus status; and
- e.** a member of staff on a joint clinical or honorary contract.

A key role in the Procedure is that of the **Named Person**. This is the individual nominated by the Organisation to have responsibility for receiving any concerns relating to conduct in research; initiating and supervising the Procedure for investigating any perceived breaches of good research conduct; 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 carries 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.

Stage 1 – Reviewing a concern

- 1.1 PURPOSE:** To receive concerns about possible breaches of research integrity from individuals or groups. These will relate to a possible or perceived breach of good research conduct. Anyone may raise a concern relating to the conduct of research; it is not limited to members of the organisation.
- 1.2** Anybody wishing to flag a concern should raise it with the person identified within the institution to review such concerns (normally the Named Person).
- 1.3** The purpose of Stage One is to review the concern that has been raised with the institution, to determine the most appropriate process to investigate or otherwise address it. The primary aim is to determine whether the matter falls under the institutional procedure for investigating potential research integrity breaches both in terms of the matter raised and the individuals identified.
- 1.4** Its aim is **NOT** to investigate the substance of the matter raised.
- 1.5 RESPONSIBLE PERSON(S):** The Named Person will carry out this stage of the Procedure, supported by the Research Integrity Officer.
- 1.6 TIMESCALE:** This stage of the Procedure should be completed as soon as is practicable after a concern is raised, if possible, within ten working days, provided this does not compromise the standards and principles, and the full and fair assessment of the matter raised.
- 1.7 PROCESS:** Concerns raised relating to the conduct of research should be made as set out in the procedure or on the Organisation's website. The Initiator of the concern should provide as detailed a statement as possible in writing about their concern.
- 1.8** A person raising a concern will not be penalised, provided that it is done in good faith, reasonably believing it to be true.
- 1.9 Informal approach** – It is better for all concerned for a matter to be resolved at the earliest possible stage. To that end, an individual raising a concern may, in the first instance attempt to address the issue with either the person or persons concerned or an appropriate senior colleague rather than raising a concern straight away via this Procedure.
- 1.10** They may also wish to seek advice from a confidential liaison point within the institution. Where the Initiator is not satisfied with the outcome of an informal approach, or if they are not comfortable with this approach (for example due to a history of previous disputes, concerns about bullying/ harassment or there is power imbalance) then they should raise concerns via this Procedure as set out below. Please see the section above on advice for those considering raising a concern.
- 1.11** Anybody wishing to flag a concern **via this Procedure** should raise it with the person identified within the institution to review such concerns (normally the Named Person).

- 1.12** While this Procedure encourages persons with concerns about the conduct of research to raise them with the Named Person directly, it is recognised that members of staff or students may fear that their own position could be jeopardised if they raise a particular concern directly. Depending on what is stated in an Organisation's Whistleblowing Procedure, a member of staff or a student may choose to raise a concern in the first instance with the confidential liaison point within their institution or other appropriate points referenced in the Whistleblowing Procedure and ask that person to bring the matter forward on their behalf.
- 1.13** When raising concerns via this Procedure, Initiators should provide a summary of the concern along with any other information and enclose any evidence to support their concerns. It is helpful if matters are raised in a single submission on a single occasion, as this facilitates a thorough assessment of the Initiator's concerns and reduces procedural challenges that can arise from additional concerns being made during subsequent stages of this procedure.
- 1.14** However, the Named Person recognises that those raising concerns may understandably be unfamiliar with the requirements of this Procedure and/or nervous about raising concerns. The priority should be a thorough and fair assessment of the concerns raised and at the discretion of the Named Person the timescale of this stage of the Procedure can be extended if necessary to gather more information from the Initiator.
- 1.15** Those raising a concern will normally put their name to the concerns they raise. However, it is recognised that Initiators can be concerned about revealing their identity. Matters raised which are anonymous, or where there is no specific Initiator, will be considered at the discretion of the Named Person, taking account of the seriousness of the concerns raised and the likelihood of confirming them from alternative sources/evidence. Where appropriate, advice will be sought, and consideration given to whether the respondent will be able to defend themselves.
- 1.16** The Named Person will acknowledge receipt at an early stage of a concern raised by the Initiator in writing, informing them that the matter will be considered initially under this stage of the Procedure.
- 1.17** The Named Person will review the concern raised to determine whether it falls within the Organisation's responsibility to address and, if so, what would be the most appropriate process to investigate or otherwise address them.
- 1.18** This review will include the following criteria:
 - a.** Whether the subject of the concern (the Respondent) is/was conducting research under the auspices of the Organisation, whether solely or in conjunction with others in the Organisation or externally;
 - b.** Whether the research project(s) to which the matter relates is being or was conducted under the auspices of the Organisation, whether solely or in conjunction with other bodies; and

- c. Whether the matter raised potentially falls within the definition of breaches of research integrity.

1.19 In carrying out the review, the Named Person will consider the information provided and any additional information they require to form a conclusion. The purpose of the review is solely to determine the most appropriate course of action to investigate or otherwise address concerns raised via this Procedure; it is **NOT** to investigate the substance of the concerns.

The early steps involved in reviewing a concern can be quite varied in nature. For example, a concern might immediately suggest itself as something quite minor, but expert input would be required in order to accurately assess this in order to decide on the right outcome. Accordingly, on some occasions the boundary between Stage 1 and Stage 2 (Initial investigation) might be blurred. This can also affect when the respondent(s) should be contacted; again, this might be appropriate (or inevitable) at different stages.

1.20 The Named Person may decide that it is necessary to clarify matters with the Initiator or the respondent to inform the review. If the respondent is contacted at this stage, they will be informed that a concern has been raised and it is being assessed to determine what if any action should be taken. The Initiator of the matter will be informed before the respondent is contacted.

1.21 The Named Person will determine whether the matter raised and/or the research project(s) in question concern situations that require immediate action to prevent further risk or harm to staff, research participants or other persons, suffering of animals or negative environmental consequences (where this might contravene the law or fall below good practice). If so, then the Named Person will take immediate appropriate action to ensure that any such potential or actual danger/illegal activity/risk is prevented/eliminated. It may be necessary to notify legal or regulatory authorities or relevant professional bodies, and/or relevant partner organisations, publishers and funders. The Respondent may also need to be informed when carrying out any such actions whether because they will be involved in some or all the actions and/or because they will become aware of them.

1.22 The Named Person will also determine whether the research project(s) to which the concern relates includes legal or contractual obligations that require the Organisation to undertake prescribed steps in the event of concerns being raised about potential research misconduct or other matters, such as making reports to a regulatory or a funding body and take any actions necessary. Such obligations might be in:

- a. a contract/agreement or guidance on research conduct from a regulator or a funding body;
- b. a partnership contract/ agreement/ Memorandum of Understanding; or
- c. an agreement to sponsor the research.

- 1.23** The Named Person will ensure that all legal or contractual obligations are carried out by the Organisation. It may be necessary to inform the Respondent when carrying out any such legal or contractual obligations.
- 1.24** The Named Person will summarise their review of the concerns raised and inform other organisational contacts as appropriate of the next steps from the outcomes listed below.
- 1.25** Possible outcomes - the Named Person will determine whether the concern raised falls under one or more of the following outcomes:
- a.** it potentially falls under the definition of breaches of research integrity and the scope of the Procedure and should advance to the Initial Investigation Stage;
 - b.** it falls within the scope of another formal procedure of the Organisation and should be referred directly to it, for example examination regulations, academic misconduct process or equivalent; bullying/ harassment procedure or equivalent; financial fraud investigation process or equivalent; disciplinary process; or
 - c.** it will be referred directly to an external organisation, for example 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 Practise; or
 - d.** it relates to an error or a QRP of a non-serious and/or non-complex nature and therefore the initial approach to addressing the matter will be via informal assessment and resolution of the concern (the latter including approaches such as education and training, mediation or other non-disciplinary measures), rather than through the next stage of the Procedure or other formal processes; or
 - e.** it should be dismissed because it does not fall under the remit of the Procedure and does not need to be referred elsewhere. Care should be taken with this option.
- 1.26** Where the outcome determined is that it should proceed to an initial investigation, the Named Person will inform the Respondent of the following:
- a.** That a concern relating to the conduct of research has been made that involves them.
 - b.** They will summarise the concern and provide a copy of the Procedure.
 - c.** That the Named Person has determined that the matter falls under this procedure and therefore will proceed to the 'Initial Investigation' stage.
 - d.** That no decision has been taken on the substance of the concerns raised, and that they will be given the opportunity to respond to the concerns raised.
 - e.** The conclusions of the review of the concerns raised 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 concerns have been made against more than one Respondent, the Named Person will inform each individual separately and not divulge the identity of any other Respondent.
- 1.27** For all other outcomes, the Procedure moves to the Outcomes and Reporting stage and/or Resolution using informal measures (paragraph 1.29), as appropriate to the outcome reached above.
- 1.28** The Named Person will inform the Initiator of the conclusions of the review of the concerns they have raised and an outline of the next steps.

Resolution using informal measures

- 1.29** One potential outcome of the use of this Procedure is a conclusion that the matter raised has some substance but, due to its relatively minor nature or because it relates to poor practice rather than is deliberate and/or reckless and hence potentially research misconduct, it can be addressed through education and training or another non-disciplinary approach.
- 1.30** The conclusion that the matter relates to an error or a QRP of a non-serious and/or non-complex nature would normally be reached by the Named Person with the assistance of the Research Integrity Officer during Stage 1: raising a concern or by the Investigator during Stage 2: Initial investigation. However, it is possible for such an assessment to be made during the Full Investigation Stage.
 - a.** An Appeals Panel, as part of its work, can also determine that a concern should be addressed by informal measures due to its nature.
- 1.31** This section provides general guidance on the implementation of this type of outcome. Informal resolution may be used after the concerns raised, initial investigation or full investigation stage.
- 1.32** There are many types of informal measures, and they can be applied to different potential situations. Those operating this Procedure will need to determine which informal measures follow the outcome of a particular investigation.
- 1.33** The Named Person and/or Research Integrity Officer may seek advice from colleagues to determine the best course of action and can also contact UKRIO.
- 1.34** 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 subsequently.
- 1.35** However informal measures are implemented, the Named Person can determine that they should be paused or ceased, and the concern examined under Stage 2: Initial investigation or other means if:
 - a.** The organisation determines that the informal measures are not working or are not sufficient to address the concern(s); and/or
 - b.** The Named Person determines, following concerns raised by the Initiator, Respondent or other involved person(s), that the informal measures are not

working/ not sufficient; not being genuinely engaged with; or may be being exploited for the purposes of bullying or harassment.

- c. Such determinations as set out in (a) and (b) above would be made by the Named Person working with the Research Integrity Officer and relevant colleagues at the organisation.
- d. The Named Person may decide that the matter should be addressed by proceeding to Stage 2: Initial Investigation, or through other form(s) of informal measures, or through another organisational process (see 'Possible Outcomes' in Stage 1 – Raising a concern).

1.36 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 concern(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.

1.37 The target audience of the informal measures can also vary; these may include Respondents, Initiators, 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.

1.38 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**, working with the Research Integrity Officer and others as necessary, should be responsible for ensuring that the agreed measures are **implemented**.
- c. Their **duration** should be clearly set out.
- d. Appropriate **documentation** should record the implementation and outcomes of the informal measures, and any next steps.
- e. Once completed, there should be **discussion** by the Research Integrity Officer and others about any learning points for the Organisation.

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

- 1.40 Defined:** the nature and scope of the informal measures should be documented 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.").
- 1.41** 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.
- 1.42 Designated person:** the Organisation should determine who will implement and/or oversee the informal resolution measures, what resources will be made available to support them, and to whom they will give updates on the progress of the informal resolution measures (e.g., "The Departmental Head will liaise with the Research Integrity Officer to arrange awareness-raising activities on good practice in authorship, 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.").
- 1.43** For some informal measures, support made be needed from outside the Organisation and the Research Integrity Officer should assist the designated person as necessary.
- 1.44 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 Initiator 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.
- 1.45 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., Initiator and/or Respondent) or groups (e.g., a research team or a department within the Organisation). The aim is the implementation 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 Initiator and Respondent to repair their working relationship. At the end of the mediation, they and their line managers will explore whether the Initiator and Respondent now both feel comfortable working together in the future or if they will no longer work in partnership.").
- 1.46** Care must be taken to ensure that agreed actions are implemented by the Organisation and the designated person must be given support by the Named Person, the Research Integrity Officer and/or others, as needed.

- 1.47 Documentation:** the informal nature of these measures does not remove the need to keep records. Brief notes should be kept on: the nature and scope of the informal measures; who has responsibility for their implementation; the proposed and actual duration of the measures; and their delivery and associated outcome(s).
- 1.48** When informal measures are concluded, involved parties (e.g., the Initiator 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 implementation 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.").
- 1.49** 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.
- 1.50** Records should be retained in line with the provisions set out earlier in this Procedure, normally by the Research Integrity Officer.
- 1.51** The Organisation should determine if records should also be retained by others within the Organisation (e.g., line managers; Human Resources or Student Services).
- 1.52 Discussion:** the conclusion of informal measures is an opportunity for review and learning, whether in relation to the persons involved; wider groups of researchers and/or professional services staff; or for the systems and practices as a whole. The Research Integrity Officer, working with others as necessary, can generate learning points for dissemination to appropriate members of the Organisation, supported by anonymised summary information, to safeguard and enhance good research practice within the institution.

Stage 2: Initial investigation

- 2.1 **PURPOSE:** the purpose of the Initial Investigation Stage is to determine whether a matter raised meets the criteria for a Full Investigation to be carried out or whether alternative action(s) should be taken. An initial examination of the evidence may sometimes present a compelling case to either move to the full investigation stage or to resolve the matter by informal measures. For example, it may quickly become apparent that an alleged breach involves research misconduct or a complex QRP and requires the in-depth scrutiny of a full investigation; equally, an initial investigation may assess that matters relate to an error or a QRP of a non-serious nature and could be addressed through informal measures. In both situations, it is imperative that the Initial Investigation recommends this is only based on a well-founded decision, that can be evidenced to retain the confidence of all involved parties and any subsequent oversight or scrutiny.
- 2.2 **RESPONSIBLE PERSON(S):** This stage will normally be conducted by a single Investigator, but a panel can be utilised if the Named Persons deems it appropriate.
- 2.3 **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 and the full and fair investigation of the concern.
- 2.4 **PROCESS:** The Initial Investigation Stage will commence following instruction by the Named Person at the end of Stage 1. The Named Person will appoint an individual ('the Investigator') to undertake an Initial Investigation into the concerns raised. 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. Should there be insufficient expertise within an organisation to appoint a suitably-skilled internal colleague, we advise making contact with UKRIO.
- 2.5 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;
 - b. They will abide by the Procedure;
 - c. They will respect the confidentiality of the proceedings; and
 - d. They will adhere to the Principles and Standards of the Procedure.
- 2.6 The Respondent and Initiator will be given the opportunity to raise with the Named Person any 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 complete the Initial

Investigation Stage once it is underway, the Named Person will determine the most appropriate course of action in the circumstances.

- 2.7 The Named Person will provide the Investigator with all relevant information including any correspondence and information already provided. The Investigator will keep a full record of the evidence received and of the proceedings.
- 2.8 The Investigator will gather the information needed to reach a conclusion. This will normally include input from both Initiator and Respondent.
- 2.9 The Investigator will assess the information obtained and any additional information they require. The work of the Investigator will include:
 - a. a determination on whether the concern was made in good faith;
 - b. a confidential review and assessment of the evidence provided;
 - c. a conclusion on the concern(s) in line with the possible outcomes set out below.
- 2.10 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. The Investigator may also contact relevant witnesses suggested by either party. Care should be taken not to miss opportunities to gather relevant evidence.
- 2.11 Where a concern relates to a 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 matter. This can take time and resources, and advice should be sought from the Named Person on how to best approach this.
- 2.12 Possible outcomes: after the Initial Investigation, the Investigator will determine whether the concern raised:
 - 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 research practice rather than to research misconduct, will be addressed through informal measures such as 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. Should be referred 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
 - 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, and is vexatious and/or malicious, and will be dismissed.
- 2.13** Conclusion of this stage and next steps: The Investigator will write a report of the outcome. 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.
- 2.14** A summary of the findings will be sent to the Initiator 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.
- 2.15** 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 on the matters raised and any other matters they wish to draw to the attention of the Organisation.
- 2.16** The Named Person shall convey the substance of the Investigator's findings to the Initiator, the Respondent and such other persons or bodies as they deem appropriate.
- 2.17** The Named Person will then undertake the following actions depending on the conclusions of the Initial Investigation stage on the matters raised:
- a.** If it is concluded that the matter(s) raised is/are sufficiently serious and has/have sufficient substance to warrant a Full Investigation, then the investigation moves to the Full Investigation stage.
 - b.** For all other outcomes, the process moves to the Outcomes and Reporting stage
- 2.18** 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.
- 2.19** The Initial Investigation stage now ends.

Stage 3: Full investigation stage

- 3.1 **PURPOSE:** The purpose of the Full Investigation is to review all the relevant evidence collated, and findings made, by the Initial Investigation and carry out any further investigation (as considered necessary and appropriate by the Full Investigation Panel ("the **Panel**")) in order to:
 - a. conclude whether an allegation or allegations raised are upheld in full, upheld in part or not upheld **as misconduct in research; and**
 - b. make recommendations as appropriate, for consideration by the appropriate Organisational authorities, regarding any further action 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.
- 3.2 **RESPONSIBLE PERSON(S):** 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.
- 3.3 **TIMESCALE:** The Panel will normally reach its conclusions within three months of being established and instructed by the Named Person, provided this does not compromise the Standards and Principles of this Procedure and the full and fair investigation of the matter raised. This will be dependent on the number and complexity of the allegations under investigation.
- 3.4 **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 will appoint a Full Investigation Panel ("the Panel") to undertake a Full Investigation into the concern(s).
- 3.5 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 matters under investigation. The Named Person should consider equity, diversity and inclusion when constituting the panel. Should there be insufficient research expertise within an organisation from which to form a suitably-skilled panel, we advise making contact with UKRIO.
- 3.6 At least one member of the Panel will 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 matters 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.
- 3.7 At least two members of the Panel shall be academic specialists in the general disciplinary area of the concern, and where matters 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 below or from the Panel's external member(s).

- 3.8 For matters involving 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.
- 3.9 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.
- 3.10 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; and
 - d. They will adhere to the Principles and Standards of the Procedure.
- 3.11 The Initiator and Respondent 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.
- 3.12 Members of the panel will be provided with the following information:
 - a. a copy of this Procedure;
 - b. details of the concern(s) which will be considered under the Full Investigation stage;
 - c. a copy of the Named Person's note of the concerns raised 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 Initiator and the Respondent(s);
 - g. a summary of correspondence with the Initiator) and the Respondent(s) to date; and
 - h. a summary of any evidence secured by the Named Person during the Raising Concerns stage or by the Investigator during the Initial Investigation stage.
- 3.13 The Named Person will inform the Initiator 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

able to provide evidence. They will also be informed that they may be accompanied to any meetings by a colleague or Trade Union representative.

- 3.14 Respondents will normally be informed of the name of any Initiator(s) who have raised the matter(s) concerning them at the discretion of the Named Person, in exceptional circumstances the identity of the Initiator(s) may remain confidential. Any such decision should be made after seeking advice from Human Resources/ Student and/or Legal Services; taking into account the Organisation's whistleblowing policy or equivalent and the impact on the Respondent(s) ability to respond to the concerns(s) that have been raised against them. No decision should be made that compromises the Principles and Standards of this Procedure or the thorough and fair investigation of the matter(s) in question.
- 3.15 The Initiator 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.
- 3.16 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 Initiator and the Respondent, who must be interviewed.
- 3.17 When making any decisions about the conduct or conclusion of the Full Investigation, the Panel will attempt to reach a consensus by discussion.
- 3.18 The Panel shall assess the evidence provided and any additional information they require. The work of the Panel will include:
 - a. a determination of whether the matter is made in good faith;
 - b. a confidential review and assessment of the evidence provided;
 - c. reaching a conclusion on the concern(s) in line with the possible outcomes set out under 'Purpose', 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.
- 3.19 As part of its work, the Panel will separately interview the Initiator and the Respondent. Where there are multiple Initiators and/or Respondents, each should be interviewed separately. Note that Initiators and Respondents should never be interviewed together.
- 3.20 When interviewed, the Respondent will be allowed to respond to the matters raised, set out their case and submit their evidence for consideration by the Panel, before interview. If the Initiator 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.

- 3.21 The Panel should also interview relevant witnesses; these can include witnesses suggested by the Initiator or Respondent.
- 3.22 **POSSIBLE OUTCOMES:** After the Full Investigation, the Panel will conclude, giving the reasons for its decision and recording any differing views, whether the matter raised is:
- a. is upheld in full as misconduct in research; **or**
 - b. is upheld in part; **or**
 - c. has some substance but due to its relatively minor nature or because it relates to poor research practice rather than to research misconduct, will be addressed through informal measures such as 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. will be referred 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; **or**
 - g. is unfounded, because it is vexatious and/or malicious, and will be dismissed.
- 3.23 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 the Organisation'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 concern 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 concerns about misconduct in research which are either unrelated to the concern in question or alleged to have been committed by persons other than the Respondent and/or other forms of alleged misconduct.

- 3.24 **CONCLUSION OF THIS STAGE AND NEXT STEPS:** the Panel will reach a conclusion on the matters under investigation.
- 3.25 The Panel will write a report setting out its conclusions, 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.
- 3.26 The outcome of the investigation will be sent to the Initiator 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.
- 3.27 The Panel will submit its final report to the Named Person. The Named Person shall convey the substance of the Panel's findings and recommendations to the Initiator, the Respondent and such other persons or bodies as they deem appropriate.
- 3.28 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.
- 3.29 The Full Investigation stage is complete, and the Procedure moves to the relevant section of the Outcomes and Reporting stage.
- 3.30 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.
- 3.31 The Full Investigation stage now ends.

Stage 4: Outcomes, Follow-up Actions and Reporting

- 4.1 The Outcomes and Reporting stage encompasses many potential situations and its operation can involve considerable decision-making by the Named Person, Research Integrity Officer and others. While some steps are required in any use of this Procedure, others apply only during certain outcomes of an investigation.
- 4.2 Given the sheer breadth of scenarios which this stage can address, the guidance is general in nature and those operating this Procedure will need to determine how best to apply it during specific investigations. Decisions made during the operation of this stage, and the reasoning behind them, should be recorded in a brief format, in case they need to be referred to subsequently.
- 4.3 Note that some Organisations may design their Investigation Procedure so that Stage 4 takes places after Stage 5: Appeals (with the stages being renumbered accordingly). Equally, Organisations may design their Procedure so that Stage 4 is initiated as usual, but the execution of follow-up actions, reporting and communications are paused until all appeals are heard.
- 4.4 **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.
- 4.5 **RESPONSIBLE PERSON(S):** 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.
- 4.6 **POSSIBLE OUTCOMES:** the Named Person is responsible for ensuring that any necessary actions are carried out after an 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 Resolution using informal measures, above), 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 Initiators, 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.
- 4.7 **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.
- 4.8 **PROCESS:** the required steps of this list fall into two categories: "**Required actions**" which relate to any use of the Procedure and "**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.
- 4.9 **Required actions:** The Named Person working with the Research Integrity Officer, 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 policy, strategy and 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 concern of misconduct in research and/or by a person against whom a concern about 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 any further matters raised, either unrelated to the matters in question or alleged to have been

committed by persons other than the Respondent and/or other forms of alleged misconduct; and/or

- i. communication of anonymised summary data on uses of this Procedure within a specific period. This includes reporting required in the Annual statement on research integrity required under The Concordat to support Research Integrity, reports to relevant committees/ departments within the Organisation, and dissemination of anonymised learning points within the Organisation as appropriate.

4.10 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.

4.11 Actions required following the conclusion that the concern(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 concerns in good faith will not be penalised and the Named Person shall take appropriate steps to preserve the good reputation of the Initiator.
- c. The Named Person will liaise with relevant internal support services to support the wellbeing of the Respondent and, if needed, the Initiator.
- d. Appropriate communications on the outcome and the reasons for it will be important to ensure a good understanding of the process and outcome.

4.12 Actions required following the conclusion that the concern(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.
- c. The Named Person will liaise with relevant internal support services within the Organisation to support the wellbeing of the Respondent.

4.13 Actions required following the conclusion that the concern(s) warrants referral directly to another formal process of the Organisation:

Where this is necessary, the Named Person will inform the Initiator in writing of:

- a. the reasons why the concern cannot be investigated using this Procedure;
 - b. which process for dealing with complaints is appropriate for handling the concern; and
 - c. that the concern will be referred to the relevant department/ process.
- 4.14 The Named Person will then refer the matter to the relevant department/ process.
- 4.15 **Actions required following the conclusion that the concern(s) warrants referral directly to an external organisation:**
- When the Named Person has determined that the concern does not relate to researchers or research under the auspices of the Organisation, the Named Person will inform the Initiator, in writing, of:
- a. The reasons why the Organisation is not an appropriate body to investigate the concern;
 - b. Which external organisation(s) might be an appropriate body to investigate the concern;
 - c. Relevant information relating to contacting the external organisation(s).
- 4.16 When the Named Person has determined that, while the concern does relate to researchers or research under the auspices of the Organisation, the concern 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 concern and ask them to investigate or otherwise address it. The Named Person should also explain why the Organisation has concluded that the concern warrants referral directly to the external organisation in question.
 - b. Inform the Initiator, in writing, that the concern is being referred directly to the external organisation(s) in question and provide the Initiator with relevant information so that they can contact the external organisation(s) in question if they so wish.
- 4.17 **Actions required following the conclusion that the concern(s) has some substance but due to its relatively minor nature or because it relates to poor research practice rather than to research misconduct, will be addressed through informal measures:**
- The Named Person shall ensure that the relevant informal measures are provided either directly or by referring the matter to the relevant department(s).
- 4.18 Further advice on addressing matters using informal measures, rather than a punitive/ disciplinary approach, is outlined earlier in this Procedure, under 'Resolution using informal measures'.
- 4.19 **Actions required following the conclusion that the concern(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 concerns 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. Relevant information collected and brought to light through the Procedure should be transferred to the disciplinary process.

4.20 The Named Person should take such steps as are appropriate, given the seriousness of the concerns, to support the reputation of the Initiator and, if the concern has been upheld in part rather than in full, the Respondent as appropriate, and any relevant research project(s).

4.21 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.

4.22 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 consider the measures listed under "Required Actions", above (see 4.9):

- 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. reviewing 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.

4.23 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 identified as being of concern in the course of the investigation.

4.24 **CONCLUSION OF THIS STAGE AND NEXT STEPS:** The Initiator 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.
- 4.25** 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 concern and investigation was given to them in confidence.
- 4.26** A role as the Named Person or Research Integrity Officer rules out participation in any subsequent disciplinary process.
- 4.27** The Outcomes and Reporting stage now ends and the Procedure moves to the Appeals stage.

Stage 5: Appeals

- 5.1 **PURPOSE:** The purpose of an appeals stage is to permit the Initiator and/or the Respondent to appeal in certain circumstances against the findings of an investigation carried out under this Procedure, in accordance with the requirement set out in The Concordat to Support Research Integrity.
- 5.2 **RESPONSIBLE PERSON(S):** 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.
- 5.3 **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 Initiator and the Respondent in writing, presenting an estimated revised date of completion.
- 5.4 **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.
 - 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.
- 5.5 The Initiator and/or the Respondent may appeal against the outcomes of the Procedure, including the decisions and/or recommendations associated with them.
- 5.6 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.
- 5.7 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.

5.8 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. The Named Person should consider equity, diversity and inclusion when constituting the panel. 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. Smaller research organisations may find this challenging; in such circumstances they could consider exploring a reciprocal arrangement with other research organisations.

- 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 concerns 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 concerns 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.

5.9 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.

- 5.10 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;
 - 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.
- 5.11 Both the Respondent and Initiator 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.
- 5.12 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.
- 5.13 When making any decisions about the conduct or conclusion of the Appeals Stage, the Appeals Panel will do so by reaching a consensus.
- 5.14 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 concern(s) in question.
- 5.15 **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 a concern 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 a concern 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 a concern 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 a concern is upheld in full; or
 - e. A conclusion of a Full Investigation that a concern is upheld in part.
- 5.16 **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.

- 5.17 The Appeals Panel shall write a report setting out its conclusions, giving the reasons for its decision and recording any differing views.
- 5.18 A summary of the conclusions will be sent to the Initiator 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.
- 5.19 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.
- 5.20 The Alternative Named Person shall convey the substance of the Appeals Panel's findings and recommendations to the Initiator, the Respondent and such other persons or bodies as they deem appropriate.
- 5.21 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.
- 5.22 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.
- 5.23 Any queries or requests for comment addressed to the Chair or members of the Appeals Panel should be referred to the Alternative Named Person.
- 5.24 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.
- 5.25 A role as Chair or member of the Appeals Panel rules out participation in any subsequent disciplinary or other processes.
- 5.26 The Appeals stage now ends.

Annex: Definitions

- A.1 ACCEPTED PROCEDURES (FOR RESEARCH):** Accepted procedures include but are not limited to the following:
- a. gaining informed consent where required;
 - b. gaining formal approval from relevant organisations where required;
 - c. any protocols for research contained in any formal approval that has been given for the research, including submitting research for ethics review when required or appropriate and abiding by the terms of all ethics approvals for the research;
 - d. any protocols for research as defined in contracts or agreements with funding bodies and sponsors;
 - e. 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;
 - f. 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;
 - g. any protocols for research set out in the guidelines of appropriate recognised professional, academic, scientific, governmental, national and international bodies;
 - h. any procedures that are aimed at avoiding unreasonable risk or harm to humans, animals or the environment;
 - i. good practice for the proper preservation and management of data, artefacts and materials.
 - j. any existing guidance on good practice in research.
- A.2** Accepted procedures do not include:
- a. un-consented to/ unapproved variations of the above;
 - b. any procedures that would encourage, or would lead to, breaches in the law.
- A.3** Although concerns 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 research misconduct (see below).
- A.4 BREACH OF RESEARCH INTEGRITY:** when conduct of research falls short of standards of research integrity, whether due to error, questionable research practices (QRPs) or research misconduct
- A.5 CONCERNS RAISED:** informal or formal reporting to an organisation that a breach of research integrity may have taken place.
- A.6 INITIATOR:** The Initiator is a person raising concerns about a potential breach of research integrity. They need not be a member of the Organisation.

- A.7 DISCIPLINARY PROCESS:** The Disciplinary Process refers to an Organisation's mechanism for resolving disciplinary issues amongst its staff or students.
- A.8 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.
- A.9 ERRORS, AVOIDABLE ERRORS, HUMAN ERRORS AND MISTAKES:** *The Concordat to Support Research Integrity (2025) includes avoidable errors in its definition of Questionable Research Practices (QRPs), as follows: 'QRPs refer to minor infractions or research practices, **including avoidable errors** [emphasis added], which fall short of the definition of intentional research misconduct. They may arise due to a lack of knowledge or attention to detail, negligence, or deliberate action, and may occur where there is no evident intention to deceive.'*
- A.10 FULL INVESTIGATION:** The Full Investigation is that part of the Procedure the purpose of which is to:
- a.** conclude whether a concern raised relating to a breach of research integrity 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.
- A.11 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 concerns of misconduct in research against someone holding such a contract.
- A.12** 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.
- A.13** 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.
- A.14 INITIAL INVESTIGATION STAGE:** The Initial Investigation stage is that part of the Procedure the purpose of which is to determine whether there are sufficient grounds to warrant a Full Investigation of the matter raised or whether alternative action(s) should be taken.

- A.15 MISTAKES:** please see under ‘errors, avoidable errors, human errors and mistakes’, above.
- A.16 NAMED PERSON:** The Named Person is defined in the Procedure as the individual nominated by the Organisation (see below) to have responsibility for receiving any concerns of misconduct in research; initiating and supervising the Procedure for investigating concerns 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.
- A.17** 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.
- A.18 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 concerns of misconduct refer.
- A.19 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.
- A.20 PROFESSIONAL BODY:** A professional body is an organisation with statutory powers to regulate and oversee a particular profession, such as doctors or solicitors.
- A.21 QUESTIONABLE RESEARCH PRACTICES (QRPs):** *The Concordat to Support Research Integrity (2025) defines these as follows: ‘QRPs refer to minor infractions or research practices, **including avoidable errors** [emphasis added], which fall short of the definition of intentional research misconduct. They may arise due to a lack of knowledge or attention to detail, negligence, or deliberate action, and may occur where there is no evident intention to deceive.’*
- A.22 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.
- A.23 RESEARCH:** *The Research Excellence Framework (Research Excellence Framework 2021, Assessment framework and guidance on submissions, Annex C) defines research as the following [please note that paragraph numbers have been added: ... ‘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.

A.24 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.

A.25 RESEARCH MISCONDUCT: In discussing research misconduct (sometimes referred to as '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 (2025)* 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 (2025), Annex A: Definitions:
"Research misconduct: *Research misconduct constitutes the behaviours and deliberate actions that fall short of the principles in Commitment 1 of the Concordat, occurring at any point in the research lifecycle. This includes behaviours associated with the ideation of research proposals, reviewing the work of others, and the reporting of research findings.'* 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 concerns 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 concerns of misconduct includes the inappropriate censoring of parties through the use of legal instruments, such as non-disclosure agreements.

A.26 Honest errors and differences in, for example, research methodology or interpretations do not constitute research misconduct.'

A.27 For the avoidance of doubt, misconduct in research includes acts of omission as well as acts of commission.

A.28 In addition, the standards by which concerns 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 concerns relating to research that was carried out many years previously.

- A.29** The basis for reaching a conclusion that an individual is responsible for misconduct in research relies on a judgement *on the balance of probabilities* that there was an intention to commit the misconduct and/or recklessness in the conduct of any aspect of a research project. Where concerns 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.
- A.30 RESPONDENT:** The Respondent is the person against whom concerns of misconduct in research have been made. They will be a present or past employee/research student of the Organisation that is investigating the concerns using the Procedure, or an individual visiting the Organisation to undertake research.
- A.31 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 2025* (paragraph 9.10)) may be 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”.*

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Further Reading

- *The Concordat to Support Research Integrity* (2025):
<https://ukcori.org/research-integrity-concordat/>
- *UKRIO Self-Assessment Tool for the Concordat to Support Research Integrity* (2025): [Self-Assessment-Tool-for-the-Concordat-to-Support-Research-Integrity-V3.pdf](#)
- *Montreal Statement on Research Integrity in Cross-Boundary Research Collaborations* (2013):
[Montreal Statement - WCRIF - The World Conferences on Research Integrity Foundation](#)
- *Russell Group Statement of Cooperation in respect of cross-institutional research misconduct concerns* (2018):
<https://russellgroup.ac.uk/media/5708/russell-group-research-integrity-forum-statement-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/guide-managing-investigating-potential-breaches.pdf>
- *European Network of Research Integrity Offices: Recommendations for the Investigation of Research Misconduct* (2019):
http://www.enrio.eu/wp-content/uploads/2019/03/INV-Handbook_ENRIO_web_final.pdf



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