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Code of Practice

for the

Investigation of Allegations of Research Malpractice

1 Introduction

The University recognises its responsibility to researchers and the wider community to ensure the highest standards of integrity and professionalism are observed in the conduct of research. The University recognises the importance of researchers taking responsibility for their own research, including topic and methodology, and the ethical and legal requirements placed on both researchers and the University itself.

Both [UCLan Ethical Principles for Teaching, Research, Consultancy, Knowledge Transfer & Related Activities](#) and [UCLan's Code of Conduct for Research](#) provide guiding principles and standards of good practice in research across all subject disciplines and fields of study in the University. It applies to all those undertaking research on and off the University's premises using its facilities, or on behalf of the University, including staff, students, visiting or emeritus staff, associates, honorary or clinical contract holders, contractors and consultants.

These principles of good practice underpin the University's commitment to effective research governance, the pursuit of excellence and the highest quality research. Failure to comply with these, or any actions taken that may be deemed to constitute research malpractice under the University's Code of Practice (COP) for Investigating Allegations of Research Malpractice may be grounds for instigating proceedings under the appropriate University procedures. Where researchers are found to have committed research malpractice, referral to the appropriate funding agency and/or relevant regulatory body may also be required.

This Code of Practice is based in large part on the UK Research Integrity Office (UKRIO) guidance for the administration of allegations of malpractice and is consistent with the principles of the UK Concordat for Research Integrity.

Any malpractice in research is unacceptable and should be reported. Allegations will be investigated thoroughly, fairly and in a timely manner, in accordance with this Code of Practice. All proceedings will be conducted under the presumption of innocence and carried out with sensitivity and confidentiality. Anyone wishing to raise concerns relating to malpractice in research may do so, and where raised in good faith, will be supported and not penalised.

Any researcher who is found not to have committed malpractice will be supported and appropriate steps taken to restore their reputation and that of any relevant research project(s).

The University Officer for Ethics is designated by the University to support this COP and is responsible for:*

- Receiving allegations of research malpractice;
- Initiating and monitoring the procedure for investigating allegations of research malpractice, according to protocol as outlined in this document;
- Maintaining the information record relating to the investigation and reporting on the investigation with appropriate internal contacts and external organisations;

*** Where the University Officer for Ethics is implicated, a representative from HR will act in their place**

The procedures described in this Code of Practice are designed specifically for the investigation of research malpractice. Allegations of malpractice are often raised as departures from accepted procedures and practice in the conduct of research, as articulated in the University's codes.

Research Malpractice which could be investigated under this Code of Practice, may include, but not be limited to:

- Fabrication;
- Falsification;
- Misinterpretation of data and/or interests and or involvement;
- Plagiarism
- Failures to follow accepted procedures or to exercise due care in carrying out responsibilities for:
 - Avoiding unreasonable harm or risk to humans, animals used in research, and the environment; and
 - The proper handling of privileged or private information on individuals collected during the research.

Interpretation of the terms will involve judgements, which should be guided by previous experience and decisions made on matters of malpractice in research.

For the avoidance of doubt, research malpractice includes acts of omission as well as acts of commission. In addition, the standards by which allegations of research malpractice should be judged should be those prevailing in the country in question and at the date that the behaviour under investigation took place.

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

The following procedure is designed to produce a report that might require action using the University's disciplinary/dismissal processes or other non-disciplinary processes.

2 Submission of an Allegation of Malpractice

2.1 Formal Submission

Allegations, or other evidence of possible malpractice in research, should be made formally in writing to the University Officer for Ethics and should include any supporting evidence available to the Complainant. Submissions to the University Officer for Ethics may be from within and outside the University. An initial approach might be anonymous, but to take forward any allegations, the Complainant should make a formal written submission. Should allegations be received by another member of the University, and it cannot, or is not appropriate to be, resolved locally (see Informal Resolution below), it should be referred to the University Officer for Ethics, with the agreement of the Complainant.

2.2 Informal Resolution

In research, situations may arise that might present as malpractice but are the result of either a misunderstanding or a dispute between individuals. It may be possible to mediate or resolve such differences at the individual or local/school level and this should be considered and explored where appropriate. In such an instance, any concerns should first be raised with the Dean/Head of School unless the Dean/Head is implicated or cannot be recognised as impartial. In such circumstances, referral to the appropriate Executive Dean will be required. Formal investigation procedures should only be instigated if the informal route is inappropriate due to the suspected seriousness of the allegation, or where mediation and/or arbitration has been refused or proved unsuccessful.

2.3 Conflicts of Interest

Allegations linked in any way to any member of the Research Integrity Sub Committee, or which raise the potential for a conflict of interest for these members of staff, must be declared -and an alternative member of staff identified by the University Director of Research and Innovation to monitor the investigation in their place.

2.4 Confidentiality

Any investigation should be conducted as confidentially as is reasonably practicable. The confidential nature of the proceedings should be maintained provided this does not compromise either the investigation of the malpractice allegations, any requirements of health and safety or any issue related to the safety of the participants in research.

Breaching confidentiality may lead to disciplinary action.

3 Preliminary Stage

3.1 Acknowledgement of the allegation

On receipt of an allegation of research malpractice, the University Officer for Ethics will formally acknowledge receipt of the allegation in writing to the Complainant, advising the Complainant of the procedure that will be followed. This acknowledgement should be lodged no later than 10 working days after the receipt of the written allegation.

3.2 Determining the nature of the allegation

The University Officer for Ethics will review the nature of the allegation and where considered serious enough to require immediate action to prevent any risk or harm to staff, research participants or others, suffering to animals or negative environmental consequences, the University Officer for Ethics will take immediate appropriate action to ensure that any such potential or actual danger, illegal activity or risk is prevented or eliminated. In taking such actions, it will be made clear to all parties that the actions taken are not to be regarded as disciplinary action and do not in themselves indicate that the allegation is considered to be true by the University.

3.3 Notification to external bodies

Such serious allegations may also require notification to legal or regulatory authorities. As a result, the University may be required to comply with an investigation led by a legal or regulatory body, which will ordinarily take precedence over this Code of Practice. The University's investigations may continue in parallel or may have to be suspended, to be concluded later, or to be declared void by the University Officer for Ethics.

3.4 Informing the Complainant

The University Officer for Ethics will review the allegation and if it is considered to fall within the definition of research malpractice (Section 1), it will proceed to the next stage of investigation. If it is considered that the nature of the allegation does not fall within the scope of this procedure, the University Officer for Ethics will inform the Complainant in writing:

- The reason why it is considered that the allegation cannot be investigated under this Code of Practice;
- Which process for dealing with complaints might be appropriate for handling the allegation, if appropriate, and to whom it should be reported.

3.5 Informing the Respondent

Subject to other legal and regulatory procedures that may be led by external organisation(s), as detailed above, the University Officer for Ethics should formally notify the Respondent of the allegations of research malpractice made against him/her. This should normally be done in a confidential meeting, at which the individual's line manager would also be present where appropriate. If allegations are made against more than one Respondent, they should each be informed separately and the identity of any other Respondents not divulged. The Respondent will be given the opportunity to respond to the allegations and set out his/her case at a later stage.

3.6 Securing Evidence and Information

The University Officer for Ethics will ensure that all relevant evidence and information are secured and accessible to any investigation to be conducted. This may involve taking necessary steps, for example, to secure documents, data and locations associated with the research and individual(s) in question, or recommending to the Director of Research and Innovation and the Director of Human Resources, temporary suspension of the Respondent or restrictions on his/her access to premises, data or personnel in line with the University's Suspension Procedure. Account must be taken for the impact any such steps may have on the Respondent's responsibilities for supervision, teaching, research, management and administration and alternative arrangements made to meet those responsibilities.

3.7 Enquiry: the Role of the Research Integrity Sub Committee (RISC)

Within a further 10 working days of the University Officer for Ethics informing the Complainant and Respondent of the allegations, a meeting of the University Officer for Ethics with the Chair (or nominee) of the RISC and RISC HR Adviser will be undertaken to determine whether there is 'prima facie' evidence for the allegation to be fully investigated. If the Chair does not consider there to be reasonable grounds for an investigation, the allegation will not be taken forward at this stage and the decision reported in writing to the Complainant, Respondent (and their representatives, by agreement) and all relevant parties who have been informed of the case initially.

Where it is considered that the complaint may not have been made in good faith and has been invoked either maliciously or vexatiously the RISC should then consider whether an investigation into the conduct of an employee raising the complaint should take place. Those who have made allegations in good faith will not be penalised and support will be provided, where appropriate. Support to restore the reputation of the Respondent and his/her research will also be provided, as appropriate to the seriousness of the dismissed allegations.

If the allegations cannot be discounted at this point, the University Officer for Ethics will convene a RISC Investigation Panel on behalf of the RISC Chair.

4 Investigation Panel

4.1 RISC Investigation Panel (normally 2 members of the committee, as nominated by the Chair.)

This investigation is intended to determine whether there is 'prima facie' evidence of research malpractice and is staffed from the Research Integrity Sub Committee (RISC) who will form the Investigation Panel.

Members of the Investigation Panel will be provided with the Code of Practice for Investigation of Research Malpractice and any additional guidance as may be produced, must declare any links to the research and/or the individuals involved in the allegation(s) and maintain the confidentiality of the proceedings throughout and beyond the work of the investigation, unless formally sanctioned by the University or otherwise required by law.

Both Respondent and Complainant may raise with the University Officer for Ethics concerns they may have about the membership of the investigation panel but neither have the right of veto over those nominated.

4.2 Operation of the Investigation

The Chair of the panel will be nominated by the Director of Research and Innovation, as the Chair of RISC. The panel will make a decision as to whether the allegation of research misconduct should be:

- upheld in full;
- upheld in part; or
- not upheld.

The standard of proof used by the Panel is that of "on the balance of probabilities". In addition to reaching a conclusion over the nature of the allegation, the Panel may make recommendations with respect to:

- whether the allegations should be referred to the relevant organisation's disciplinary process;
- whether any action will be required to correct the record of research;
- whether organisational matters should be addressed by the University through a review of the management of research;
- any other matters that should be investigated.

During the investigation, the Panel will

- maintain a record of evidence sought and received, and conclusions reached;
- review and assess the submission and supporting evidence provided by the Complainant;
- review and assess the evidence and supporting documentation from the Respondent who should be given the opportunity to respond to the allegations, set out his/her case and to present further evidence;
- review all relevant background information;
- the review should include interviewing the Respondent and Complainant and others whom the Panel consider relevant to the investigation (all of whom may be accompanied by a colleague or trade union representative);
- provide a report via the University Officer for Ethics.

4.3 Conclusions of the Investigation

The Panel should determine whether the allegation of research malpractice:

- is not proven
- is frivolous, vexatious and/or malicious;
- has some substance but due to the circumstances of the case, should be addressed through education and training or other non-disciplinary approach, rather than through the next stage and a formal investigation;
- should be considered under the University's Disciplinary/Dismissal Procedures.

4.4 Communication of the Findings

The Chair shall send the final report to the Complainant and Respondent (including their representatives, by agreement), and inform all relevant parties of the conclusion in a final report. The Complainant and any other relevant party will also be informed of the outcome and appropriate details of the reasons for that outcome being reached. The RISC Investigation Panel will then be disbanded and the individuals shall have no further involvement in the case, unless formally asked to clarify a point in their written report at a subsequent part of the investigation.

A copy of the report and any documentation used in the enquiry shall be held by the University Officer for Ethics for a period of at least 6 years and in line with Data Protection. The University Officer for Ethics will then ensure the appropriate follow-up actions are undertaken.

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University of Central Lancashire

RESEARCH INTEGRITY SUB COMMITTEE (RISC)

A Sub Committee of the University's Ethics Committee for matters of Research Integrity.

The Research Integrity Sub Committee, acting under the University Ethics Committee, is a cross university committee responsible for:

- 1 Advising on matters relating to research integrity as defined by the Universities UK Concordat for Research Integrity
- 2 Preparation of the University annual statement of research compliance for publication via the Internet
- 3 Convening an Investigation Panel to investigate allegations of malpractice/misconduct that cannot be resolved through the first stage Informal Procedure (see Code of Practice for the Investigation of Allegations of Research Malpractice)
- 4 Ensuring the recording and reporting of any instances of alleged or proven malpractice/misconduct to the appropriate bodies
- 5 Dissemination of good practice in relation to the conduct of research practice as exemplified both within and outside the University
- 6 Monitoring of the delivery and uptake of training activities scheduled to support relevant staff and students in best research practice

Proposed Membership

Director of Research and Innovation (Chair)

Deans/Heads of School/College Director of Research and Innovation (4)

University Ethics Officer (1)

Chairs of e-Ethics Sub Committees (or their representatives) (3)

Human Resources Director (or nominee) (1)

Lay Members (2)

Information Governance Officer (1)

Reporting Officer (Integrity) (1)

Proposed total Membership = 14

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University of Central Lancashire

University Ethics Committee

Concerns Procedure

The operational contact point for a project, including that for reporting adverse events, is the project's principal investigator or suitably delegated individual. Participants should use this point of contact to confirm or clarify any information about the project, and to report any outcomes. This should be made clear in the information sheet, or equivalent.

If a participant wishes to raise a concern about the study, and in particular about the conduct of the study or the individuals involved, that would be inappropriate to raise with the principal investigator, they should use the concerns procedure. This should also be made clear in the information sheet, or equivalent.

Concerns should be addressed to the University Officer for Ethics at: officerforethics@uclan.ac.uk

Information provided should include the study name or description (so that it can be identified), the principal investigator or student investigator or researcher, and the substance of the concern.

The University Officer for Ethics will document the concern, and refer it to the Chair of the relevant e-Ethics sub-committee within two working days.

The Chair will be responsible for investigating the concern, and for responding to the complainant.

Dependent on the nature of the concern and the outcome of the investigation, the Chair may withdraw ethical approval from the project, require changes to the study design, require changes to the implementation of the study design, or refer the matter to the Research Integrity Sub Committee (RISC) for further consideration under the Code of Practice for Allegations of Research Malpractice. The Chair should endeavour to complete this investigation within two weeks of receiving the concern, informing the complainant and the PI (if appropriate) of the outcome. The Chair should report the outcome of any concerns to their sub-committee, and subsequently to the University Ethics Committee.