



University of
Nottingham
UK | CHINA | MALAYSIA

Code of Practice on Handling Allegations of Research Misconduct

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1. Introduction

- 1.1. The University of Nottingham (“the University”) is committed to maintaining the highest standards of integrity, rigor and excellence in all aspects of our research and for all research to be conducted according to the appropriate ethical, legal and professional frameworks and standards.
- 1.2. Research misconduct is a serious matter, and those responsible for staff and postgraduate research students conducting research have a duty to ensure that those new to research or to the University receive appropriate training in the ethical, legal and other conventions concerning the conduct of their research.
- 1.3. The University seeks to provide a research environment that fosters and supports honesty in research and discourages unacceptable behaviour by dealing seriously and sensitively with all allegations of research misconduct.
- 1.4. It is, therefore, a condition of conducting research under the auspices of the University that practice conforms to the University’s Code of Research Conduct and Research Ethics. Failure to comply with the provisions of that Code will be grounds for action to be taken under this Code of Practice.
- 1.5. Staff, postgraduate research students and all others conducting research under the auspices of the University of Nottingham are required to report misconduct in research where they have good reason to believe it is occurring. The University will consider allegations or complaints about misconduct in research. The University will act with no detriment (this includes unwarranted disciplinary action) to complainants who have made allegations of research misconduct in good faith, or in the public interest.
- 1.6. If an investigation under this code concludes that an individual has made false allegations which are frivolous, vexatious or malicious and not in the public interest, the individual concerned may be subject to disciplinary action/s.
- 1.7. This Code of Practice should be read in conjunction with Code of Research Conduct and Research Ethics.
- 1.8. The “**Complainant**” referred to in this procedure is the person making an allegation of research misconduct, who need not be a member of staff or student of the University.
- 1.9. The “**Respondent**” referred to in this procedure is the person against whom an allegation of research misconduct is made.
- 1.10. This Code of Practice applies to all University of Nottingham UK Campuses and International Campuses: University of Nottingham Malaysia Campus (UNM) and University of Nottingham China Campus (UNNC).

2. Scope

- 2.1. The procedure set out in this Code of Practice recognises that the investigation of allegations of research misconduct can involve complex issues and seeks to discharge the University’s responsibilities in a sensitive and fair manner. It outlines the process to be followed when allegations of misconduct in research are brought against a researcher

in relation to research conducted under the auspices of the University.

- 2.2. This Procedure applies to any person conducting research under the auspices of the University, whether solely or in conjunction with others in the University or other organisations or in conjunction with other organisations, including but not limited to:
 - a member of staff;
 - a postgraduate research student;
 - an independent contractor or consultant;
 - a person with visiting or emeritus status; and
 - a member of staff on a joint clinical or honorary contract.
- 2.3. Nothing in this Code of Practice shall limit the ability of the University or a member of staff of the University or a student of the University to exercise their rights under the University's Statutes, Ordinances and policies concerning discipline, grievance and complaints.
- 2.4. It is not intended that this Code of Practice should be used as part of any disciplinary process. Proven research misconduct may result in action being taken under the University's disciplinary procedures for staff or students, as appropriate, or other relevant process and may be considered good cause for: dismissal in the case of members of staff; programme termination in the case of registered students; and rescission of award in the case of graduates of the University. Reports generated by this procedure may be used in evidence by the University's disciplinary procedures and other processes and may, subject to individuals' data protection rights, be released in reporting the matter to any appropriate external organisation.
- 2.5. Financial fraud or other misuse of research funds or research equipment may be addressed under the relevant disciplinary procedure with reference to any financial guidelines instead of under the procedure set out in this Code of Practice.
- 2.6. In line with the [Concordat to Support Research Integrity](#), "*Research misconduct is characterised as behaviours or actions that fall short of the standards of ethics, research and scholarship required to ensure that the integrity of research is upheld. It can cause harm to people and the environment, wastes resources, undermines the research record and damages the credibility of research*". This definition does not deviate from "*The Singapore Statement on Research Integrity*".
- 2.7. The University recognises that academic freedom is fundamental to the production of excellent research. Therefore, the responsibility for ensuring that no misconduct occurs rests primarily with the individual researcher.
- 2.8. Research misconduct, as defined by the Concordat to Support Research Integrity, can take many forms, including:
 - 2.8.1 **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
 - 2.8.2 **falsification**: inappropriately manipulating and/or selecting research processes, materials, equipment, data, imagery and/or consents
 - 2.8.3 **plagiarism**: using other people's ideas, intellectual property or work (written or

otherwise) without acknowledgement or permission

2.8.4 **failure to meet:** legal, ethical and professional obligations, for example:

- a) 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
- b) breach of duty of care for humans or animals involved in research whether deliberately, recklessly or by gross negligence, including failure to obtain appropriate informed consent where relevant.
- c) misuse of personal data, including inappropriate disclosures of the identity of research participants and other breaches of confidentiality
- d) 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

2.8.5 **misrepresentation of:**

- a) data, including suppression of relevant results/data or knowingly, recklessly or by gross negligence presenting a flawed interpretation of data
- b) involvement, including inappropriate claims to authorship or attribution of work and denial of authorship/attribution to persons who have made an appropriate contribution
- c) interests, including failure to declare competing interests of researchers or funders of a study
- d) qualifications, experience and/or credentials
- e) publication history, through undisclosed duplication of publication, including undisclosed duplicate submission of manuscripts for publication

2.8.6 **Improper dealing with allegations of misconduct:** failing to address possible infringements, such as attempts to cover up misconduct and reprisals against the complainant, or failing to adhere appropriately to agreed procedures in the investigation of alleged research misconduct accepted as a condition of funding.

2.9 **Honest errors and differences of opinion** in, for example, research methodology or interpretations do not constitute research misconduct. Misconduct does not include honest errors and differences of opinion related to the design, execution, interpretation or judgement in evaluating research methods or result.

2.10 Allegations of misconduct in research will be judged by the standards prevailing at the time that the behaviour under investigation occurred.

2.11 Allegations of research misconduct will be referred to the employing or degree awarding institution at the time the alleged misconduct took place.

2.12 Genuine concern that there are reasonable grounds for believing that one or more of the categories of wrongdoing listed below has occurred or may occur, may need to be reported under [Whistleblowing \(Public Interest Disclosure\) Code](#):

2.12.1 a criminal offence has been committed, is being committed, or is likely to be committed; or

2.12.2 person has failed, is failing, or is likely to fail to comply with their legal obligations; or

- 2.12.3 a miscarriage of justice has occurred, is occurring, or is likely to occur; or
 - 2.12.4 the health and safety of any individual has been, is being, or is likely to be endangered; or
 - 2.12.5 the environment has been, is being or is likely to be damaged; or
 - 2.12.6 any of the above are being, or are likely to be, deliberately concealed.
- 2.13 Matters which relate to an individual's employment contract with the University are not covered by this Code of Practice. Such matters should be raised with the employee's immediate manager, Head of School or Department as appropriate and with reference, where necessary, to the University's Dignity and Grievance policies and procedures (see www.Nottingham.ac.uk/hr or consult HR at UNNC or UNM).
 - 2.14 In the case of students, concerns other than those falling under the categories set out above should refer to the Student Complaints Policy and procedure (see <http://www.nottingham.ac.uk/academicervices/qualitymanual/student-engagement-and-complaints/studentcomplaintspolicy.aspx> or the equivalent policy at UNNC or UNM).
 - 2.15 Allegations raised against **taught students and Undergraduate and Postgraduate Taught (PGT) students** do not fall under this Code of Practice.
 - 2.16 Allegation raised against a **Postgraduate Research (PGR) Students** should be raised with the Academic Misconduct Officer in the first instance.
 - 2.17 The Academic Misconduct Officer may decide to refer the case to be handled under this process in some cases. This may happen in cases, **for example**, the allegation involves a member of staff researcher within the university as well, or the potential misconduct is not related to the summative assessment of the student.
 - 2.18 While the allegations are under investigation using this Procedure (and/or the University's disciplinary process), the Complainant, the Respondent, witnesses or any other persons involved in this Procedure should not make any statements about the allegations to any third parties, unless they are authorised to do so and would not be in breach of confidentiality obligations or this is otherwise required to by law.
 - 2.19 The University will exercise its reasonable discretion to follow the procedure which is most relevant in the overall circumstances.
 - 2.20 Allegations of Research Misconduct that are proven or upheld through an investigation under another policy/code (e.g. health and safety or whistleblowing etc..) may be upheld thus would not need to go through the processes described in this Code.

3.The Procedure

3.1. Stage 1: Making an allegation

- 3.1.1 It is important that any individual who suspects that research misconduct is occurring feels empowered to report it without fear that their own position may be put at risk by doing so. It is expected that, in normal circumstances, the individual reporting the suspected research misconduct would be willing to be named and provide evidence as appropriate under this Code of Practice. However, where an individual has reservations about

reporting suspected research misconduct directly, they may opt to do so through the Head of Department/School or Line Manager. If the individual wishing to make the allegation is a postgraduate research student, then they may opt to report their suspicion through their supervisor, or the Head of the Researcher Academy.

- 3.1.2 Before making an allegation of Research Misconduct, the Complainant should consult this policy and discuss the matter with their supervisor, Head of School, or directly with the Head of Research Integrity.
- 3.1.3 For confidential liaison or allegations of research misconduct the complainant may contact the Head of Research Integrity and/or the Pro-Vice Chancellor, Research and Knowledge Exchange.
- 3.1.4 If an individual raises a concern by proxy, they accept that it might not be possible to progress the case if insufficient evidence is garnered from alternative sources.
- 3.1.5 Allegations of research misconduct concerning the actions of a member of staff of the University should be reported to the Faculty Pro-Vice Chancellor (FPVC) or Associate Faculty Pro-Vice Chancellor (AFPVC)
- 3.1.6 Allegations of research misconduct can be submitted directly to the Head of Research Integrity and the Pro-Vice Chancellor, Research and Knowledge Exchange.
- 3.1.7 The Complainant is required to submit a written report detailing the nature of the suspected misconduct. They should also make it clear that the complaint is a formal allegation of research misconduct.
- 3.1.8 Upon receipt of an allegation of research misconduct, the FPVC or AFPVC will inform the Head of Research Integrity, in confidence, that they have received an allegation. The Complainant should also be notified in writing that the allegation has been received.
- 3.1.9 It is the responsibility of the FPVC or AFPVC to determine whether the allegation can proceed under this Code of Practice or whether it should be progressed under a different procedure such as, but not limited to, Disciplinary Procedures, Academic Misconduct Procedure (for PGRs), or Fitness to practice. In making this judgement, advice may be sought from Human Resources, the Head of Research Integrity, the Academic Misconduct Officer, the University Assessor or other as appropriate.
- 3.1.10 If the allegation is not be progressed under this Code of Practice, then the Complainant must be notified of this in writing and will be advised of which procedure should be followed and to whom the allegation should be forwarded.
- 3.1.11 If, upon reviewing the allegation, the FPVC or AFPVC has reason to believe that the allegation of research misconduct may also be a criminal offence because of a real or suspected risk of harm to others and/or surroundings, they should consult with the Head of Security and Human Resources. They may also want to consider whether it falls under the [Whistleblowing \(Public Interest Disclosure\) Code](#). (See **2.12** above)
- 3.1.12 For funded research, the FPVC or AFPVC will check for any contractual stipulations relating to how allegations of research misconduct should be dealt with. These might be set out, for example, in a sponsorship agreement, Memorandum of Agreement, or formal contract. Unless required by a formal agreement, research funders would not normally be notified of receipt of an allegation of research misconduct.
- 3.1.13 The FPVC or AFPVC should take steps to ensure that all relevant evidence pertaining to

the allegation of research misconduct is secured for future investigation and cannot be tampered with. The allegation, communications and evidence should be logged centrally with the Head of Research Integrity.

- 3.1.14 It is expected that the actions described under *Making an allegation* should be completed as soon as possible but would not normally take longer than 10 working days.

3.2. Stage 2: Screening

- 3.2.1 Upon the receipt of an allegation, normally within 10 working days, the FPVC or AFPVC should make a decision to initiate the screening stage or not. The Head of Research Integrity and Head of School may be consulted but **must** be informed as soon as a decision is made. The purpose of the screening stage is to determine whether there is sufficient evidence of research misconduct to warrant a formal investigation of the allegation or referral to another University policy or process.
- 3.2.2 The FPVC or AFPVC will appoint a **Screening Panel** to conduct the preliminary investigation comprising **two** senior members of research and/or academic staff. These staff members are likely to include the Head of the School or Unit in which the misconduct is alleged to have occurred, but this is not a requirement. The FPVC or AFPVC will select one of the members of the Screening Panel to be its Chair.
- 3.2.3 The appointed members of the Screening Panel will confirm in writing that their participation involves no conflict of interest, seeking advice, in writing, from the FPVC or AFPVC, if unsure.
- 3.2.4 If the Head of the School or Unit in which the misconduct is alleged to have occurred is the Complainant or the Respondent, or is personally associated with the work to which the allegation relates or has any other conflict of interest, the FPVC or AFPVC will instead refer the allegation to another senior teaching or research staff member, including but not limited to the Head of a different School or Unit.
- 3.2.5 The FPVC or AFPVC will utilise the Head of Research Integrity (HRI) to assist the Screening Panel and provide administrative support. The FPVC or AFPVC will be responsible for approaching other departments for support, such as Human Resources, if deemed appropriate. Those selected to provide such support will confirm in writing to the FPVC or AFPVC that their participation involves no conflict of interest.
- 3.2.6 The FPVC or AFPVC will inform the Respondent in writing that: an allegation of research misconduct has been made against them; it will be investigated under this Code of Practice by a named screening panel; and that the Respondent will be given the opportunity to respond to the allegation and set out his/her case. A written summary of the allegation will be provided to the Respondent together with a copy of this Code of Practice. The identity of the Complainant will normally be kept confidential until a Formal Investigation is launched unless this is incompatible with a fair and thorough investigation and/or there is an overriding reason for disclosure.
- 3.2.7 If an allegation is made against more than one Respondent, the FPVC or AFPVC will inform each individual separately and not divulge the identity of any other Respondent. Similarly, the FPVC or AFPVC will inform the Complainant that a named screening panel is conducting a preliminary investigation into the allegation.

- 3.2.8 When writing to the Respondent and Complainant, the FPVC or AFPVC will inform them that they may raise any concerns that they may have about the person(s) appointed to the Screening Panel. The FPVC or AFPVC will decide if any concerns raised by the Respondent and/or the Complainant warrant the exclusion of the person(s) concerned from involvement in the investigation, recording the reasons for the decision in writing. The FPVC or AFPVC will inform the person(s) concerned and the Respondent and/or the Complainant, as appropriate, of their decision in writing.
- 3.2.9 The Screening Panel will consider the evidence available concerning the allegation, including: the allegation and any supporting evidence from the Complainant; any comment and supporting evidence from the Respondent; and any other documentation and background information relevant to the allegation.
- 3.2.10 The Screening Panel will normally interview the Complainant, the Respondent and any other persons considered appropriate. The Respondent shall be given the opportunity to formally respond to the allegation made against them, set out their case and to present evidence at this interview. The Complainant and Respondent may be accompanied at meetings by a workplace colleague, another student of the University of Nottingham or a Trade Union representative or Education Adviser from Student Union. The procedure set out in this Code of Practice is academic and not a legal procedure. Where the complainant or respondent attends a Screening Panel and is accompanied by a third party, having not previously notified the University that they wish to be accompanied, the person will be asked to identify themselves and the University reserves the right to determine if it is appropriate for that third party to be present.
- 3.2.11 The Screening Panel will aim to be concluded within 30 working days following instruction from the FPVC or AFPVC, provided this does not compromise a full and fair investigation of the allegation. Any delays to this timescale will be explained to the Complainant, the Respondent and the FPVC or AFPVC in writing.
- 3.2.12 The panel may seek expert witness advice at any point of their investigation
- 3.2.13 At the conclusion of the screening stage, the Screening Panel will determine whether the allegation of research misconduct is one of the following:
- a) **Is unfounded, because it is mistaken, frivolous, vexatious and/or malicious or is otherwise without substance, and will be dismissed.**
The FPVC or AFPVC will then take such steps, as are appropriate in the light of seriousness of the allegations, to sustain the reputation of the Respondent and the relevant research project(s) and, provided the allegation is considered to have been made in good faith, the Complainant. When a Preliminary Investigation has concluded that an allegation is vexatious and/or malicious, the FPVC or AFPVC will consider whether disciplinary proceedings should be initiated against the Complainant.
 - b) **Has some substance but is considered to be the product of poor practice. Such cases will be addressed through education and training or other non-disciplinary approach, such as mediation, rather than through the next stage of the procedure or other formal processes.**
The FPVC or AFPVC will work with relevant University staff to establish a programme of training or supervision in conjunction with the Respondent and his/her line manager or supervisors in the case of postgraduate research students. This programme will include measures to address the needs of staff and students working with the Respondent. The use of the procedure set out in this Code of Practice will then

conclude at this point.

- c) **Warrants referral directly to: the University's disciplinary procedures; another relevant University process; or 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.**

The FPVC or AFPVC will then initiate or refer to the appropriate University procedure(s) or inform the appropriate external organisation(s). Other procedures may include:

- o Disciplinary procedure for all staff
<https://www.nottingham.ac.uk/hr/guidesandsupport/performanceatwork/disciplinaryprocedures/index.aspx> ;
- o The Code of Discipline for Students or equivalent at UNNC and UNM:
https://www.nottingham.ac.uk/currentstudents/standards-of-behaviour/student-code-of-discipline.aspx?dm_t=0,0,0,0,0
- o The Academic Misconduct Procedure
(<https://www.nottingham.ac.uk/academicservices/currentstudents/academic-misconduct.aspx>)

- d) **Is sufficiently serious and has sufficient substance to warrant a Formal Investigation of the complaint under Stage 3 of these procedures.**

The FPVC or AFPVC will then take steps to set up a Formal Investigation.

3.2.14 The Screening Panel Chair will submit a confidential written record of the preliminary investigation, including any response from the Respondent, and the Screening Panel's conclusions, to the FPVC or AFPVC who will then forward it to the Respondent and the Complainant for comment on its factual accuracy.

3.2.15 Any documentation used in the investigation, including a copy of the Preliminary Investigation report and a summary of any action taken, will be forwarded to the FPVC or AFPVC and copied to the Head of Research Integrity.

3.2.16 The preliminary investigation is then concluded, although the Screening Panel may be asked by the FPVC or AFPVC to clarify any points or be called as a witness by any subsequent Formal Investigation.

3.2.17 Where an allegation is not progressed against the Respondent to Stage 3 of these procedures a 'Closure of Procedures' letter/email will be issued to the Respondent by the Head of Research Integrity.

3.2.18 The FPVC or AFPVC will;

- a) formally notify the Complainant and Respondent in writing of the outcome;
- b) issue a Closure of Procedures letter/email where an allegation is not upheld;
- c) ensure the recommendations of the Screening Panel are carried out as deemed appropriate;
- d) taking the necessary steps to ensure that all legal and ethical requirements are met;

3.2.19 Once the Screening Panel investigation is concluded to a Formal investigation, the

Respondent may request at this stage to waive their right to a formal investigation and agree with the Recommendations by the panel and their FPVC or AFPVC.

3.3. Stage 3: Formal Investigation Panel

3.3.1 If the allegation of research misconduct is referred to a Formal Investigation Panel then the FPVC or AFPVC will inform the Complainant and the Respondent of this. The formal Panel will normally be appointed within 30 working days of completion of the Screening stage. The composition of the Panel must be formally approved by the FPVC or AFPVC. Note that the composition and modus operandi of the Panel is set out in this section.

3.3.2 The Panel will consist of:

- a) two members, one of whom may be external to the University; as judged appropriate by the FPVC or AFPVC;
- b) a Chair;
- c) and a Panel Secretary (Head of Research Integrity or their nominee).

The members of the Panel will:

- i. not have been involved in the investigation of the allegation;
- ii. not have had any involvement in the Respondent's research project;
- iii. not have any other involvement with the Respondent or Complainant that may give rise to a conflict of interest;
- iv. have broad academic expertise in the discipline of the research project.

3.3.3 If the research project is being conducted in collaboration with another organisation then it might be advisable for a member of that organisation to fulfil the role of the external impartial panel members.

3.3.4 In the case of a Formal Investigation Panel for a member of staff, the Chair will normally be a nominee of the leading FPVC or AFPVC. Depending on the nature of the allegation, it may be necessary to ask the external to chair the panel.

3.3.5 In the case of Formal Investigation, subject to contractual agreement and funder requirements, the University may allow, when requested, a funder's or regulator's observer/s to attend a formal investigation meeting.

3.3.6 The Secretary will be the Head of Research Integrity or their nominee.

3.3.7 All members of the Formal Investigation Panel will be required to confirm in writing that they meet the eligibility criteria set out in paragraph [3.3.2](#) above. The Chair and Secretary are not required to have broad academic expertise in the discipline of the research project.

3.3.8 The role of the Panel Secretary is to:

- a) advise the Chair;
- b) advise the Respondent and Complainant with regards to the process;
- c) ensure that proceedings are conducted in accordance with this Code of Practice;
- d) keep a written record of the Formal Investigation Panel's deliberations and

- decisions which will be written up as a formal report.
- e) ensure administrative support is provided.

3.3.9 The Panel Secretary will inform the Complainant and Respondent of the Formal Investigation by Panel advising them to raise any concerns in writing that they may have about the individuals selected to serve on the Panel. The FPVC or AFPVC will consider any concerns raised and will decide, based on the evidence provided, whether any individual is to be excluded from the Panel. The Respondent and/or Complainant will be notified of the decision in writing.

3.3.10 The Complainant and the Respondent may submit evidence to the Panel orally and/or in writing with a preference for the latter so that the Respondent and others involved in the Formal Investigation Panel are able to read and consider the information and points made in advance of the meeting.

3.3.11 The panel may seek expert witness advice at any point of their investigation.

3.3.12 Both the Complainant and the Respondent may be supported by a colleague or a Trade Union representative, or the Students' Union at the Formal Investigation Panel meeting. If they wish to be accompanied, then the Secretary to the Panel must be notified no later than 3 working days prior to the Formal Investigation Panel. The person supporting the Respondent and/or Complainant may only participate in proceedings at the invitation of the Chair of the Panel.

3.3.13 The procedure set out in this Code of Practice is an internal and not a legal procedure. Where the complainant or respondent attends a Panel and is accompanied by a third party, having not previously notified the University that they wish to be accompanied, the Chair will ask the person to identify themselves and will determine if it is appropriate for the third party to be present and may adjourn proceedings while a determination is made.

3.3.14 The Panel will normally be conducted according to the following order of business:

- a) introduction by the Chair of all individuals who are present and a description of their role in the proceedings, together with a reminder of the requirement for confidentiality
- b) the Chair will offer a description of the outline procedure for the Formal Investigation Panel meeting including its purpose; how its proceedings will be conducted, including what opportunities there will be for the Respondent and any companion to speak; that the proceedings will be recorded by the Secretary in writing; the possible outcomes; and the means by which the outcomes will be communicated to the Respondent and all others involved
- c) an oral presentation of the matter will be delivered by the Chair and heard by the Respondent introducing the written evidence and stating whether any witnesses are to be called
- d) an opportunity for the Respondent to set out their case, comment on the written evidence to the Panel, and respond to the allegation made against them
- e) an opportunity for the Panel to clarify the Respondent's comments
- f) an opportunity for witnesses to attend to provide specialist advice or accounts of the matter at hand for the Panel's information and consideration
- g) an opportunity for the Panel and the Respondent to clarify their understanding of the information provided by any witnesses
- h) an opportunity for the Respondent to remind the panel of relevant items from the

written evidence and that provided by any witnesses and the Respondent's own comments on the written and witness evidence

- i) an opportunity for the Chair of the Panel to summarise the evidence considered and identify the matters to be decided
- j) a closing opportunity for the Respondent to present a summary statement to the Panel
- k) the panel should inform the Respondent as soon as possible, preferably at the conclusion of proceedings, of their decision and the recommendation(s) it will be making.

3.3.15 The University endeavours to complete the Formal Investigation stage within 90 days of referral.

3.3.16 At the conclusion of the Formal Investigation by Panel, one of the following decisions will be made:

- a) that the allegation is upheld in full;
- b) that the allegation is upheld in part;
- c) that the allegation was not upheld and will be dismissed.

3.3.17 The Panel may dismiss an allegation because it is vexatious, malicious, mistaken, frivolous or is without substance.

3.3.18 Where the Panel determines that the allegation was the result of poor research practice rather than research misconduct, a programme of training to correct this should be recommended.

3.3.19 In making their decision, the Panel should bear in mind standard of proof. The standard of proof used by panels in coming to a decision about research misconduct is that of "***on the balance of probabilities***".

3.3.20 Where an allegation is upheld in full or in part, the Panel may also wish to make one or more **recommendations** for further action in order to protect the reputation of the University. This might include but is not limited to:

- a) referral of the allegation to the appropriate disciplinary procedure;
- b) recommendation of a programme of corrective training;
- c) retraction/correction of articles in journals;
- d) notifying any external organisations such as regulators, funders, partner organisations or professional bodies;
- e) informing research participants and/or patients and/or their doctors.

3.3.21 The Secretary will prepare a confidential written report of proceedings that:

- a) summarises the investigation including the justification for the decisions made;
- b) records the decision of the Formal Investigation Panel;
- c) records the recommendations of the Formal Investigation Panel.

3.3.22 The draft report will be circulated to the Respondent and the Complainant who will be asked to check it for factual accuracy. If the Complainant and/or Respondent wish to request any amendments to the report they must do so in writing. The Panel Chair will decide if the requested amendments can be made to the reports and will notify the Complainant and/or Respondent of their decision in writing.

- 3.3.23 A copy of the report will be provided to the FPVC or AFPVC.
- 3.3.24 At this point, the work of the Formal Investigation Panel comes to an end. The allegation should continue to be treated as confidential and members of the Formal Investigation Panel should make no further comment on the investigation, unless requested to do so by the University or legal authorities.
- 3.3.25 Following the conclusion of the Formal Investigation Panel's business, the FPVC or AFPVC, working with the Head of Research Integrity, will be responsible for ensuring the following:
- a) formally notifying the Complainant and Respondent in writing of the outcome
 - b) issuing a Closure of Procedures letter where an allegation is not upheld;
 - c) ensure the recommendations of the Formal Investigation Panel are carried out as deemed appropriate;
 - d) taking the necessary steps to ensure that all legal and ethical requirements are met; the funds of sponsors are protected; and any contractual obligations are fulfilled.
- 3.3.26 Where an allegation of misconduct is upheld against a member of staff, the FPVC or AFPVC should liaise with Human Resources to ascertain whether disciplinary procedures should be initiated.
- 3.3.27 Where an allegation is upheld against a PGR student, the FPVC or AFPVC will liaise with the Head of School to agree the next step which may include referral to the Academic misconduct Committee or the appropriate Code of Discipline for Students.
- 3.3.28 Where an allegation is not upheld, the FPVC or AFPVC will take steps, as appropriate, to maintain the reputation of the Respondent. If there is publicity surrounding the case, then the Respondent should be offered the possibility of having an official statement released to the media.
- 3.3.29 Where an allegation is not upheld, but was made in good faith, the FPVC or AFPVC will take steps, as appropriate, to maintain the reputation of the Complainant. Where the allegation is upheld, and there is publicity surrounding the case, then the Complainant should be offered the possibility of having an official statement released to the media.
- 3.3.30 Where an allegation is upheld, the FPVC or AFPVC will take steps, as appropriate, to maintain the reputation of the Complainant.
- 3.3.31 Where an allegation is not upheld because it is frivolous, vexatious or malicious, then the FPVC or AFPVC will, in consultation, in case of a member of staff, with HR, consider whether disciplinary proceedings should be initiated against the Complainant.
- 3.3.32 Where an allegation is not upheld because it is frivolous, vexatious or malicious, then the FPVC or AFPVC will, in consultation, in case of a PGR student, with the Head of School, refer the matter to be addressed by the University's [Unacceptable Behaviour Policy](#) and/or the appropriate [Code of Discipline](#).

4. Reporting

- 4.1. The University's Pro-Vice Chancellor, Research and Knowledge Exchange is the

University's Research Integrity contact.

- 4.2. The Head of Research Integrity will report to the Pro-Vice Chancellor, Research and Knowledge Exchange cases of research misconduct on a case by case bases.
- 4.3. The Head of Research Integrity will report, with minimal detail, on the number of allegations of research misconduct to the University Research Integrity and Ethics Committee. The number of cases and the stage they concluded at will also be reported in the University's Annual Statement on Research Integrity.
- 4.4. Upon request, reports of the Screening stage and the Formal Investigation by Panel stage may be circulated, in confidence, to the **University Research Integrity and Ethics Committee**. If appropriate, the reports will be anonymised and may have material redacted. This decision rests with the University's Pro-Vice Chancellor, Research and Knowledge Exchange though it might be necessary to liaise with Human Resources in reaching a decision.

5. Appeals

- 5.1. Appeals against the Screening Panel recommendations will not be considered.
- 5.2. The Formal Investigation Panel makes recommendations to the University, which will usually involve referring the case to other University structures and/or procedures. Therefore, appeals against the Formal Investigation Panel findings will not be considered unless new information has come to light or the appeal being made on the grounds of a material failure to observe the procedure in this Code of Practice.
- 5.3. The Respondent and/or the Complainant may appeal within 14 days of being informed of the outcome of the Formal Investigation Panel. This must be put in writing to the FPVC or AFPVC involved or Pro-Vice Chancellor, Research and Knowledge Exchange, and copying the Head of Research Integrity.

6. UNM and UNNC

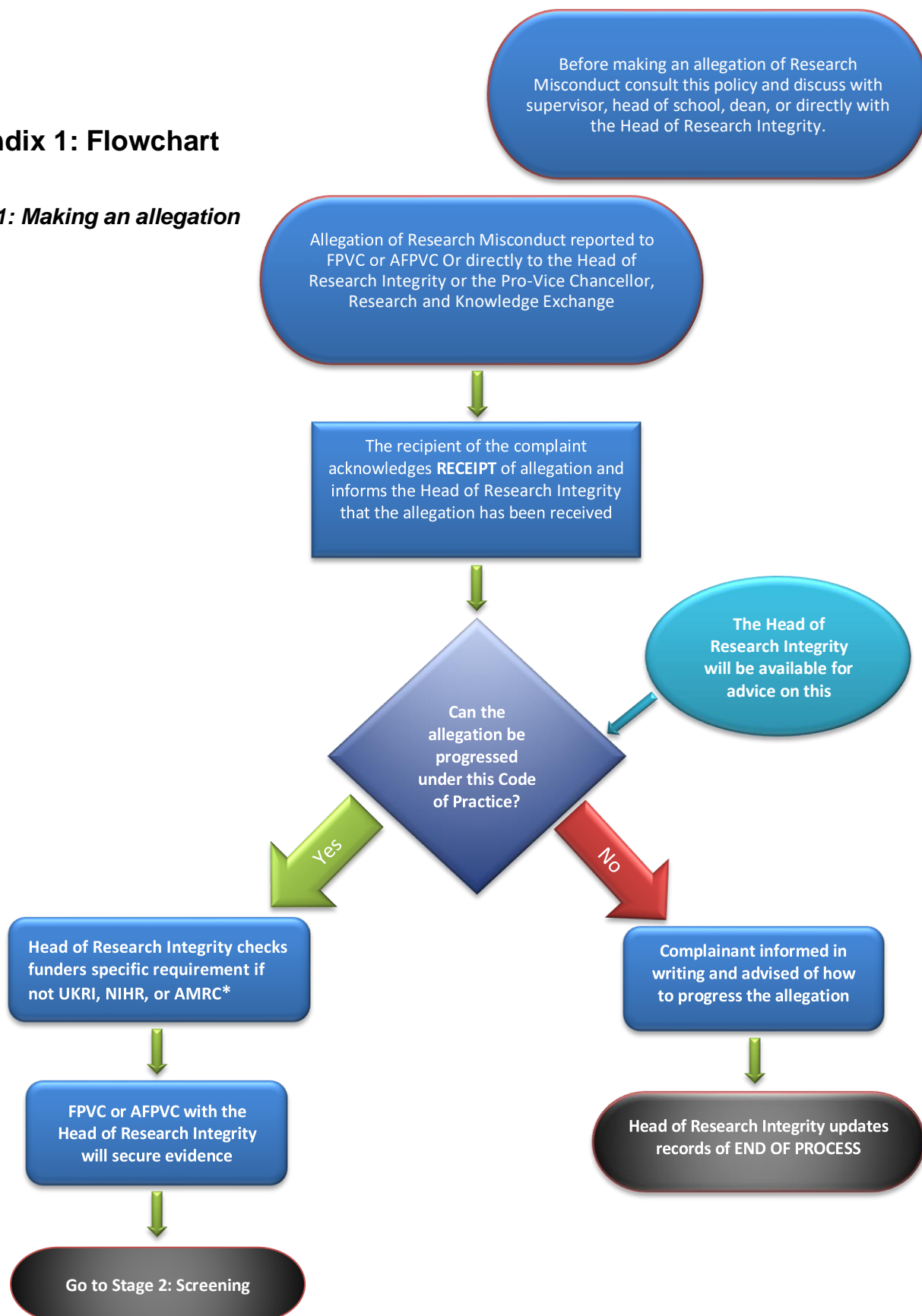
- 6.1. For Malaysia and China campuses; the Chair of the Research Ethics Committee will undertake the role of the Head of Research Integrity described in the above process.
- 6.2. The Dean and Associate Dean will undertake the role of FPVC or AFPVC in this Code of Practice.
- 6.3. The Head of Research Integrity UK may be consulted for guidance on this process.

7. Acknowledgments

This Code has been produced with reference to the [Procedure for the Investigation of Misconduct in Research](#) and [The Concordat to Support Research Integrity \(2019\)](#).

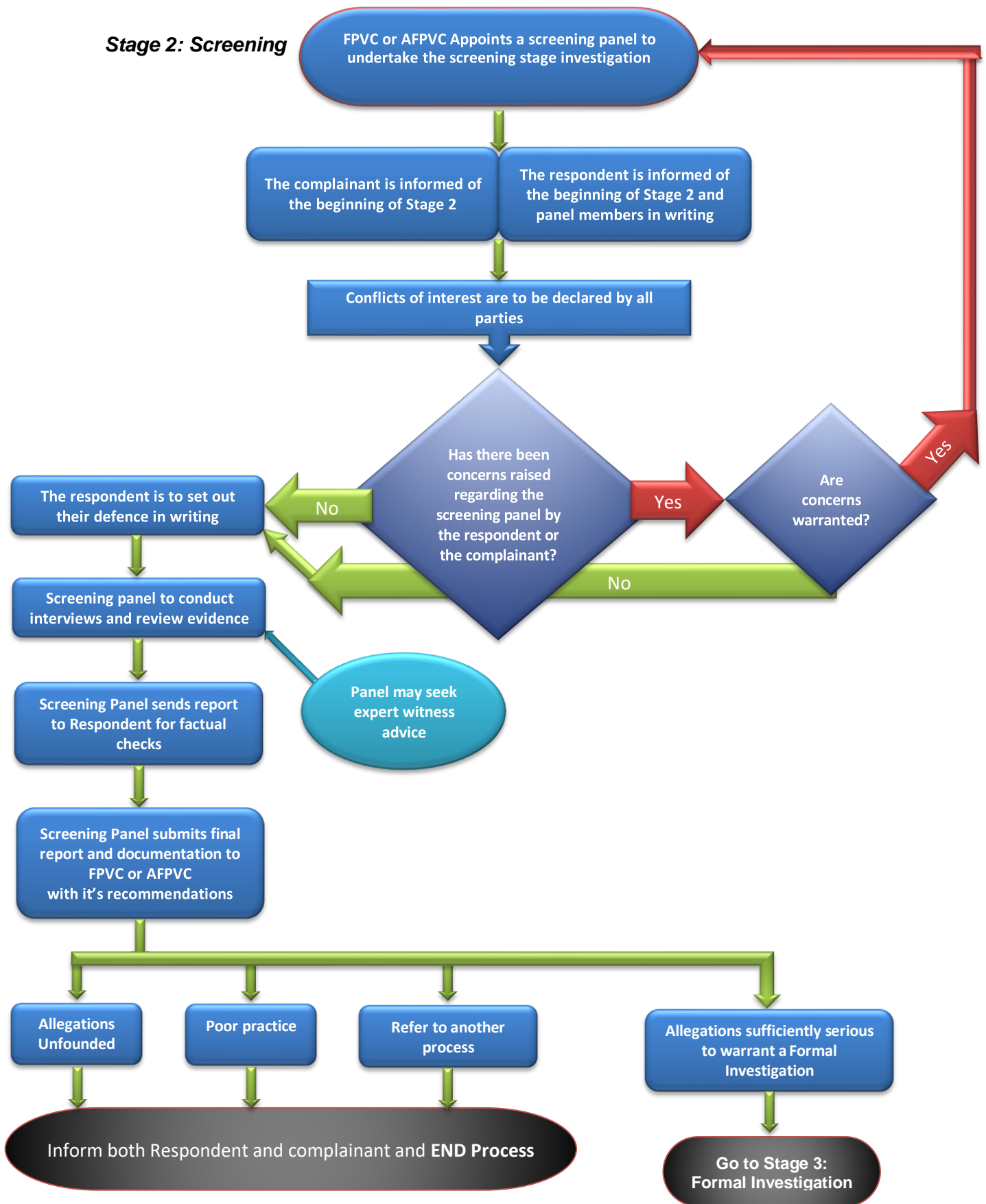
Appendix 1: Flowchart

Stage 1: Making an allegation



*AMRC; association of Medical research Charities

Stage 2: Screening



Stage 3: Formal Investigation

