

QUEEN'S UNIVERSITY BELFAST

Regulations Governing the Allegation and Investigation of Misconduct in Research

1. Introduction

- 1.1 The University is committed to Universities UK “The Concordat to Support Research Integrity” (hereafter referred to as The Concordat) and has established regulations, policies and codes of practice to govern and maintain the integrity of research carried out under its auspices. The University requires the standards set in the Concordat to be adhered to by all members of University staff, as defined by Statute II, and Postgraduate Research students when conducting research within or on behalf of the University (irrespective of whether their current place of work is within or without University premises).
- 1.2 Postgraduate Research (PGR) Students, who are registered on a research degree programme which would normally be expected to lead to an award of the University, are also governed by these Regulations, unless stated otherwise. Where concerns are raised regarding research undertaken by a non-PGR student, the Procedures for Dealing with Academic Offences, contained within University Calendar: General Regulations, must be followed.
- 1.3 The application and scope of this Regulation derives from that provided for in Statute XII, and should give effect to, and be consistent with, the guiding principles set out in clause 2(1) of that Statute.

2. Definitions

- 2.1 Misconduct in research covers inappropriate behaviour as well as misconduct in the course of research. Misconduct includes, but is not limited to:
- Fabrication;
 - Falsification;
 - Misrepresentation of data and/or interests and/or involvement
 - Misrepresentation of personal experience/qualifications/credentials/publication history;
 - Plagiarism (note definitions for research students in Appendix 1);
 - Breach of legislation, and/or
 - Failure to follow accepted procedures or to exercise due care in carrying out responsibilities for avoiding unreasonable risk or harm to:
 - Humans;
 - Animals used in research; and
 - The environment; and
 - The proper handling of privileged or private information on individuals collected during the research.

Illustrative examples are provided in Appendix 1.

- 2.2 Honest error (which is not due to negligence), or differences of interpretation, are not included as misconduct in research. However, poor research practice may be considered misconduct, particularly where individual negligence results in harm or potential harm to research collaborators, participants or animals.

3. General Principles

- 3.1 The University is committed to and will ensure that any allegation of misconduct in research is thoroughly and expeditiously investigated in a fair and confidential manner to determine whether misconduct in research has been committed.
- 3.2 The University will provide an annual statement to Senate on compliance with The Concordat, providing anonymised and aggregated data on allegations of misconduct in research. Opportunities for learning shall be considered from each allegation received and where possible remedial actions taken to minimise the potential for reoccurrence.
- 3.3 Queen's University is responsible for ensuring that researchers are protected from vexatious, malicious or frivolous allegation. Any false or malicious allegations made may be treated as a disciplinary offence.
- 3.4 Allegations relating to other forms of misconduct should be investigated using the procedures appropriate to that particular allegation. In particular, allegations relating to fraud or other misuse of research funds or research equipment may be dealt with under the University's Financial Regulations.
- 3.5 Where a funding body or other third party organisation (e.g. health and social care trust) has an interest in an investigation, the University reserves the right to inform that third party, seeking their input as appropriate. Care shall be taken to ensure the University remains compliant with relevant Data Protection legislation when disclosing information to third parties.
- 3.6 The person against whom an allegation has been made, known hereafter as the Respondent, will be given the opportunity to prepare a response and present their case. They will be informed of the right to be accompanied or assisted in the presentation of their case:
 - For staff, this may be by a representative of a recognised trade union, or University colleague at every stage of the procedure.
 - For PGR students this may be by a fellow registered student of the University (including a Sabbatical Officer of the Students' Union), or by a member of staff of the University, or University Chaplaincy, or Student's Union Advice Team.
- 3.7 Where the Respondent has left the University, the University reserves the right to review the allegation and determine if there are wider implications that go beyond the individual.
- 3.8 Where a complaint is made against the University or a particular School within the University, the issue shall be directed, as appropriate, to relevant corporate governance structure.
- 3.9 Written records will be retained of formal meetings relating to the issue.
- 3.10 Where a precautionary suspension is imposed (see paragraph 7) and/or a formal disciplinary investigation is to be undertaken, and the member of staff is a representative of a recognised trade union, the appropriate full-time official will be informed as soon as practicable. No action beyond an oral warning will be initiated against a representative of a recognised trade union until the appropriate full-time official is notified.

- 3.11 The procedure outlined here may be varied, where the University considers that it is necessary to do so, in order to ensure fairness. Any such changes will be subject to consultation with the recognised trade unions.
- 3.12 The Faculty Dean of Research can appoint an appropriate senior academic manager, who may not necessarily be the Head of the School. Likewise the Director of Research and Enterprise (or their designee) may appoint a manager from professional support services to undertake the duties of the Head of Research Governance, Ethics and Integrity (hereafter referred to as Head of Research Governance).
- 3.13 Where a panel is convened to examine the facts, the names of Panel members should be made known to the Respondent.
- 3.14 All persons involved with the investigation must conduct themselves in accordance with principles outlined in Appendix 3.
- 3.15 All those involved in the process must declare any potential conflicts of interest to the Director of Research and Enterprise (or their designee). Where a conflict of interest does arise, the Director of Research and Enterprise (or their designee) should appoint another appropriate person.
- 3.16 Where an allegation requires specific expertise, person(s) may be co-opted to provide confidential advice to the process, at the request of a relevant panel.
- 3.17 Where the respondent (staff or student) fails to attend, without good cause, a meeting relating to the allegation the case may be considered in the absence of the respondent and without further notice if the Committee is satisfied that the date, time and venue of the meeting have been notified in writing to the respondent.
- 3.18 The University shall take reasonable steps to resolve issues identified through the investigation. This may relate to the research in question or to put systems and processes in place to minimise the potential of an issue re-occurring.
- 3.19 Following completion of internal process, where a student considers the matter has not been satisfactorily dealt with, the student reserves the right to refer the issue to the N.I. Public Service Ombudsman.

4. Roles and Responsibilities

The Pro-Vice-Chancellor for Research and Enterprise has responsibility for the proper implementation of this Regulation. He/she is supported by the Faculty Deans of Research, Director of Research and Enterprise (or their designee), and Head of Research Governance, Ethics and Integrity, as appropriate. Specific responsibilities are outlined in Appendix 2.

5. Reporting an Allegation

- 5.1 An allegation can be received from an external or internal source. Should the allegation stem from an internal source it should be received by either the Director of Research and Enterprise (or their designee) or Head of School. The issue must be clearly described, received in writing and accompanied by relevant supporting

evidence. An allegation may also be identified through audit or review and shall be considered in accordance with these Regulations.

- 5.2 Where an allegation is made against a student, the matter should be brought to the attention of the Head of School in the first instance. Where this is not possible, owing to a perceived conflict of interest, the Director of Research and Enterprise (or their designee) should be informed.
- 5.3 All staff and students, including those on honorary contracts, and persons authorised to work in the University have a responsibility to report, in confidence, any suspected incident of misconduct in research, whether this has been witnessed or for which there are reasonable grounds for suspicion. Non-reporting of an act of misconduct in research can harm the integrity of research resulting in wide ranging and damaging consequences. Therefore an act of concealment could also be deemed as an act of misconduct.
- 5.4 Any allegation received will be deemed to have been done so under the terms of the University's Whistleblowing Policy and afforded the same guarantee of protection as defined in that Policy.

6. **Handling an Allegation**

- 6.1 Within three working days of an allegation being received there should be internal communication to ensure relevant persons within the University are notified. These persons should normally be the Head of School and Head of Research Governance. In the event of an allegation involving a student the Director of Academic and Student Affairs (DASA) must also be informed.
- 6.2 The Head of Research Governance shall acknowledge the complainant and provide them with a copy of these Regulations.
- 6.3 The contractual status of the respondent should be determined. Where the person is not a member of Queen's, the Head of Research Governance in conjunction with the Faculty Dean of Research, should inform the appropriate authority in the employing organisation and the process outlined in Section 12 and/or 13 applied.
- 6.4 In the event that the allegation reaches across other institutions, the Russell Group Statement of Cooperation in respect of cross-institutional research misconduct allegations shall be followed.
- 6.5 The Head of Research Governance shall seek the nomination of a relevant senior academic manager, from the appropriate Faculty Dean of Research, to review the allegation as part of the initial screening process.
- 6.6 The screening panel, composed of the senior academic manager and the Head of Research Governance, shall extrapolate the issue in question and determine if the allegation falls within the definition of Misconduct in Research. If, after consideration, they determine the issue does not relate to misconduct in research but that other issues may be involved, they shall advise the Director of Research and Enterprise (or their designee) who shall inform the complainant in writing:
 - (i) The reasons why the allegation cannot be investigated using these Regulations.

- (ii) If there are possible grievance issues, the matter should be referred through the appropriate grievance procedure.
 - (iii) If there are possible disciplinary issues other than misconduct in research, the matter should be referred to the appropriate line manager.
- 6.7 Where it has been determined the allegation relates to Misconduct in Research the Head of Research Governance should write to the Respondent(s) informing them that that an allegation of misconduct in research has been received. They should be provided with a copy of these Regulations.
- 6.8 The screening panel shall undertake a preliminary investigation, as outlined in 8.2, in order to determine the severity of the allegation.
- 6.9 The Head of Research Governance should determine whether the research project and the investigators involved, includes contractual obligations that require the University to undertake prescribed steps in the event of an allegation of misconduct in research. Such an undertaking might be in:
- (i) A contract/service level agreement from a funding organisation;
 - (ii) A partnership contract/agreement/Memorandum of Understanding; or
 - (iii) An agreement to sponsor the research;
 - (iv) Regulatory or legal requirements to notify external organisations.
- 6.10 Following consultation with the relevant Faculty Dean of Research, the Head of Research Governance should notify external bodies, as required. The Pro Vice Chancellor (R&E) and Director of Research and Enterprise (or their designee) should be advised this notification has taken place. Anonymous information to be provided to Funders is outlined in Appendix 3.

7. Precautionary Suspension

- 7.1 Where the suspected misconduct in research is such that it is considered, on reasonable grounds, that the individual's continued presence in the workplace may represent a risk to others, may give rise to further misconduct, or may militate against the effective investigation of allegations, the Vice-Chancellor (or nominee) may authorise the suspension of the member of staff from duty and/or office, as a precautionary measure. Suspension shall take place only where it is a necessary precaution, pending completion of a serious misconduct in research investigation or other urgent cause. The decision to suspend a member of staff would depend on the particular circumstances surrounding each case. It is a serious step that should only be taken when the specific circumstances dictate.
- 7.2 Suspension is not a disciplinary sanction nor is it a presumption of guilt.
- 7.3 Suspension would normally be with pay, and will not normally exceed six months.
- 7.4 The Vice-Chancellor or nominee shall normally delegate the authority to suspend to the Head of Business Partnering who would normally review the suspension at 14 day intervals.

- 7.5 The member of staff would be notified of the decision to suspend, the extent of the application of the suspension and the reasons for it. This should be confirmed in writing within two working days of each review.
- 7.6 Staff may appeal to the Director of People and Culture against the suspension. A member of staff who has been suspended must be available at reasonable notice to participate in the investigation and any subsequent disciplinary process.
- 7.7 In the event that a student requires precautionary suspension or exclusion from the University because of their behaviour, the relevant [Conduct Regulations](#) should be implemented.

8. Investigation

- 8.1 The Investigation forms a two stage process. Stage One is a preliminary investigation used for the collation of facts and evidence to determine the seriousness of the allegation. Stage Two involves a hearing by a panel convened from a pre-approved pool of assessors.

8.2. Investigation: Stage One – Preliminary Investigation

This preliminary investigation will be undertaken by the appointed member of senior academic staff and supported by the Head of Research Governance, (i.e. the screening panel).

- 8.2.1 Where practicable this stage should be completed within 30 working days of receiving the allegation.
- 8.2.2 All relevant records, materials and associated technological sources must be secured and retained by the Head of Research Governance. This may include any correspondence, laboratory books, electronic communication or files, evidence of publications.
- 8.2.3 In order to establish the facts surrounding the allegation, the investigators would meet with relevant persons involved in the issue along with a person of choice as outlined in 3.5. The purpose of this meeting is to gather factual information about the matter raised. The Screening Panel also retains the right to interview other individuals who may have information regarding aspects of the allegation to facilitate the capture of an independent perspective.
- 8.2.4 Following the initial collation of information a report shall be prepared and submitted to the Director of Research and Enterprise (or their designee) which will indicate one of the following outcomes:
- (i) Sufficiently serious and sufficient evidence to justify a formal investigation (see section 8.3 below).
 - (ii) Has some substance but would be best addressed through education and training.
 - (iii) Referred directly to the line manager or Head of School for remedial action at local level.
 - (iv) Mistaken, frivolous, vexatious and/or malicious, or without substance with insufficient evidence to support it.

- 8.2.5 The Director for Research and Enterprise should make this Stage I investigation report available to the Respondent and the Complainant (and their representatives by agreement) for comment on the factual accuracy of the report. The two parties have 10 working days to comment on the report.
- 8.2.6 Only when the report includes errors of fact, as indicated by the Respondent and/or the Complainant, should the Director of Research and Enterprise request the Screening Panel to modify the report. The Senior Academic Manager should judge the validity of such comments.
- 8.2.7 If an allegation is made in good faith, but is not confirmed by the investigation, no action will be taken against the person making the allegation. If, however, an allegation is established to have been made frivolously, maliciously or for personal gain, disciplinary action may be taken against the individual, if an employee or student, in accordance with the appropriate disciplinary procedures.
- 8.2.8 Where the allegation involves plagiarism or is complex and a clear decision cannot be taken, it may be necessary to convene a preliminary investigation panel. This panel shall consist of three persons drawn from a pre-approved pool of assessors. Where necessary, assistance may be sought from the UK Research Integrity Office, if appropriate, or another external body co-opted to provide input into the proceedings. This preliminary investigation panel should consider all the evidence gathered drawing its own conclusions and determining the appropriate outcome, as listed in 8.2.4 above.
- 8.2.9 Where the preliminary investigation has determined that the matter should not proceed to a full Hearing Panel, the Pro-Vice Chancellor for Research and Enterprise must be provided with all evidence enabling them to independently review the preliminary investigation. The Pro-Vice Chancellor reserves the right to request further evidence be collated, or the matter be referred to Stage Two of these Regulations.
- 8.2.10 A copy of the final report should be sent to the Complainant and Respondent by the Director of Research and Enterprise (or their designee). The outcome of the decision (detailed in 8.2.4) must also be communicated in writing to the respondent and their relevant line manager/academic supervisor. This communication should be sent by the Director of Research and Enterprise (or their designee).
- 8.2.11 Where a preliminary investigation establishes that there is a substantive case to answer, the member of staff and/or student should be given clear information of the nature and level of the seriousness of the misconduct in research matter. This should be addressed under Stage Two of these Regulations.
- 8.2.12 Where a member of staff admits to an act of misconduct in research at any stage of the process, the Faculty Dean of Research in conjunction with the Head of School shall consult with the Head of Business Partnering to determine the appropriate course of action in keeping with the Regulation Governing Discipline and Dismissal Pursuant to Statute XII Part III.
- 8.2.13 If, at any stage of the process, a PGR student admits to an act of misconduct in research, the Head of School/Centre Director should identify the most

appropriate action/penalty in accordance with the seriousness of the allegation. These are:

- (i) Refer the matter back to the School to provide the student with support and guidance;
- (ii) Direct that the offending material be removed from the work submitted and that the student carry out such further work as is necessary to replace it;
- (iii) Recommend to the examiners that no degree be awarded.

8.2.14 The first meeting of the Hearing Panel should have prepared by the Preliminary Investigators a report that includes a dossier of evidence detailing the allegation(s), records of meetings and detailing any related issues that may have been identified.

8.2.15 Where possible, the first meeting of the Hearing Panel should take place within 20 days of the preliminary investigation report being received by the Director of Research and Enterprise (or their designee).

8.3 Investigation: Stage Two – Hearing Panel

Where a substantive allegation of misconduct in research is established, except in those instances where the facts are not in dispute, the Director of Research and Enterprise (or their designee) should:

- 8.3.1 Formally write to the individual against whom the allegation has been made outlining the findings of preliminary investigation.
- 8.3.2 Establish a Hearing Panel comprised of him/herself, at least two members of senior academic staff drawn from a list of pre-approved University assessors and an independent external member* (guidance can be sought from UKRIO as required). The Panel should have at least one person who has expertise in a relevant area of research and, where possible, none should, normally, be based in the Research Centre or School of either the individual(s) initiating the allegation or the individual(s) against whom the allegation is made. Guidance may be sought from the Pro-Vice-Chancellor for Research and Enterprise, as necessary.
- 8.3.3 *Where a third party (e.g. Funders or health and social care trust) has a valid interest in the allegation, appropriate representation should be co-opted to the panel. Confidentiality agreements should be in place where third parties are involved in a Hearing Panel.
- 8.3.4 Once established the Panel will nominate an academic Chair at their first meeting, who should, as far as reasonably practicable, be from a different Faculty to that of either the individual(s) initiating the allegation or the individual(s) against whom the allegation is made. The Chair should be a senior lecturer or above, with sufficient experience to act as the presenting officer at any disciplinary hearing.
- 8.3.5 Where the panel constitution lacks the relevant expertise, an additional member may be invited to join the Panel, if deemed appropriate. This person

can be drawn from outside the University and should be co-opted after due consultation with the Pro-Vice-Chancellor for Research and Enterprise and the relevant Faculty Pro-Vice-Chancellor.

- 8.3.6 The need for confidentiality must be made clear to all individuals involved.
- 8.3.7 The Panel retains the right to interview the individual concerned and any other parties it chooses, including the complainant and any other individuals who may have information regarding aspects of the allegation. The Panel may also request and must receive any documentation relevant to its investigation.
- 8.3.8 The Hearing Panel should normally be completed within 30 working days from when the respondent was notified that the matter would be considered under Stage Two of these Regulations. Where it becomes evident that a further period of time is required, the reasons should be documented and communicated to both parties involved advising them of the same.
- 8.3.9 The Panel will be serviced by a member of Professional Support Services from the Directorate of Research and Enterprise.

9. Outcome – Hearing Panel

- 9.1 Following an investigation that has considered the relevant written material and verbal information; the Hearing Panel should prepare a report which should be sent to the respondent. In cases where two or more individuals are involved, each should receive a copy of an overarching report with a separate report relating to their role. The respondent has an opportunity to submit written comments within 10 working days, and these should be attached as an addendum.
- 9.2 If required, the report should be modified within 10 work days taking cognisance of comments received. Once completed and approved by the Panel Chair, the report is the final document capturing detail regarding the allegation.
- 9.3 The report should make recommendation of corrective actions:
 - (i) required to minimise the risk of re-occurrence;
 - (ii) to ensure the research record is valid.
- 9.4 Once finalised, the member of Professional Support Services should, on behalf of the panel, prepare the letter of decision detailing the outcome, and any subsequent correspondence. For members of staff, the agreed letter shall be sent to the Respondent, their representative, the Head of Business Partnering and relevant Head of School. For PGR students the agreed letter shall be sent to the Head of School and Director of Academic and Student Affairs, for information and/or action as appropriate. This letter should give one of the following outcomes and providing reasons:
 - 9.4.1 A substantive misconduct in research case has not been established and no further disciplinary steps should be taken.
 - 9.4.2 A substantive misconduct in research case has not been established, but the integrity of the research may be compromised owing to performance or practice issues. This should be followed up under the Regulations Governing

Capability Pursuant to Statute XII Part V, or addressed through relevant structures at School level.

- 9.4.3 A substantive misconduct in research case has been established, however, mitigating factors or the nature of the complaint constitutes a minor offence which should be dealt with by way of remedial action.
- 9.4.4 A substantive and serious misconduct in research case has been established. In this event, the individual should be informed of the seriousness of the issues.
- 9.5 For staff, where the matter is of substantive and serious nature the Head of Business Partnering should be informed and University's Regulation Governing Discipline and Dismissal Pursuant to Statute XII, Part III implemented. The Panel Chair shall be the presenting officer at any further disciplinary hearings required.
- 9.6 The Disciplinary Panel should contain at least one member with sufficient, appropriate academic expertise to properly evaluate the report of the Investigation Panel, and any other issues relating to the conduct of the research that might arise. This member should have had no previous involvement in the investigation and there should be no real or perceived conflict of interest with any party to the investigation. The Disciplinary Hearing should otherwise proceed as defined under the relevant Regulations.
- 9.7 For PGR students, the Panel should, in consultation with the Head of School, agree to one of the following:
- (i) Refer the matter back to the School to provide the student with support and guidance;
 - (ii) Direct that the offending material be removed from the work submitted and that the student carry out such further work as is necessary to replace it;
 - (iii) Recommend to the examiners that no degree be awarded.

10. Appeals against Findings of Misconduct in Research Hearing Panel

- 10.1 An appeal on the decision of the Misconduct in Research Hearing Panel may be made except where the case is proceeding under the University's Regulations Governing Discipline and Dismissal pursuant to Statute XII, Part III.
- 10.2 The Respondent against whom the allegation was made should lodge, in writing, an appeal addressed to the Pro-Vice Chancellor for Research and Enterprise within 10 working days of receipt of the written notice conveying the decision of the Investigation Panel.
- 10.3 The appeal must clearly state the grounds upon which it is made.
- 10.4 On receipt of an appeal the Pro-Vice-Chancellor for Research and Enterprise will identify an appropriately constituted Appeal Panel, requesting a member of the Research Governance Team to convene the Appeal Panel. None of the members should previously have had any involvement with the case.
- 10.5 The Appellant should be notified in writing of the date of the appeal hearing, with at least five working days' notice being given. The hearing of the appeal should

normally take place within 20 working days of the receipt of the appeal. In exceptional circumstances, or by mutual agreement, this period may be extended.

- 10.6 The misconduct in research appeal hearing is not a re-hearing of the case put before the misconduct in research Hearing Panel, unless that is necessary to remedy previous defects. The appeal hearing is required to consider if the original decision was inappropriate in accordance with the specified appeal grounds. The Appeal Panel may vary the procedure outlined in Appendix 4 where it is considered appropriate to do so without unreasonably prejudicing the interests of the parties.
- 10.7 The decision of the Appeal Panel shall be final. However, a student who feels aggrieved by the final decision of the internal process may make a complaint to the NI Public Services Ombudsman <https://nipso.org.uk/>.

11. Subsequent Action

- 11.1 Following completion of the process the University may notify any relevant professional/regulatory, funding, or other public body, the editors of any relevant journals or publishing houses that have published material by the person against whom the allegation has been upheld, or any other body which is likely to be affected by the misconduct in research. All such disclosure would be limited to misconduct upheld in relation to research relevant to such bodies or published by such journals or publishing houses.
- 11.2 Where the allegation has concerned someone who is not subject to the University's disciplinary procedures, the University should bring the Panel's decision to the attention of the appropriate employing body. In such cases, the correspondence should be limited to detailing whether or not substantive evidence of misconduct in research was found and, if so, its seriousness.
- 11.3 The University may withdraw the honorary status in accordance with honorary titles process.
- 11.4 If the allegation has not been substantiated the University would take appropriate steps to notify all parties previously informed of the alleged misconduct in research of the outcome of the investigation or disciplinary procedure.
- 11.5 If the allegation is not substantiated and the University becomes aware that it has become public, the University shall consider taking whatever action it deems appropriate to restore the good name and reputation of the respondent.

12. Outside Bodies, Staff not employed by the University

Where the alleged misconduct in research involves an individual not employed by the University, the appropriate authority in their employing organisation should normally be informed of the nature of an allegation and that an investigation is taking place. In such cases, the University is only empowered to investigate activities that have occurred within its precincts or that have been undertaken on its behalf, but, if necessary, it may request that the employing organisation either co-operates in the investigation or undertakes its own investigation.

13. Clinical Academics

- 13.1 Where an allegation of Misconduct in Research relates to a Clinical Academic who is either a joint or honorary appointment with a Health and Social Care (HSC) Trust or other HSC employer, joint oversight of an investigation may be appropriate. This is only relevant where the research has involved University and hospital facilities, or patients.
- 13.2 The Director of Research and Enterprise (or their designee, or nominated deputy) should discuss the issue with the Director of Research and Development for the HSC Trust (or nominated deputy) in the appropriate HSC Trust before proceeding with the investigation.
- 13.3 The Trust will be afforded representation on the Investigation Team and/or Hearing Panel and/or Appeal Panel, as necessary. In such cases the investigation should normally proceed under these Regulations.

14. Persons working under a HSC Placement Agreement

Where an allegation of Misconduct in Research relates to a person who has been working under a HSC Trust Placement Agreement, the issue should be brought to the attention of Director of Research and Development for the HSC Trust (or nominated deputy) and communicated, as required, within the HSC Trust. The Trust should be afforded the opportunity to have representation on the Investigation Team to ensure clinical governance arrangements can be addressed at the same time as matters regarding the integrity of research.

Examples of misconduct in research

For the purpose of these Regulations, misconduct in research covers inappropriate conduct in the course of research activity that breaches the University's regulations and policies that govern research.

The following examples are intended to be illustrative rather than definitive. Misconduct in research may include; actual, planned, collusion to or incitement to undertake:

Authorship misconduct	<p>Lack of appropriate authorship for contributors to the research presented, e.g. as a journal article, conference presentation;</p> <p>Misappropriation of authorship, i.e. inclusion of authors, or claiming authorship for self, where a significant contribution to the work has not been made;</p> <p>Listing authors without their approval;</p>
Breach of duty of care	<p>Failure to keep information confidential;</p> <p>Use of material provided during review of grants/journal articles;</p> <p>Placing those involved in research in danger, whether as participants or associated individuals, without their prior consent and without appropriate safeguards.</p>
Fabrication	<p>Presentation of false information to obtain advantage or facilitating misconduct in research by collusion in, or concealment of, such actions by others;</p>
Ethics	<p>Failure to obtain the required favourable ethical consideration from the appropriate Ethics Committee for research or conducting research in an unethical manner;</p>
Falsification	<p>Deliberate and unscientific manipulation of data to misrepresent the truth. This may include the fabrication of data, falsification of data and omission of data or the misuse of research funds, equipment or premises;</p>
Harm	<p>Failure to follow accepted procedures or to exercise due care in carrying out responsibilities for avoiding unreasonable risk or harm to humans, animals used in research; and the environment.</p>
Interference	<p>Damage to equipment or material thus hindering the progress of another's research or increasing risk to safety;</p>
Misrepresentation	<p>Of data, interests, qualifications, experience and/or involvement in the research.</p>
Negligence	<p>To increase the risk of endangerment to health of self or co-workers or participants in research, e.g. through poor</p>

maintenance of equipment or non-compliance with accepted procedures or protocols;

Non-compliance	The failure to ensure that research involving human subjects is appropriately indemnified or that research complies with all relevant prevailing legislation and/or procedures, e.g. Health & Safety, Human Tissue Act and subsequent amendments, Data Protection Act, Clinical Trials (for Human Use) Regulations and subsequent amendments, agreed protocol, ethical approval, Regulations for Research Involving Human Participants or, Professional body code of conduct;
Omission	Deliberate omission of work of others with the intention of presenting work as an individual new discovery;
Piracy	The deliberate exploitation of work and ideas from others without permission or acknowledgement;
Plagiarism	The presentation of the work or ideas of others as own without appropriate acknowledgement. In the case of PGR students this is only when the work has been submitted to the library, then is it considered published work and reviewed under these Regulations.
Publication	Multiple publications – individuals should not publish multiple papers based on the same data presenting the same results; Lack of acknowledgement – papers should include acknowledgement of individuals who have contributed to the paper, but not enough to warrant authorship; Publishing data known, or believed to be false or misleading;
Suppression	Deliberate prevention of material or work of others reaching the public domain – in journal articles, grant application, or not presenting results which would impact on the findings of the research;
Victimisation	When retaliation is undertaken against an individual who has, in good faith, raised a complaint of misconduct in research.

This list is not exhaustive nor meant to be complete, but provides examples of the kinds of practices that may be considered as misconduct.

Roles and Responsibilities

It is the responsibility of all those involved in an allegation of misconduct in research to ensure:

- (i) That the allegation and investigation details are kept confidential.
- (ii) That the identity of either the complainant(s) or the person(s) accused of misconduct in research are kept confidential.

1. Pro-Vice-Chancellor for Research and Enterprise

- 1.1 Ensure that these Regulations are implemented appropriately.
- 1.2 Be aware of all misconduct in research allegations and keep the Vice-Chancellor apprised of any serious allegations that may present a risk to the University.
- 1.3 When required, provide guidance on the composition of a Panel for the Hearing in accordance with Stage Two of misconduct in research Investigation.
- 1.4 Independently review all allegations that do not proceed to Stage Two.

2. Faculty Dean of Research

- 2.1 Keep the Faculty Pro-Vice-Chancellor informed of allegations that may have arisen within his/her Faculty.
- 2.2 Identify a suitable member of Senior Academic Staff to work with the Head of Research Governance to review the allegation.
- 2.3 Liaise, as required, with external bodies e.g, joint appointment employment organisations or other external agencies.

3. Director of Research and Enterprise (or their designee)

- 3.1 Keep the Registrar and Chief Operating Officer apprised of any serious allegations that may present a risk to the University.
- 3.2 Convene a Hearing Panel, as part of Stage Two of the process, ensuring that the necessary and appropriate expertise is secured to carry out a thorough and authoritative evaluation of the evidence.
- 3.4 Identify an appropriate member of the Professional Support Services senior management team to service the Hearing Panel.
- 3.5 Formally close the allegation of misconduct in research file through final communication to the complainant, respondent, Line Manager and University staff as necessary.

4. Head of Research Governance

- 4.1 The Head of Research Governance should be responsible, in conjunction with the relevant senior academic, for managing the procedural requirements involved, including the initial consideration and screening of any allegation of misconduct in research.
- 4.2 It is the responsibility of the Head of Research Governance to keep the Pro-Vice-Chancellor for Research and Enterprise, Respondent, Complainant and relevant line manager informed of progress, especially in the event that deadlines cannot be met.
- 4.3 Correspond with the Complainant, acknowledging receipt of the allegation and informing them of the Regulations to be followed.
- 4.4 Following consultation with the Faculty PVC notify, if required, other universities.
- 4.4 In conjunction with a senior member of academic staff, collate the evidence and facts surrounding the allegation, facilitating the preparation of the preliminary investigation report.
- 4.5 He/she should provide advice on procedures, or other related issues to all individuals involved, in an even-handed manner and must not have any real or apparent bias or conflict of interest with any party.
- 4.6 He/she must be sensitive to the varied demands made on those who conduct research, those accused of misconduct, and those who report apparent misconduct in good faith.
- 4.7 He/she should ensure person(s) involved are made aware of support services, for example, Occupational Health, Students' Union Advice, etc.
- 4.8 He/she must ensure that all relevant information is available to the appropriate persons, bearing in mind the sensitivity, relevance and confidential nature of the information being gathered.
- 4.9 The Head of Research Governance should advise those supporting the Hearing Panel to ensure there is full understanding of the procedures, relevant standards imposed by government or external funding sources that relate to the conduct of research.
- 4.10 Provide an annual report of the investigations and their outcomes to the University Research Governance, Ethics and Integrity Committee drawing out learning points identified from investigations carried out
- 4.11 Provide a statement of compliance with The Concordat to Support Research Integrity to Senate, via relevant governance committee structures.

5. Professional Support Services Staff

- 5.1 If a Stage Two investigation is initiated a member of Professional Support Services Staff within the Directorate of Research and Enterprise should be appointed to service the Hearing Panel.

- 5.2 They must ensure that procedures are correctly followed and that proper records are securely and confidentially maintained for preparing reports. He/she should prepare the final report for approval by panel members.

6. Hearing Panel

It is the responsibility of Panel Members to:

- 6.1 Familiarise themselves with the Regulations Governing and Allegation of Misconduct in Research and ensure compliance with the same.
- 6.2 Comply with the principles and procedures detailed in Appendix 3.
- 6.3 Declare any conflict of interest in the case being investigated. This must be submitted in writing to the Director of Research and Enterprise (or their designee) at the earliest opportunity.
- 6.4 Choose a Chair to ensure the smooth operation of Panel meetings
- 6.5 Request and review relevant documentation to assist with the decision making process.
- 6.6 Maintain good communication with the member of Professional Services Support Staff enabling them to effectively co-ordinate and report as necessary on the progress of the investigation.
- 6.7 Highlight to Professional Services Support staff, at the earliest opportunity, any delays in Panel business and the reasons for the same.
- 6.8 The Panel should reach a conclusion within a reasonable time-span of commencing its work, determine whether the allegation is substantiated or to be dismissed, make recommendations on the action to be taken relating to the case and identify learning opportunities to prevent a re-occurrence.
- 6.9 Contribute to and agree a finalised report that outlines the Panels' deliberations, findings and recommendations.

Principles for the Conduct of an Investigation into a substantive Misconduct in Research Allegation

1. Establishment of a Hearing Panel

- 1.1 The University should retain a pool of assessors composed of a minimum of 30 members of academic staff, with at least 10 members drawn from each Faculty, and contain sufficient expertise to investigate most allegations of misconduct in research that might arise.
- 1.2 In consultation with the Faculty Deans of Research, the assessor pool should be kept under regular review, but no longer than every three years. Nominations must be agreed at a meeting of the Research and Innovation Committee and approved by Academic Council.
- 1.3 The assessor pool and any Panel should, as far as is reasonably practicable, reflect the diversity of the Northern Ireland community.

2. Investigation Principles

Investigations undertaken by the University to determine whether misconduct in research has occurred are based on the following principles:

- 2.1 Independence: there should be no conflict of interest between those conducting the investigation and either the person(s) instigating the allegation or the individual(s) alleged to have undertaken misconduct.
- 2.2 Presumption of innocence: a public presumption of innocence should be maintained until the investigation is completed.
- 2.3 Protection: under the University's Code on Whistleblowing, individuals have the right to raise issues of misconduct in research (provided these are raised in good faith), and must be afforded protection in doing so and after the conclusion of any investigation. Equally, those alleged to be involved in misconduct must be protected against false accusations and, if the allegation has been made public, the University should take whatever action it deems appropriate to restore their good name and reputation.
- 2.4 Confidentiality: all proceedings and information must be kept confidential during the course of any investigation and following completion. Anyone being made privy to the matter of the investigation or to related documentation must be made aware of their responsibility to maintain confidentiality
- 2.5 Transparency: individuals involved in the process must be fully informed of the procedures that should be followed and their rights and responsibilities within them. They must also be fully informed of the membership of an investigation or Appeal Panel.

- 2.6 Co-operation: full co-operation with any investigation of misconduct is required. Individuals should provide all information and material requested within a reasonable time.
- 2.7 Record-keeping: at each stage full and accurate records must be kept and agreed where possible; where this is not possible, differences should be accurately reported.
- 2.8 Timeframe of investigation: any allegation should be investigated as quickly as possible without compromising the principles and procedures. However, the Panel should aim to complete its investigation and report within 30 days of being convened. Allowances may have to be made for normal holiday periods. Any deviation from the normal time frame should be fully recorded and the Director of Research and Enterprise (or their designee) apprised of the same.
- 2.9 Completion: once an allegation of misconduct in research has been received it must be investigated even if the individual(s) concerned resigns from the University, or ends their association with the University.

3. Process

- 3.1 An allegation, other than one that is dealt with under Stage One, should be subject to a formal misconduct in research Hearing Panel. The Director of Research and Enterprise (or their designee) should arrange for the investigation to be undertaken and should inform the Head of Business Partnering of this in writing when a member of staff is involved.
- 3.2 The Panel should seek to ascertain the circumstances leading up to and surrounding the alleged misconduct and this investigation process should vary from case to case.
- 3.3 If there is a substantive case to answer the Panel should make recommendations on the action to be taken.

4. Notification to Funders

Specific Funders of Research have particular notification requirements that are outlined within their Terms and Conditions (T&Cs) of Award. For some it is the requirement to be notified when it is apparent that an issue of misconduct in research has been raised against a person who is in receipt of their funding, supervising postgraduate students funded by them, or engaged with peer review activities. Reporting to Funders is anonymous in the first instance but must be undertaken to ensure compliance with T&Cs. The University may be required to outline the person's involvement with the Funder and at what stage their application and/or receipt of grant is at. The nature of the allegation and what action is being taken by the University in respect of the person against whom the allegation has been made may also be required.

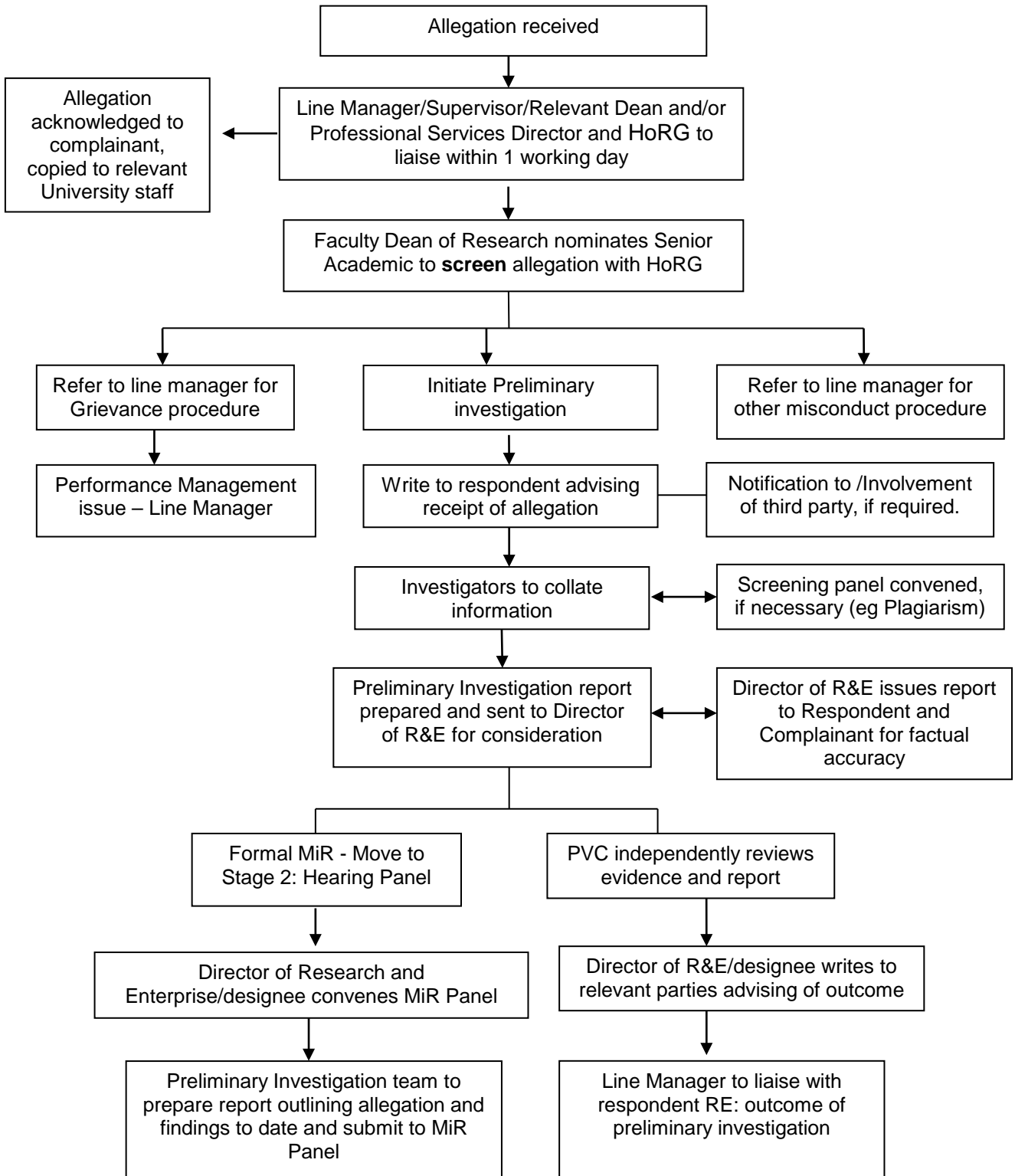
5. Conduct of the Hearing

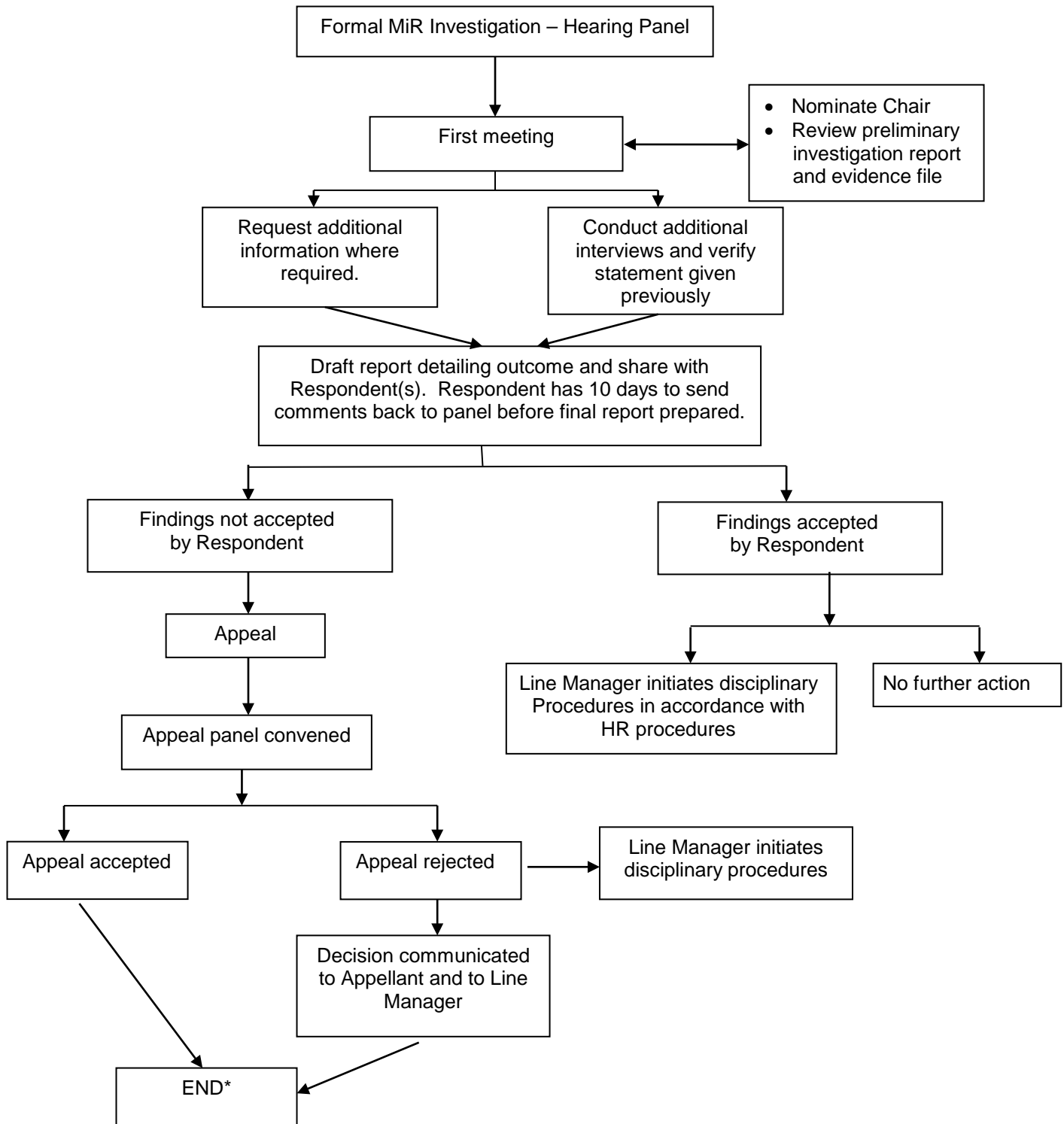
The detailed conduct of each Investigation should be dependent on the particular nature of each case and the process outlined in the Regulations should be adhered to.

Appeal Panel Procedures

1. The appeal hearing is not a re-hearing, unless it is necessary to remedy previous defects. The appeal hearing is required to consider if the original decision was inappropriate on the grounds of the appeal specified.
2. Witnesses may be called only with the Appeal Panel's permission and may be examined and cross examined by the parties. The Appeal Panel may vary the procedure outlined below where it is considered appropriate to do so without unreasonably prejudicing the interests of the parties.
3. The procedure should be as follows:
 - 3.1 The member of staff/student or their representative should make submissions.
 - 3.2 The Appeal Panel may question the member of staff/student and their representative.
 - 3.3 The presenting officer for the Investigation Panel should make submissions.
 - 3.4 The Appeal Panel may then question the presenting officer for the Investigation Panel.
 - 3.5 The member of staff/student or their representative should have the opportunity to make final submissions.
 - 3.6 The presenting officer for the disciplinary tribunal should have the opportunity to make final submissions.
 - 3.7 The parties should be invited to withdraw before the Appeal Panel considers its decision.
4. The member of staff/student should attend the appeal hearing, but the hearing may proceed in their absence where the Appeal Panel considers that such absence is unreasonable in the circumstances.
5. The Appeal Panel may confirm, set aside, or reduce, any sanction imposed by the disciplinary tribunal.
6. Where the decision confirms the decision of the disciplinary tribunal, any sanction imposed should take effect from the date of the disciplinary tribunal's decision.
7. Where the decision involves a variation of the disciplinary action, the Appeal Panel should state the operative date.
8. The Director of Research and Enterprise or their designee, on behalf of the Appeal Panel, should give a reasoned decision in writing to the member of staff against whom the allegation has been made within 5 working days of the appeal hearing ending.
9. The decision of the Appeal Panel will be final.
10. However, where a student considers the matter has not been satisfactorily dealt with, the student reserves the right to refer the issue to the N.I. Public Service Ombudsman.

Misconduct in Research (MiR): Procedural Flowchart





*PGR students that have completed this process have the right to make an appeal to the Northern Ireland ombudsman.