

Research Misconduct Policy

Policy

- The University expects all research undertaken on University premises or using University facilities to be conducted observing the highest standards of research practice.
- Members of the University and those working on University premises are expected to behave in an honest and responsible way at all times.
- University activities will be carried out in an open and transparent manner. However, individuals should be aware of the need to keep certain matters confidential, especially when work is subject to contractual agreements with third parties, and to respect the proper channels of communication in connection with the University's commercial/academic activities.

Nonetheless, notwithstanding this, individuals have a right and a duty to raise matters of concern regarding serious research misconduct or malpractice which they believe to be true and in the public interest to disclose. An allegation made in these circumstances should be without fear of reprisal. Please refer to the University's [Whistleblowing Policy and Procedure](#).

Research misconduct includes (but is not limited to):

- Deliberate, dangerous or negligent variation from practice which might result in unreasonable risk to humans, animals or the environment
- Fabrication, falsification, plagiarism, corruption or deception in preparing, carrying out or reporting the outcome of research including omission of data which does not fit expected results
- Disclosure of research data which is false and misleading
- Planning, conspiring or assisting in research misconduct including the incitement of others to be involved and concealment of misconduct
- Unethical behaviour in carrying out research including treatment of research participants or researchers or failure to obtain appropriate ethical permission
- Unauthorised use, disclosure or damage to research data, apparatus, hardware/software or other substance used in carrying out research.

Genuine mistakes, authentic academic/scientific error, honest disagreement, and poor research, unless there is an intention to deceive, do not constitute research misconduct. Such issues should normally be raised with the person concerned or their line-manager. Disciplinary, grievance, performance, harassment and equality issues should be raised through the appropriate channels for these issues.

Responsibilities of Staff and Students

In research, situations arise that might present as misconduct 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 level and this route should be considered and explored before a case is formally reported. A member of staff who suspects misconduct should speak to their Associate Dean for Research or Dean before formally reporting research misconduct. If this is not possible, they should speak to the PVC(R). A student should speak to their tutor, supervisor or programme director in the first instance (or their AD(R) where this is not possible).

Informal allegations of research misconduct should be reported by the AD(R) or Dean of the School to the Research Governance Officer who will determine whether there are contractual obligations which require the University to undertake steps in cases of informal investigations.

Where an employee or student of the University has concerns regarding research misconduct or malpractice within the University that cannot be resolved informally within the School then this should be reported in writing along with any supporting evidence by the employee or student in question to the Designated Person.

Complainants from outside the University should contact the PVC(R) in the first instance.

Designated Person

The PVC(R) (or Chief Operating Officer (COO) where this is not possible) will act as the Designated Person for investigation of the Research Misconduct allegation.

Procedure for formal allegations

- Upon receipt of a formal allegation of misconduct the Designated Person will acknowledge receipt in writing and will advise the Complainant on the procedure to be followed.
- The Designated Person will review the allegation and where situations require immediate action to prevent further risk or harm immediate action will be taken to prevent such potential or actual risk.
- The Designated Person will review whether the allegations fall within the definition of Research Misconduct. If they are outside of the definition the Designated Person will communicate this to the Complainant and advise on the appropriate process for handling the allegation.
- The Designated Person will investigate, along with colleagues from HR, Finance and the Research Office whether the Respondent holds funding which includes contractual obligations that require prescribed steps to be taken in the event of allegations of research misconduct.
- If, on preliminary examination, the concern is judged by the Designated Person to be wholly without substance or merit, mistaken, frivolous, vexatious or malicious, no further action will be taken and the Complainant will be informed by the Designated Person.

Formal Investigation

1. If there is a prima facie indication of research misconduct, the Designated Person will arrange for a formal investigation.

2. The Designated Person may appoint another person to undertake the formal investigation on his/her behalf. In cases of a disclosure of a financial nature the Designated Person may refer the matter to the Director of Finance.
3. The **person or persons accused** shall be informed of the decision to carry out a formal investigation and they have 5 working days (or a reasonable period as specified) to notify the Designated Person, in writing, if they have any reasonable objection (as determined by the Designated Person) to that person carrying out the investigation. The Designated Person has the final decision on the matter.
4. The Designated Person will inform the **Complainant** of the name of the person chosen to conduct the formal investigation, and they have 5 working days (or a reasonable period as specified) to notify the Designated Person, in writing, if they have any reasonable objection (as determined by the Designated Person) to that person carrying out the investigation. The Designated Person has the final decision on the matter.
5. The person conducting the investigation shall take all reasonable steps to preserve the anonymity of the person or persons accused and the Complainant, unless this would compromise the investigation.
6. The person conducting the investigation shall require the production of such records as are necessary to enable the investigation to proceed and shall secure their safekeeping. They may interview the person or persons accused and the Complainant making the allegation, together with anyone else who may have relevant information. Anyone attending for interview may be accompanied by a friend or representative.
7. The person who carries out the formal investigation will report their findings to the Designated Person.
8. The Designated Person will then decide on the course of action to be taken. This may be one or more of the following:
 - Take no further formal action, aside to inform the Complainant of the decision and reasons for it (recommendations may include training, mediation etc.);
 - Refer the matter for appropriate action within existing University procedures (e.g. Fraud and Corruption Policy, Health and Safety Procedure, Disciplinary Policy (staff/students), Grievance Procedure, Student Complaints Procedure, Academic Misconduct Procedure);
 - Refer the matter to the police in the case of alleged criminal activities.

Upon conclusion of an investigation the Designated Person will let the Complainant and the person or persons accused know the outcome.

If an investigation under this procedure concludes that a disclosure has been made maliciously, in bad faith or with a view to personal gain, the University reserves the right to take appropriate action, which may include disciplinary action for staff and students.

The determination made will be full and final.

External Referrals

In cases where an allegation concerns or implicates someone who is not a member of University staff, the Designated Person shall consider whether the conclusions of the investigation should be brought to the attention of any other appropriate person/s or body.

Where the research is externally funded, in whole or in part, the Designated Person shall have regard to any guidance issued by the relevant funding body and shall ensure that the Director of any such body is given appropriate information at the earliest opportunity.

Support and Advice

If an individual needs advice about a research misconduct issue they can speak to the Research Governance Officer in the Research Office. Contact e-mail: ResearchPolicy@lboro.ac.uk

The UK Research Integrity Office's (UKRIO) [Code of Practice for Research](#) has been designed to encourage good conduct in research and help prevent misconduct, in order to assist organisations and researchers to conduct research of the highest quality. It provides general principles and standards for good practice in research, applicable to both individual researchers and to organisations that carry out, fund, host or are otherwise involved in research.

If an individual needs independent advice about research misconduct issues they can contact the UK Research Integrity Office who offer a free of charge advisory service (<http://www.ukrio.org/get-advice-from-ukrio/>). Please see www.ukrio.org for more information.