

# Managing Research Misconduct Policy

## Policy and Procedure for Investigating Staff Research Misconduct

### 1. Introduction

This Policy recognises that the investigation of allegations of research misconduct can involve complex issues and seeks to discharge the University's responsibilities sensitively and fairly. It outlines the procedure to be followed when allegations of research misconduct are brought against a staff member who has conducted research under the auspices of Northumbria University. Academic integrity is central to university life and requires, that staff are honest and responsible in relation to the production and representation of academic work. In the preparation, conduct and dissemination of research, staff should ensure that they know of and adhere to the accepted procedures which include the University's policies as well as external frameworks including ethical, legal and regulatory.

### 2. Scope and Purpose

#### 2.1 Scope

This Policy applies to all staff, conducting research activity at Northumbria University. This policy also applies to all research activity undertaken in the University's name or on its behalf including, visiting or emeritus staff, associates, contractors and consultants, across all subject disciplines, regardless of where the research activity is taking place. However, the employing organisation will be responsible for any formal disciplinary action.

For information concerning Postgraduate Researchers Academic Misconduct please refer to [these regulations](#) from the Graduate School. Where the same complaint is raised against a postgraduate researcher and a staff member, the Graduate School will liaise with the Named Person (Pro Vice Chancellor, Research and Knowledge Exchange) and vice-versa.

#### 2.2 Purpose

The purpose of this policy is to be clear on the scope of research misconduct and ensure that the stages of the investigation are carried out in a structured, fair and timely manner and that any Panels or Investigations are properly constituted. The policy is consistent with the guidance of the UK Research Integrity Office (UKRIO, 2023). The procedure satisfies the funding bodies' requirements and demonstrates compliance with the Research Councils' and the UK Research Integrity Office's (UKRIO) Code of Practice Principles.

When allegations of research misconduct are upheld, in full or in part, this may result in action being taken under a relevant staff management process e.g. Disciplinary Procedure.

### 3. Definitions and Examples of Research Misconduct

Research Misconduct can take many forms and for the purpose of this policy means, but is not limited to, any of the following while planning, conducting, or reporting the results of research:



- i. Fabrication: making up results (including the use of AI), 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.
- ii. Falsification: inappropriately manipulating and/or selecting research processes, materials, equipment, data, imagery and/or consents.
- iii. Plagiarism and ghosting: using other people's ideas, intellectual property, or work (written or otherwise) without acknowledgement or permission.
- iv. Inappropriate attribution of authorship which can include gift authorship, or failure to acknowledge contribution of all involved in the research activity according to discipline norms.
- v. Failure to meet legal, ethical and professional obligations in research, including: not observing legal and professional conditions, ethical internal and external requirements for human research participants, animal subjects, or human organs or tissue used in research, or for the protection of the environment.
- vi. Breach of duty of care for humans involved in research whether deliberately, recklessly or by gross negligence, including failure to obtain appropriate informed consent.
- vii. Misuse of personal data, including inappropriate disclosures of the identity of research participants and other breaches of confidentiality.
- viii. 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.
- ix. 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 or unfair assignment of authorship or attribution of work, and denial or removal of authorship/attribution to persons who have made an appropriate contribution without their permission.
  - 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.
- x. Improper dealing with allegations of misconduct: failing to address possible infringements, such as attempts to cover up misconduct and reprisals against whistle-blowers or failing to adhere appropriately to agreed procedures in the investigation of alleged research misconduct accepted as a condition of funding. Improper dealing with allegations of misconduct includes the inappropriate censoring of parties with legal instruments, such as non-disclosure agreements.

Honest errors and differences in, for example, research methodology or interpretations do not constitute research misconduct. For the avoidance of doubt, misconduct in research includes acts of omission as well as acts of commission. In addition, the standards by which allegations of misconduct in research should be judged should be those prevailing in the country in which the research took place and at the date that the behaviour under investigation took place (the requirements on the processing and storage of personal and research data). This is particularly important (and not straightforward) when investigating allegations relating to research that was carried out many years previously.

## **4. Procedure for Managing Allegations of Research Misconduct**

### **4.1 Receipt of Allegations of Research Misconduct**

Allegations of research misconduct should be made in writing to the Named Person (Pro Vice Chancellor Research and Knowledge Exchange). Concerns on research integrity and

good research conduct can be raised in confidence, with the Head of Research Culture and Integrity, Heads of Department, Directors of Research, Faculty Research Ethics Directors, and Departmental Ethics Leads. Allegations which raise the potential for a conflict of interest can be directed to the persons above.

#### 4.1.1 Roles and Responsibilities

Complainant:	Person(s) raising an allegation about the research preparation, conduct and dissemination of a member of staff at Northumbria University.
Respondent:	Person(s) named and against whom the allegation is made.
Named Person:	Normally, the Pro-Vice Chancellor Research and Knowledge Exchange is the named person responsible for research integrity under the Concordat, with overall responsibility for decision making.
Responsible Officer:	Normally, the Faculty HR Manager, or Head of Research Culture and Integrity has delegated responsibility for the implementation of the policy and procedure on behalf of the Named Person with due respect for confidence.

#### 4.1.2 Timescales

Every endeavour will be made to examine an allegation of research misconduct in the shortest possible time required to ensure a full and fair investigation. Indicative timescales are provided below:

- Stage 1 – 10 working days following receipt of the allegation.
- Stage 2 – 20 working days following the appointment of the Investigation Panel.

Depending on the nature and complexity of the allegation, adjustments to the timescales identified within the procedure may be implemented by the Named Person. this will be communicated as appropriate to relevant parties.

### 4.2 Stage One: Review of Allegations and Initial Assessment

The purpose of this stage is to review and make an initial assessment of the substance of the allegations to determine if an investigation is warranted. The Named Person will review the allegations to determine if they fall within the scope of research misconduct (as set out in this Policy 2.1). During this period the Named Person may liaise with appropriately identified academic subject specialist/s. The Named Person may wish to consult UKRIO regarding allegations of misconduct in research which have been received.

The Named Person will review the nature of the allegations and undertake immediate action to prevent any illegal activity, risk or harm to staff, and participants, animals, or the environment. The Named Person may also be required to notify employers, research funders and sponsors, research partners, legal, regulatory, or professional bodies of the nature of the allegations, and that they are unproven. The Named Person will also determine any relevant internal notification (e.g. Head of Department, Health and Safety Manager).

The named person will normally recommend one of the following outcomes:

- Dismiss allegation.** That the allegations fall outside of the scope of this policy. That the allegations may be mistaken, frivolous, vexatious and/or malicious. If the allegations are the result of poor research practice or activity, with no evidence of mal intent the Named Person may recommend a programme of training or

support which includes notification to the Head of Department. The Named Person may determine that the allegations would be more appropriately addressed through alternative mechanisms including the Unacceptable Behaviours policy, or Disciplinary Process.

- ii. **Continue to Stage Two: Formal Investigation.** The Named Person determines that the allegations fall within the scope of the Research Misconduct policy.

The outcome should be reported in writing to the Respondent and the Complainant (and their representatives by agreement) and any parties who had been informed initially.

## 5. Stage Two: Formal Investigation

The purpose of stage two is to gather the facts of the allegation, determine if the allegations have substance and intent, understand the research activity, conduct and or results; to determine if the allegations are upheld (in full or partly) and to recommend any corrective measures. The Formal Investigation is designed to ensure the full and fair exploration of the allegations in the context of research and is not intended to replace or subsume any existing Disciplinary Procedure. The outcome of the Formal Investigation might be to recommend transfer to the University's Disciplinary Procedure.

### 5.1 Panel Composition and Purpose

To undertake the Formal Investigation the Named Person will appoint an Investigation Panel. The Investigation Panel will normally be composed of the Deputy Faculty Pro-Vice Chancellor for Research, who will lead the Investigation Panel, and an HR representative. The Named Person may participate in the Investigation Panel and may invite other senior academic or professional support staff as necessary, and in line with the nature of the allegation. Members of the Investigation Panel will be required to declare any conflicts of interest.

The Named Person should ensure that all relevant information and evidence are secured<sup>1</sup>, so that any investigation conducted under this policy can access them. They may need to contact Human Resources and the relevant line manager(s) to request the temporary suspension of the Respondent from duties on full pay or requesting the temporary barring of the Respondent from part, or all, of the premises of the University and any partner sites. They may also need to request a temporary restriction to be placed on the Respondent requiring them not to have contact with some or all of the staff or students of the University and those of any partners.

### 5.2 Investigation Procedure

The Named Person will formally notify the Respondent, and their Head of Department that allegations of research misconduct have been made which involve them. The Respondent will be invited to attend a confidential meeting with the Investigation Panel to discuss and respond to the allegation(s). This invitation will include the time, date and location of the meeting and who will be in attendance, five working days' notice of the investigation meeting

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<sup>1</sup> Securing all relevant records, which may be up to six years old, materials and locations associated with the research in question is likely to be essential to carry out a full and fair investigation. The Respondent is to be provided with copies of any records and materials that are secured, and which are compliant with General Data Protection Regulations.

will usually be provided. The Investigation Panel Lead would work with the Respondent to identify any adjustments that would support their attendance at the meeting.

Investigations may normally consist of investigation meetings, witness statements, gathering documentation e.g., emails, paperwork, current active warnings etc. While it is not possible to prescribe the duration of an ongoing investigation, all investigations should be conducted in a timely manner, giving due regard to all parties concerned.

## **6. Right to Representation**

Colleagues have the right to be represented by their trade union representative or a work colleague during the investigation meetings. Colleagues should inform the investigation manager who will be attending with them, ahead of the meeting.

## **7. Investigation Outcomes and Reporting**

On completion of the investigation the Investigation Panel will normally write a report and make a recommendation:

- **No case to answer**
- **Action short of the disciplinary procedure.** The allegations have some substance but due to a lack of intent to deceive or due to their relatively minor nature, should be addressed through education and training or other non-disciplinary approach. The Named Person should take steps to establish a programme of training or supervision in conjunction with the Respondent and his/her line manager.
- **Formal action to be taken under the University's Disciplinary Procedure**

Corrective actions that may be taken by the University include:

- Amendments to project management and research governance
- Notifications of participants or research partners
- Retractions or corrections to the publication records
- Training, development or mentorship for individuals or research teams
- Review of policies or processes

The following internal stakeholders will be notified of the conclusion of the formal investigation, its outcome, and any corrective measures required:

- Complainant
- Respondent
- Head of Department
- Faculty Pro- Vice Chancellor
- Faculty Deputy Pro-Vice Chancellor (Research and Knowledge Exchange)
- Any other relevant members of staff

## **8. Appeals**

Appeals will be managed through University Appeal Procedure.