

# Research Integrity and Misconduct Policy and Procedure

## 1. Purpose and Regulatory Context

- 1.1. In accord with the [HSU Research & Knowledge Exchange Strategy](#), this policy provides a core part of the institutional framework supporting our ambition to create a dynamic research culture that promotes the highest standards of research ethics and integrity. This policy sets out the policies, expectations and procedures involved in matters of research integrity and research misconduct at Health Sciences University (HSU). This document addresses the issues involved in the proper conduct of research and provides guidance on the standards expected of researchers in line with the [HSU Code of Good Practice for Research](#) and the Concordat to Support Research Integrity (2025)<sup>1</sup>.
- 1.2. This Research Integrity and Misconduct Policy sets out the principles and standards expected of researchers at HSU<sup>2</sup>. This applies to:
- All individuals carrying out research for the University including, without limitation, all University employees and former employees, irrespective of whether their current place of work is on or outside University premises.
  - All visiting researchers of the University, irrespective of whether they are employed by the University, including persons with honorary positions conducting research within, or on behalf of, the University.
  - Postgraduate research (PGR) students.
  - Visiting PGR students undertaking research associated with the University.
  - Contractors engaged by the University who are conducting research within, or on behalf of, the University.
- 1.3. For undergraduate and postgraduate taught students, suspected cases of breaches of research ethics and other areas of academic misconduct are dealt with under the appropriate student academic policy and procedure (e.g. [Academic Integrity and Misconduct Policy and Procedure](#), [Student Disciplinary Policy and Procedures](#), [Fitness to Practise Policy and Procedures](#), or others as appropriate).
- 1.4. For postgraduate research students, where it is concluded as a result of the research integrity and misconduct procedure, that the matter pertains to academic misconduct rather than research misconduct, the matter will be referred to the relevant academic procedure (i.e., [Academic Integrity and Misconduct Policy and Procedure](#)).
- 1.5. The University is responsible for ensuring that the research it supports is carried out legally, in the public interest and in accordance with best practice. The University has a duty to the research community to investigate allegations of research misconduct and questionable research practices (QRPs). Serious potential risks are incurred in terms of reputation and funding as well as the safety of those involved in research if such allegations are not dealt with effectively.
- 1.6. The University is committed to maintaining the integrity and probity of research aligned to the Concordat to Support Research Integrity. To this end, the University regards it as a fundamental principle that the conduct of research and the dissemination of the results of research must align to the highest standards of integrity, and that all research undertaken under its auspices conforms to the [University Research Ethics Policy and Procedure](#).

<sup>1</sup> The Concordat to Support Research Integrity - chrome-extension://efaidnbmninnibpcjpcglclefindmkaj/https://ukcori.org/wp-content/uploads/2025/04/The-Concordat-to-Support-Research-Integrity-2025.pdf

<sup>2</sup> 'Researchers' refers to any person who conducts or supports research in any capacity under the auspices of HSU and includes staff and students, and visiting staff.

- 1.7. This document sets out a framework to enable a proportionate and timely response to allegations of research misconduct and QRPs. It includes a process for seeking initial advice in relation to concerns about research integrity and outlines a procedure for the formal investigation of allegations of research misconduct. It details reporting allegations of misconduct to external research funders where appropriate and required. It also details the process to be followed in an appeal against a research misconduct decision. Disciplinary procedures may be invoked. Additionally, failure by staff and students to respect the parties' confidentiality under this policy and procedure may be referred for consideration under the relevant student or staff disciplinary procedure.
- 1.8. This policy and procedure is internal and does not constitute a legal process. As such, the engagement of legal professionals by staff and students in relation to research misconduct is not permitted. Support from trade unions and companions is permitted.

## 2. Definitions

### 2.1. The following definitions are taken from the Concordat to Support Research Integrity (2025) Annex A.

- 2.2. **Research integrity:** research has integrity when it's carried out according to the principles of the Concordat, and in a way that is trustworthy, ethical, and responsible.
- 2.3. **Questionable research practices (QRPs):** QRPs refer to minor infractions or research practices, including avoidable errors, which fall short of the definition of intentional research misconduct. They may arise due to a lack of knowledge or attention to detail, negligence, or deliberate action, and may occur where there is no evident intention to deceive.
- 2.4. **Research misconduct:** research misconduct constitutes the behaviours and deliberate actions that fall short of the principles in Commitment 1 of the Concordat, occurring at any point in the research lifecycle. This includes behaviours associated with the ideation of research proposals, reviewing the work of others, and the reporting of research findings.

### 2.5. Research misconduct can take many forms, including but not limited to:

- **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
- **falsification:** inappropriately manipulating and/or selecting research processes, materials, equipment, data, imagery and/or consents
- **plagiarism:** using other people's ideas, intellectual property or work (written or otherwise) without acknowledgement or permission
- **failure to meet:** legal, ethical and professional obligations, for example:
  - 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
  - breach of duty of care for humans involved in research whether deliberately, recklessly, or by gross negligence, including failure to obtain appropriate informed consent
  - misuse of personal data, including inappropriate disclosures of the identity of research participants and other breaches of confidentiality
  - 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
- **misrepresentation of:**
  - data, including suppression of relevant results/data or knowingly, recklessly, or by gross negligence presenting a flawed interpretation of data
  - involvement, including inappropriate claims to authorship or attribution of work and denial of authorship/attribution to persons who have made an appropriate contribution
  - interests, including failure to declare competing interests of researchers or funders of a study
  - qualifications, experience, and/or credentials
  - publication history, through undisclosed duplication of publication, including undisclosed duplicate submission of manuscripts for publication
- **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 through the use of legal instruments, such as non-disclosure agreements

2.6. Honest errors and differences in, for example, research methodology or interpretations, do not constitute research misconduct.

2.7. **Complainant:** refers to the person(s) making a formal written allegation of research misconduct.

2.8. **Respondent:** refers to the person(s) against whom the allegation is made.

### 3. Key Responsibilities

3.1. **Director of Research** is the HSU contact for all matters pertaining to research integrity and misconduct.

3.2. **Academic Board** is responsible for overseeing updates and amendments to policy principles outlined within this policy and procedure.

3.3. **Research and Innovation Committee (RIC)** is responsible for overseeing the application of this policy and procedure, for recommending changes to Academic Board and considers research misconduct data via annual reporting.

3.4. **All staff and postgraduate research students**, as part of the University community, are responsible for working with research integrity and avoiding research misconduct.

3.5. Under this policy and associated procedures, University roles or office holders may act through their appointed nominee.

### 4. Links to other relevant documents

Other internal documents which may have relevance include:

- [Academic Integrity and Misconduct Policy and Procedure](#)
- [Research Ethics Policy and Procedure](#)
- [Code of Good Practice for Research](#)
- [Academic Appeals Policy](#)
- [Student Disciplinary Policy and Procedures](#)
- [Student Fitness to Practise Policy and Procedures](#)
- [Equality, Diversity, Inclusion and Belonging Policy](#)
- [Staff Capability Policy and Procedure](#)
- [Staff Disciplinary Policy and Procedure](#)
- [Whistleblowing Policy and Procedures](#)
- [Data Protection Policy](#)
- [Staff Code of Conduct](#)
- [PGR Student Handbook](#)

### 5. Policy principles

5.1. All members of the University are under a general obligation to preserve and protect the integrity and probity of research aligned to the Concordat to Support Research Integrity. In particular, if they have good reason to suspect any research misconduct, they should report their suspicions to the Director of Research in accordance with the terms of this policy and procedure. Any person making a formal allegation should bear in mind that any allegation is serious and could have major implications for the reputation of a postgraduate research student, member of staff or visiting or honorary equivalent.

5.2. The University is committed to ensuring that all allegations of research misconduct are investigated as fully, fairly and expeditiously as possible. In keeping with its [Whistleblowing Policy](#), the University also lays emphasis on principles of confidentiality, fairness and no-detriment. In particular the University seeks to ensure that anybody making an allegation of research misconduct, in good faith, suffers no detriment as a result of having made the allegation.

### 5.3. **Research Integrity**

5.3.1. As part of its commitment to the principles of the Concordat to Support Research Integrity, the University will support researchers to maintain the highest standards of integrity in research through adhering to the Commitments of the Concordat as outlined below:

- **Commitment 1** - Maintaining the highest standards of research integrity in all aspects and fields of research by supporting and encouraging researchers to adhere to the five principles of honesty, rigour, transparency and open communication, care and respect and accountability.
- **Commitment 2** – Maintaining the highest standards of research integrity by ensuring that research is conducted according to appropriate ethical, legal, regulatory and professional frameworks, obligations and standards;
- **Commitment 3** – Embedding a culture of research integrity by creating the conditions, grounded in the principles of research integrity, for individuals and organisations to engage in research responsibly. HSU will support a research environment that is underpinned by a culture of integrity and based on good governance, best practice, and support for the development of researchers;
- **Commitment 4** – Questionable research practices and potential research misconduct. HSU will use transparent, timely, robust and fair processes to handle questionable research practices and allegations of research misconduct when they arise, fostering a commitment to continuous reflection, learning and improvement.
- **Commitment 5** – Accountability and continuous improvement in research integrity. HSU will encourage everyone involved in research to work together to strengthen the integrity of research by showing leadership and accountability in an open and transparent way. HSU will regularly assess and reflect on progress against the principles and responsibilities of the Concordat.

### 5.4. **Good Research Practice**

5.4.1. The University cannot be prescriptive about individual approaches taken by researchers in addressing particular research questions. However, in the conduct of all research, the University expects researchers to adhere to the [HSU Code of Good Practice for Research](#).

5.4.2. Those involved in research should seek to ensure that adequate resources and skills are in place to support their research. This includes facilities and equipment as well as ensuring that the research team has sufficient skills and experience to carry out the proposed research.

5.4.3. All planned research should consider potential risks to the health and safety of participants, researchers and to the research itself and University as an institution.

5.4.4. Researchers should aim to enhance the quality of their work by use of public involvement. This means researchers should seek to involve patients, or other people with relevant experience to contribute to how research is planned, performed and made available to others. See the HSU Recognition and Remuneration Policy for [Research Contributors and Participants](#).

5.4.5. Principal investigators and others involved in collaborative research with external organisations should take measures to ensure that procedures for compliance with sponsor, institutional, legal, financial, ethical and funder requirements are in place for all partner organisations.

5.4.6. Researchers and those involved with the delivery of research should ensure that appropriate contractual and other arrangements are in place to deliver effective communication and reporting with and to collaborators, funders, stakeholders, research users, participants. Transparent and early agreement should be established about roles, responsibilities and agreements about intellectual property, authorship and support for researchers.

5.4.7. Conflicts of interest should be considered and declared whether of a legal, ethical, moral personal or other nature so that where possible, measures can be taken to mitigate the risks that these may pose to avoid poor practice or allegations of misconduct. Where conflicts of interest cannot be reasonably mitigated such that the validity or integrity of the research may be compromised, then it may be necessary to decide against proceeding with the research. In the first instance, researchers should raise their concerns with the Director of Research who will seek further advice as required.

- 5.4.8. Researchers should adhere to legal, ethical, funding body and institutional requirements for the collection, use and storage of data, including adherence to the Data Protection Act 2018 and to UK GDPR. See the [HSU Research Data Management Policy](#).
- 5.4.9. Researchers should seek to disseminate the results of their work through various fora. See the [HSU Publications and Open Access Policy](#).
- 5.4.10. Documenting and dissemination of research impact should be undertaken. Researchers have responsibility to ensure that measures and accounts of impact are underpinned and supported by evidence. Sources and references used to corroborate impact should be clear and transparent.

#### **5.5. Advice on concerns about research integrity**

- 5.5.1. The Director of Research, Institutional Research Ethics Committee Chair and Doctoral Coordinators can provide confidential advice on concerns relating to research integrity to help establish whether they should be reported for investigation under this policy and procedure. Those advising students and staff on concerns about research integrity are obliged to respect the confidentiality of the parties.

#### **5.6. Making a formal allegation**

- 5.6.1. This policy aims to ensure that any allegations of research misconduct and questionable research practices are handled fairly and in line with the UK Research Integrity Office's [Procedure for the Investigation of Misconduct in Research](#)<sup>3</sup>.
- 5.6.2. Any formal allegation(s) of research misconduct by a student (not postgraduate research student i.e., undergraduate, taught postgraduate and other students) shall be made in writing to the Academic Registrar and will be dealt with under the appropriate student policy and procedure and is out of scope of this Policy and Procedure.
- 5.6.3. Any formal allegation of research misconduct by a postgraduate researcher (those enrolled on a research degree), a member of staff, former staff member, a visiting / honorary staff member or anyone else outlined in section 1 shall be made in writing to the Director of Research. The Complainant, who need not be a member of the University, shall be required to provide written evidence in support of the allegation(s). See Procedure section below.
- 5.6.4. For formal allegation(s) of research misconduct by a visiting / honorary research staff where the University is not the Respondent's substantive employer (i.e., a former staff member has moved during the course of the matter being investigated, where the Respondents are based in more than one institution, or where individuals fall under the auspices of HSU and another body), the Director of Research will notify the relevant responsible officer of the Respondent's substantive employer and inform them of the allegations. It is normal practice for the substantive employer to implement an investigation of any allegations of research misconduct in line with their respective organisation's procedure.
- 5.6.5. When allegations of research misconduct are upheld, in full or in part, this may result in action being taken under the organisation's disciplinary procedures as appropriate, or under another relevant process.
- 5.6.6. Reports generated by this Procedure may be used in evidence by the organisation's disciplinary procedures, by subsequent investigations under this Procedure and by other organisational processes. In addition, subject to data protection considerations, they may be released, in full or in part or summary form, in reporting the matter to any appropriate external organisation.
- 5.6.7. When allegations of misconduct in research are raised that include/relate to allegations of bullying/harassment, HSU will determine whether those allegations are investigated under this Procedure and/or for example, the bullying/ harassment procedure or disciplinary process.
- 5.6.8. Financial fraud or other misuses of research funds or research equipment may be addressed under HSU's financial fraud investigation process or equivalent, instead of under this Procedure.
- 5.6.9. The organisation will follow this Procedure through to its natural end point as far as possible even in

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<sup>3</sup> UKRIO: <https://ukrio.org/wp-content/uploads/UKRIO-Procedure-for-the-Investigation-of-Misconduct-in-Research-V2.pdf>

the event that:

- a. any individual(s) concerned leave or has left the jurisdiction of the organisation, either before the operation of this Procedure is concluded or before the allegation(s) of research misconduct was made;
- b. the Complainant(s) withdrawing the allegation at any stage; or
- c. the Respondent(s) admitting, or having admitted, the allegation in full or in part; or
- d. the Respondent(s) admitting, or having admitted, other forms of misconduct, whether research misconduct or otherwise; and/or
- e. the Complainant(s) and/or the Respondent(s) withdrawing from the Procedure.

5.6.10. The relevant staff or student disciplinary procedure may be invoked where any member of the University is found to have made a malicious or vexatious false allegation. In these cases, the University will reject the allegation at any stage in the process.

### **5.7. Prevention of Detriment**

5.7.1. The principle of no detriment shall apply to the investigation of allegations. This means that the University will take reasonable measures to ensure that neither the Complainant nor the Respondent suffer a detriment solely as a result of the allegations having been made. This includes endeavouring to ensure that:

- the Complainant is not victimised having made the allegation;
- the Respondent(s) and any associated research project(s) shall not suffer any loss of reputation, funding, or other loss, unless and until the allegation in question is upheld/partially upheld.

5.7.2. Should the Complainant or Respondent(s) be concerned that they will suffer detriment as a result of an investigation they should raise this with the Director of Research in writing giving reasons for their concerns.

### **5.8. Confidentiality and Data Protection**

5.8.1. Those conducting this Procedure will endeavour to do so in a way that retains the confidence of both the Complainant(s) and the Respondent(s). Every effort will be made to investigate allegations of research misconduct in the shortest possible timescale necessary to ensure a full and fair investigation.

5.8.2. So far as is practicable, the investigation of any formal allegation shall be carried out in accordance with principles of confidentiality and the UK GDPR and Data Protection Act 2018. This means in particular that:

- Complainants will normally put their name to any allegations they make. However, it is recognised that complainants can be concerned about revealing their identity. Allegations raised which are anonymous, or matters identified where there is no specific complainant, will be considered at the discretion of the Director of Research, taking account of the seriousness of the concerns raised and the likelihood of confirming the concerns from alternative sources/ evidence. Where appropriate, advice will be sought, and consideration given to whether the respondent will be able to defend themselves.
- The Complainant may request that their allegation is processed anonymously. The University will assess whether it is possible to do so provided that this is consistent with effective investigation (it may not be possible to provide complete anonymity under all circumstances; such circumstances will be discussed with the Complainant at the earliest opportunity);
- the University shall take reasonable measures to ensure that neither the identity of the Complainant nor the identity of the Respondent is made known to any third party not involved in an investigation except as may be deemed necessary for the purposes of:
  - carrying out a full and fair investigation;
  - further action to be taken in respect of an individual against whom an allegation has been upheld;
  - further action taken in respect of a member of staff or student who is found to have made a malicious or vexatious allegation;
  - collating evidence of witnesses;

- involving or notifying other organisations;
- notifying any individual or organisation.
- The University shall take reasonable measures to ensure that any investigation is conducted in a manner such that it is kept confidential to those with a legitimate and necessary reason to be kept informed. Depending on the nature of the allegation, it may be necessary for the Director of Research to involve or notify other organisations such as funding bodies and Professional, Statutory and Regulatory Bodies (PSRBs) at any stage in the procedure in order to comply with their requirements. As a general rule, a Complainant will only be kept informed of the progress of an investigation in circumstances where they have a legitimate personal interest (e.g., co-authorship).

5.8.3. Where possible, any disclosure to a third party of the identity of the Complainant or the Respondent shall be on the basis that the third party is obliged to respect the confidentiality of the information so disclosed.

5.8.4. The University will maintain appropriate confidential records of allegations and formal investigations.

### **5.9. Reporting matters of misconduct to external funding bodies or regulators**

5.9.1. As outlined in the Concordat to Support Research Integrity, HSU will provide information to third parties as required under any formal agreements, such as with research funders or statutory bodies.

5.9.2. Some funders require that where any investigator associated with research they have funded is subject to an allegation of research misconduct (including allegations of bullying and harassment) the funder is notified at the earliest opportunity and kept informed throughout the investigation process.

5.9.3. If the allegation relates to research funded by an external body the funder will be notified at the earliest appropriate opportunity—usually:

- After the preliminary assessment but before or at the start of a formal investigation.
- If the allegation is serious or could result in significant reputational damage.

5.9.4. Notification typically includes:

- Confirmation that an allegation has been made.
- Whether a formal investigation has started.
- A commitment to keep the funder informed.

5.9.5. The institution provides updates to the funder at key stages (e.g., investigation commencement, outcome). Once the investigation is complete, the funder is informed of the findings, any actions taken, and any impacts on the funded research.

5.9.6. Any matters of research misconduct will be identified through the procedure outlined below, but for matters pertaining to conduct in other areas, the Head of the People Department will liaise with the Director of Research and each matter will be dealt with on a case by case basis.

## **6. Procedure**

**The following procedure is based on the UKRIO Procedure for the Investigation of Misconduct in Research.**

### **6.1. Receipt of allegations stage**

6.1.1. The Director of Research will acknowledge receipt of an allegation. In the absence of the Director of Research, the Research and Knowledge Exchange Manager will act on their behalf. The allegation will then be passed to the Deputy Vice-Chancellor (DVC).

6.1.2. The DVC will review the allegation at the earliest opportunity to determine whether it falls under the scope of the University's Research Integrity and Misconduct policy and Procedure.

6.1.3. The DVC will be free to seek confidential advice from persons with relevant expertise where required (i.e. the Director of Research or Chair of the Institutional Research Ethics Committee), before making any decisions on the outcome of this stage.

- 6.1.4. **POSSIBLE OUTCOMES:** at the conclusion of the Receipt of Allegations stage, the DVC will determine whether the allegation of misconduct in research (it may be the case that more than one course of action needs to be followed):
- a. falls under the definition of research misconduct and the scope of the Procedure and should advance to the Initial Investigation Stage of this Procedure;
  - b. falls within the scope of another formal process and warrants referral directly to it, including but not limited to examination regulations, for postgraduate researchers academic misconduct process or equivalent; bullying/ harassment procedure or equivalent; financial fraud investigation process or equivalent; disciplinary process; or
  - c. warrants referral directly to an external organisation, including but not limited to the research organisation(s) under whose auspices the research in question took place; statutory regulators; or professional bodies, the latter being particularly relevant where there are concerns relating to Fitness to Practise; or
  - d. presents as being related to potential questionable research practices rather than to misconduct, and therefore the initial approach to addressing the matter will be via informal measures, such as education and training, mediation or other non-disciplinary approach, rather than through the next stage of the Procedure or other formal processes; or
  - e. should be dismissed because it does not fall under the remit of the Procedure and does not need to be referred elsewhere.
- 6.1.5. The DVC will also determine whether the allegation(s) and/or the research project(s) in question concern situations that require immediate action to prevent further risk or harm to staff, research participants or other persons, suffering of animals or negative environmental consequences (where this might contravene the law or fall below good practice). If so, then the DVC will take immediate appropriate action to ensure that any such potential or actual danger/illegal activity/risk is prevented/eliminated. It may be necessary to notify legal or regulatory authorities or relevant professional bodies, and/or relevant partner organisations, publishers and funders. The Respondent may also need to be informed when carrying out any such actions whether because they will be involved in some or all the actions and/or because they will become aware of them.
- 6.1.6. The DVC will also determine whether the research project(s) to which the allegation relates includes legal or contractual obligations that require the organisation to undertake prescribed steps in the event of an allegation(s) of misconduct in research being made, such as making reports to a regulatory or a funding body and take any actions necessary. Such obligations might be in:
- a. a contract/agreement or guidance on research conduct from a regulator or a funding body;
  - b. a partnership contract/ agreement/ Memorandum of Understanding; or
  - c. an agreement to sponsor the research.
- 6.1.7. The DVC will summarise their assessment of the allegation(s) and inform organisational contacts as appropriate of the next steps and inform the Complainant formally and in writing of the conclusions and next steps.

## **6.2. Initial Investigations Stage**

- 6.2.1. The DVC will appoint one senior member of academic staff, with support from the People Department, to carry out an initial investigation. The Respondent has the right to respond in writing.
- 6.2.2. The Investigator will be free to seek confidential advice from persons with relevant expertise, both internal and external to HSU.
- 6.2.3. The initial investigation will be concluded within a reasonable timescale. The investigation will include a review of the written evidence provided by the Complainant and the Respondent, and, where appropriate, a meeting with the Respondent. Where appropriate, the Investigator will request further information from both the Complainant and Respondent. The DVC will be informed of the outcomes of the initial investigation in writing.
- 6.2.4. The initial investigation will have one of the following outcomes:
- a. is sufficiently serious and has sufficient substance to warrant a Full Investigation of the complaint; or
  - b. has some substance but due to its relatively minor nature or because it relates to poor practice rather than to misconduct, will be addressed through education and training or another non-

disciplinary approach, such as mediation, rather than through the next stage of the Procedure or other formal processes; or

- c. warrants referral directly to another formal process of the organisation, including but not limited to examination regulations, for postgraduate researchers academic misconduct process or equivalent; bullying/ harassment procedure or equivalent; financial fraud investigation process or equivalent; disciplinary procedure; or
- d. warrants referral directly 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; or
- e. is unfounded, because it is mistaken or is frivolous or is otherwise without substance (this could include difference of opinion on methodology), and will be dismissed; or
- f. is unfounded, because it is vexatious and/or malicious, and may be dismissed or managed under the Staff Disciplinary Policy and Procedure.

- 6.2.5. The standard of proof used by the Initial Investigation is that of "on the balance of probabilities". This means that the activity was more likely than not to have occurred.
- 6.2.6. A summary of the findings will be sent to the Complainant and the Respondent for comment on matters of factual accuracy. The Investigator will consider the responses received and if they consider that the report includes errors of fact, will modify the report as necessary.
- 6.2.7. The Investigator will then submit their final report and records/material relating to the investigation to the DVC, setting out the conclusions of the Initial Investigation stage on the allegation(s) under investigation, the suggested next steps (see 2.9) and any other matters they wish to draw to the attention of HSU.
- 6.2.8. The DVC shall convey the substance of the Investigator's findings to the Complainant, the Respondent and such other persons or bodies as they deem appropriate.
- 6.2.9. The DVC will then undertake the following actions depending on the conclusions of the Initial Investigation stage on the allegation(s) under investigation:
  - a. If it is concluded that the allegation(s) is sufficiently serious and has sufficient substance to warrant a Full Investigation of the complaint, then the investigation moves to the Full Investigation stage
  - b. For all other outcomes, the investigation moves to the Outcomes and reporting stage.

### **6.3. Full investigation stage**

- 6.3.1. The purpose of the full stage investigation is to determine whether research misconduct has taken place and the nature and extent of any such misconduct. The investigation will be carried out within a reasonable timescale.
- 6.3.2. The DVC shall appoint a Full Investigation Panel of at least three persons of appropriate standing normally including one member of academic staff normally with professorial standing, to carry out the investigation. As required by the Concordat to Support Research Integrity, and some research funders, there must be external membership on the Full Investigation Panel. Potential members of the Team must declare any conflicts of interest prior to appointment, and the DVC will determine whether it is necessary to revise any appointments in light of this.
- 6.3.3. At least one member of the Investigating Team shall be an academic specialist in the general subject area or sub-discipline area within which the misconduct is alleged to have taken place. If necessary, this member of the Investigating Team may be external to the University.
- 6.3.4. For allegations that involve staff on joint clinical/honorary contracts it may be helpful to include representation from the other employing organisation(s). In these circumstances, they are not classified as the external member of the panel.
- 6.3.5. The DVC shall appoint one of the members to chair the Investigating Team. The Chair will normally be a senior member of staff of professorial standing. The DVC shall appoint an appropriate administrator to act as secretary to the Investigating Team. In addition, a representative from the People Department may be appointed to advise the Investigating Team.

- 6.3.6. The Investigating Team will interview the Respondent and, where appropriate, the Complainant. At each stage of the procedure, individuals have the right if they wish, to be accompanied by a fellow member of staff or by an appropriate representative of a trade union. Individuals may not be accompanied by anyone acting as a legal representative at any stage of the procedure.
- 6.3.7. During the course of the investigation, the Investigating Team may, at its discretion:
- interview any other person;
  - require the Respondent and any other member(s) of the University to produce any relevant materials;
  - seek evidence from other persons.
- 6.3.8. The Investigating Team will make all documentation available to the Respondent and, where appropriate, the Complainant before any interview. The Investigating Team must ensure that the Respondent, and where relevant the Complainant, have the right to present evidence and respond in writing in respect of material disclosed to them by the Investigation Team. Any such evidence must be submitted to the Investigating Team in advance of the interview.
- 6.3.9. The Panel shall be free to seek confidential advice from persons with relevant expertise, both within the organisation and outside it.
- 6.3.10. The Chair will keep a full record of the evidence received and of the proceedings and should be supported in this by the administrative and other support identified by the DVC to assist the Panel.
- 6.3.11. POSSIBLE OUTCOMES: the Panel will reach a conclusion on the allegation(s) under investigation and may also make recommendations on subsequent actions which should be taken by the organisation and/or other bodies.
- 6.3.12. After the Full Investigation, the Panel will conclude, giving the reasons for its decision and recording any differing views, whether the allegation of misconduct in research is:
- a. is upheld in full; or
  - b. is upheld in part; or
  - c. has some substance but due to its relatively minor nature or because it relates to poor practice rather than to misconduct, will be addressed through education and training or another non-disciplinary approach, such as mediation, rather than through the next stage of the Procedure or other formal processes; or
  - d. warrants referral directly to another formal process of the organisation, including but not limited to examination regulations, for postgraduate researchers academic misconduct process or equivalent; bullying/ harassment procedure or equivalent; financial fraud investigation process or equivalent; disciplinary procedure; or
  - e. warrants referral directly to an external organisation, including but not limited to the current employer, statutory regulators or professional bodies, the latter being particularly relevant where there are concerns relating to Fitness to Practise; or
  - f. is unfounded, because it is mistaken or is frivolous or is otherwise without substance and the allegation will be dismissed.
  - g. is unfounded, because it is vexatious and/or malicious, and the allegation will be dismissed.
- 6.3.13. The Panel may also make recommendations, for consideration by the DVC and/or appropriate organisational authorities, regarding any further action(s) which should be taken by the organisation and/or other bodies to address any misconduct the Full Investigation may have found; correct the record of research, and/or address other matters uncovered. Such recommendations might include but are not limited to:
- a. whether the matter should be referred to the organisation's relevant disciplinary procedure; and/or
  - b. whether the matter should be referred to another relevant organisational process, such as the examination regulations, for postgraduate researchers academic misconduct process or equivalent or the organisation's financial fraud investigation process; and/or
  - c. what external organisations should be informed of the findings of the investigation, with appropriate confidentiality, including statutory regulators, relevant funding bodies, partner organisations and professional bodies, the latter being particularly relevant if concerns relate to Fitness to Practise; and/or

- d. whether any action will be required to correct the record of research, including informing the publishers and editors of any journals that have published articles concerning research linked to an upheld allegation of misconduct in research or to correct honest errors; and/or
- e. whether procedural or organisational matters should be addressed by the organisation or other relevant bodies through a review of the management of research; and/or
- f. informing research participants or patients or their doctors; and/or
- g. other matters that should be investigated, including allegations of misconduct in research which are either unrelated to the allegation in question or alleged to have been committed by persons other than the Respondent and/or other forms of alleged misconduct.

- 6.3.14. The Panel will normally reach its conclusions within three months of being established providing this does not compromise the full and fair investigation of the allegation.
- 6.3.15. The Respondent, and where relevant the Complainant, will be sent a copy of their own interview notes approved by the Chair of the Investigation Panel to confirm whether they are an accurate record of the meeting.
- 6.3.16. The Investigating Panel shall report in writing to the DVC following conclusion of the investigation, indicating whether or not it upholds the allegation, in whole or in part, and giving reasons for its decision (as outlined above).
- 6.3.17. The Panel shall write a report setting out their conclusions (where relevant, for each allegation), giving the reasons for its decision and recording any differing views. The standard of proof used by the Full Investigation is that “on the balance of probabilities.” This means that the activity was more likely than not to have occurred.
- 6.3.18. In its report, the Panel may also make recommendations, for consideration by the DVC and/or appropriate organisational authorities, regarding any further action(s) which should be taken by the organisation and/or other bodies to address any misconduct the Full Investigation may have found; correct the record of research, and/or address other matters uncovered during the course of the Full Investigation.
- 6.3.19. The outcome of the investigation will be sent to the Complainant and the Respondent for comment on matters of factual accuracy. The Panel will consider the responses received and if they consider that the report includes errors of fact, will modify the report as necessary.
- 6.3.20. The Panel will submit their final report to the DVC, setting out the conclusions of the Full Investigation stage on the allegation(s) under investigation, their recommendations regarding further actions to be taken and any other matters they wish to draw to the attention of the organisation. The Chair and Panel will also hand over to the DVC or their nominated representative all records/ material relating to the Full Investigation.
- 6.3.21. The DVC shall convey the substance of the Panel's findings and recommendations to the Complainant, the Respondent and such other persons or bodies as they deem appropriate.
- 6.3.22. If the Investigating Team has found the allegation to be **upheld or partially upheld**, the DVC shall determine in consultation with the Investigating Panel whether or not to invoke the relevant University's staff disciplinary procedure and the appropriate penalties.
- 6.3.23. If there is **no case to answer** or **minor infractions have occurred**, the DVC shall take appropriate steps to preserve the good reputation of the Respondent(s) and any associated research project(s).
- 6.3.24. The DVC working with others as necessary, should take any further action(s) they deem necessary to: address any misconduct the investigation may have found; correct the record of research, and/or address other matters uncovered during the course of the investigation. Such recommendations might include but are not limited to:
- a. whether following the conclusion of the operation of this Procedure, the matter should be referred to the organisation's relevant disciplinary procedure; and/or
  - b. whether following the conclusion of the operation of this Procedure, the matter referred to another relevant organisational process, such as the examination regulations, for postgraduate

researchers academic misconduct process or equivalent or the organisation's financial fraud investigation process; and/or

- c. what individuals and/or departments within the organisation should be notified of the findings of the investigation, such as line managers, Human Resources and/or Student Services, a central committee with responsibility for research quality, or equivalents; and/or
- d. what external organisations should be informed of the findings of the investigation, with appropriate confidentiality, such as statutory regulators, relevant funding bodies, partner organisations and professional bodies, the latter being particularly relevant if concerns relate to Fitness to Practise; and/or
- e. informing research participants and other involved parties; and/or
- f. whether any action will be required to correct the record of research, including but not limited to informing the editors of any journals that have published articles concerning research linked to an upheld allegation of misconduct in research and/or by a person against whom an allegation of misconduct in research has been upheld; and/or
- g. whether procedural or organisational matters should be addressed by the organisation or other relevant bodies through a review of the management of research and other measures as appropriate; and/or
- h. other matters that should be investigated, including allegations of misconduct in research which are either unrelated to the allegation in question or alleged to have been committed by persons other than the Respondent and/or other forms of alleged misconduct; and/or
- i. communication of anonymised summary data on uses of this Procedure within a specific period. This includes reporting required in the Annual statement on research integrity required under The Concordat to support Research Integrity, reports to relevant central committees/ departments within the organisation, and dissemination of anonymised learning points within the organisation as appropriate.

6.3.25. When considering the above, the DVC and any other appropriate contact should take into account any recommendations on such actions made by the Full Investigation Panel and any need to involve other elements of the organisation (for example, line managers, Human Resources, committees/ departments with responsibility for research quality, etc.) and/or external bodies (for example, partner research organisations, publishers, funders, regulatory bodies, etc.) in carrying out agreed actions.

6.3.26. Examples of potential actions that an organisation may consider include, but are not limited to, the following, listed in no particular order. The organisation should also remember the measures listed under "Required Actions", above:

- a. Recommendations for retraction/correction of published research, via notification of findings to editors/ publishers;
- b. withdrawal/repayment of funding;
- c. notifying research participants and other involved parties;
- d. notification of findings to relevant employers, statutory, regulatory, professional, grant-awarding bodies or other public bodies with a relevant interest;
- e. notifying other employing organisations;
- f. notifying other organisations involved in the research;
- g. adding a note of the outcome of the investigation to a researcher's file for any future requests for references;
- h. review internal management and/or training and/or supervisory procedures for research; and/or
- i. revocation of any degrees awarded based on research that is the subject of a research misconduct finding.

6.3.27. The Complainant and Respondent will be informed of:

- a. The actions arising from this stage of the Procedure and any relevant actions arising from earlier stages and, where relevant, the contact points for any follow-up communications regarding those actions.
- b. The options for appeal open to them (see next stage).
- c. They should also be informed that, unless an appeal is raised, the investigation and the use of this Procedure have now concluded.

#### **6.4. *The Respondent's right to appeal***

- 6.4.1. Should the Respondent believe that there are grounds to appeal the outcome of the investigation, they may do so in writing, stating the reasons for the appeal. Any appeal by the Respondent against the outcome of the investigation shall be made in writing and must be lodged with the DVC.
- 6.4.2. In initiating an appeal, the Respondent should provide full details of the grounds upon which the appeal is based together with any new evidence or information. It is insufficient for the Respondent to object in general terms that an investigation has been carried out; they must specify the reasons (e.g., stating why the Respondent believes the process or decision is flawed or that there is new evidence or the penalty was unduly severe or inconsistent).
- 6.4.3. Normally, an appeal would be made on one or more of the following grounds:
  - a. Procedural irregularity in the conduct of the investigation up to and before the Appeal Panel that could have had a material impact on the outcome.
  - b. Fresh evidence becoming available which was not available to the Investigator and/or the Full Investigation Panel.
  - c. There was evidence of bias or unfairness in the process or decisions taken by the DVC, Investigator and/or the Full Investigation Panel.
  - d. The recommendations made as part of an outcome of the Procedure/ subsequent actions taken are either excessive or inadequate concerning the misconduct found by the investigation.
  - e. The appeals process will be managed by an individual other than the DVC as they could be implicated in the substance of any appeal. An alternative designated individual who has not been involved in the matter previously will establish an Appeals Panel. At least one member of the Appeals Panel must be from outside the organisation.
- 6.4.4. Appeals against resulting disciplinary decisions shall be dealt with according to the principles set out in the relevant disciplinary procedure. A disciplinary process shall not normally commence until any appeal under this policy and procedure has been considered.
- 6.4.5. The Appeals Panel (which shall not include anyone previously involved in the investigation) shall be chaired by a member of the Executive Leadership Group and shall include an academic familiar with the subject matter of the appeal (normally of professorial standing and external to the University if appropriate). A further academic will form the third member. Potential members of the Appeals Panel must declare any conflicts of interest prior to appointment. An administrator will be assigned to support the Appeals Panel.
- 6.4.6. The Appeals Panel will liaise with the DVC and will be given a copy of all written material pertaining to the original investigation together with a copy of the appeal and any new evidence or information filed in support. The Respondent and, where relevant the Complainant, will be given a reasonable opportunity to consider any new information submitted to the Appeals Panel before the hearing.
- 6.4.7. Where possible, the Appeals Panel will be convened as soon as possible following confirmation of the appointments. The date and time of the hearing will be notified to the Respondent and, where relevant, the Complainant at least 10 working days in advance by the DVC.
- 6.4.8. The hearing will consider the Respondent's case for appeal. The appeal will not normally re- hear witnesses whose evidence was heard in the original investigation but may do so if the Chair of the Appeals Panel determines, by exception, that there are grounds that warrant this. The Respondent and, where relevant, the Complainant can be accompanied to the hearing by a friend or by an appropriate representative of a trade union. Individuals may not be accompanied by anyone acting in a legal capacity. The Appeals Panel may adjourn the hearing if it needs to carry out further investigations in relation to any new points or evidence.
- 6.4.9. The Appeals Panel has the power to uphold, reverse or modify the following outcomes of the Procedure, including the decisions and/or recommendations associated with them. The following outcomes are available:
  - a. A conclusion of an Initial Investigation or a Full Investigation that an allegation is unfounded, because it is mistaken or is frivolous or is otherwise without substance, and will be dismissed; or
  - b. A conclusion of an Initial Investigation or a Full Investigation that an allegation is unfounded, because it is vexatious and/or malicious, and will be dismissed; or

- c. A conclusion of an Initial Investigation or of a Full Investigation that an allegation has some substance but due to its relatively minor nature or because it relates to poor practice rather than to misconduct, will be addressed through education and training or other non-disciplinary approaches, such as mediation, rather than through the next stage of the Procedure or other formal processes; or
- d. A conclusion of a Full Investigation that an allegation is upheld in full; or
- e. A conclusion of a Full Investigation that an allegation is upheld in part.

- 6.4.10. In addition to upholding, partially upholding or rejecting the appeal, the Appeals Board will be entitled to make such recommendations to the Respondent and/or the University as it considers appropriate, including instituting a new investigation.
- 6.4.11. A summary of the conclusions will be sent to the Complainant and the Respondent for comment on matters of factual accuracy. The Appeals Panel will consider the responses received and if they consider that the report includes errors of fact, will modify the report as necessary.
- 6.4.12. The Appeals Panel will then submit their final report to the DVC. The Chair and Appeals Panel will also hand over to the DVC or their nominated representative all records/ material relating to the Full Investigation.
- 6.4.13. The DVC shall convey the substance of the Appeals Panel's findings and recommendations to the Complainant, the Respondent and such other persons or bodies as they deem appropriate.
- 6.4.14. The DVC will then undertake the actions necessary to implement the conclusions of the Appeals Panel, following relevant provisions of the Outcomes and Reporting stage and liaising with others, within and/or external to the organisation, as necessary.
- 6.4.15. Any appeal should normally be heard within two months of the outcome of the investigation. Any delays to this timescale will be explained to the Complainant and the Respondent in writing, presenting an estimated revised date of completion.
- 6.4.16. The decision of the Appeals Board shall be final and no further appeal shall be permitted under this procedure.

## **7. Procedure flow chart**

- 7.1. See Appendix 1 for the procedure flowchart.

## **8. Information Management requirements**

- 8.1. At the completion of the procedure (including any potential appeal), the DVC will arrange for the case records to be transferred to the People Department for secure storage.
- 8.2. The People Department will maintain a record of all research misconduct allegations and investigations in accordance with the University's Data Protection Policy.
- 8.3. Where there is no case to answer, the record will not appear against the Respondent's file.

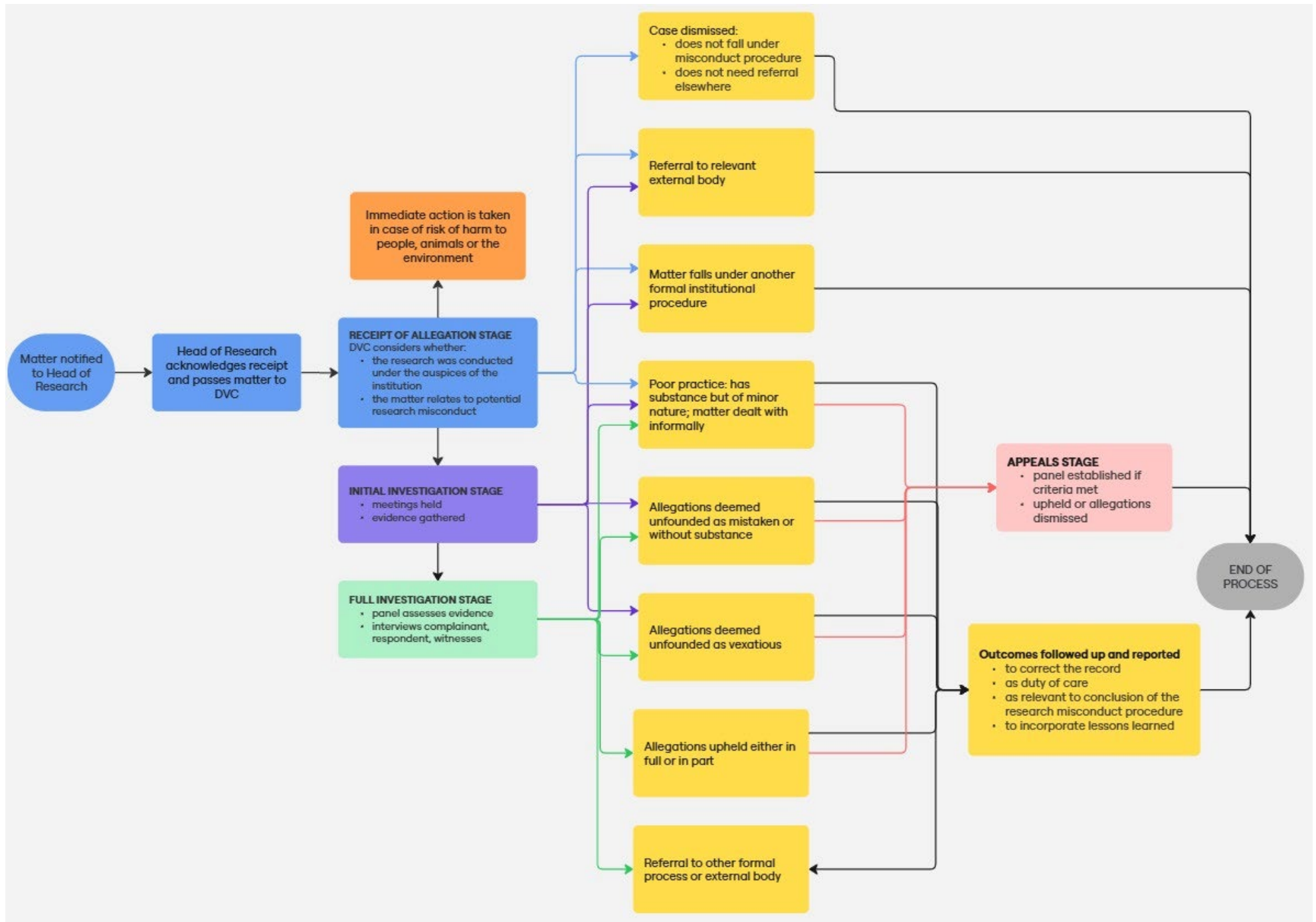
## **9. Reporting and Oversight requirements**

- 9.1. The People Department provide statistics and anonymised qualitative data on all investigations (including those where there is no case to answer or minor infractions have occurred) for the University's annual statement on research integrity highlighting any recommendations to help ensure that this policy and procedure remains current and valid. The annual statement is prepared by the Research and Knowledge Exchange Manager.

## **10. Appendices- Supporting documentation, templates and guidance**

- Appendix 1 - Research Misconduct flowchart
- Appendix 2 – Appeal Hearing Procedure Order of Proceedings

Appendix 1 – Research Misconduct Procedure Flowchart



## APPENDIX 2: ORDER OF PROCEEDINGS - APPEAL HEARING

- a. Introduction/background by **the Chair**.
- b. **Respondent** (and/or representative if applicable) submissions.
- c. The **Appeals Board** may at any time ask questions of the Respondent (or representative if applicable).
- d. Chair invites the **Complainant** to question, through the Chair, the Respondent.
- e. [**Complainant** (and/or representative if applicable) submissions].
- f. [The **Appeals Board** may at any time ask questions of the **Complainant** (or representative if applicable)].
- g. [Chair invites the **Respondent** to question, through the Chair, the Complainant].
- h. [**Complainant** (and/or representative if applicable) concluding statement].
- i. **Respondent** (and/or representative if applicable) concluding statement.
- j. Summing up by the **Chair**.
- k. The Respondent and, where relevant, the Complainant shall then withdraw while the Appeals Board considers the evidence. If necessary, the Respondent/parties may be invited to clear points of uncertainty on evidence already given to the Appeals Board. The Appeals Board may reconvene to notify its decision to the Respondent/parties, on the same day, or else defer any decision in writing.
- l. Close.

### Additional notes

- i. The Appeal hearing will be minuted by an administrator appointed by the Chair of the Appeal Panel.

<b>Version</b>	1
<b>Approving body</b>	Reviewed by: Research & Innovation Committee, Academic Standards and Quality Committee, Wider Management Group  Approved by: Academic Board
<b>Policy Owner</b>	Director of Research
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<b>Target Audience</b>	Staff, researchers, postgraduate researchers
<b>Publication</b>	HSU website, Staff Resources SharePoint site
<b>Equality analysis</b>	No direct impact; the policy provides for equality analysis to be undertaken as part of policy review. The policy provides for information to be made available in alternative formats as required, to make reasonable adjustments in line with the Equality Action 2010.