

**Academic Research Misconduct - Policy and Procedure for investigating allegations**

**Policy**

**Purpose**

The purpose of this policy and procedure is to provide clear information about what constitutes academic research misconduct at Cardiff University, our commitments and expectations in this area and to establish a transparent, timely, fair and robust procedure to deal with allegations of academic research misconduct when they arise.

The University expects all members of staff of the University involved in research activities to observe the highest standards of Research Integrity and professional behaviour in proposing, conducting and publishing research. It is the responsibility of researchers to be aware of their commitments and the expectations of the University in this regard, as outlined in the Research Integrity and Governance Code of Practice[[1]](#footnote-1) or equivalent framework. Researchers have a responsibility to protect participants from any harm arising from research and should prioritise the safety and wellbeing of participants in all research activities. Researchers should also comply with the expectations and requirements of funding and regulatory bodies, Sponsors and relevant legislation[[2]](#footnote-2).

Cardiff University takes seriously any allegation of academic research misconduct and has produced this procedure to deal with such allegations in line with the principles of the Concordat to Support Research Integrity[[3]](#footnote-3) and guidance issued by the UK Research Integrity Office (as amended from time to time)[[4]](#footnote-4). These procedures outline the action to be taken when an allegation of academic research misconduct is brought against any present or past member of staff of the University, including visiting academics, in respect of research undertaken while employed by or at the University.[[5]](#footnote-5)

**Policy Principles**

Since academic research misconduct is a serious matter both for the University and the individual, all allegations of academic research misconduct in research shall be treated seriously and their substance investigated fairly and with integrity and sensitivity.

The University seeks to ensure that no-one making an allegation of academic research misconduct in research in good faith is victimised or subject to detriment within the University for having made the allegation.

The University will also give due regard to the need to protect researchers against malicious, frivolous or ill-founded allegations of academic research misconduct.

The University will also give due regard to relevant factors such as whether the research is published, in the public domain and current when considering allegations of academic research misconduct.

**Definition of Academic Research Misconduct**

The University will apply the definition of academic research misconduct provided in the Concordat to Support Research Integrity (as amended from time to time):

Research misconduct is characterised as behaviours or actions that fall short of the standards of ethics, research and scholarship required to ensure that the integrity of research is upheld. It can cause harm to people and the environment, wastes resources, undermines the research record and damages the credibility of research. The concordat recognises that academic freedom is fundamental to the production of excellent research. This means that responsibility for ensuring that no misconduct occurs rests primarily with individual researchers.

Research misconduct can take many forms, including the following:

**Fabrication** – includes the creation of false data 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**- includes inappropriately manipulating and/or selecting research processes, materials, equipment, data, imagery and/or consents. This includes changing or omitting data or results so that the research is not accurately represented in the research record.

**Plagiarism** - includes using other people’s ideas, intellectual property or work (written or otherwise) without acknowledgement or permission.

**Failure to meet legal, ethical and professional requirements** - resulting in breach of duty of care, whether deliberately, recklessly or by gross negligence for example:

* not observing legal, ethical and other requirements for human research participants, animal subjects[[6]](#footnote-6), or human organs or tissue used in research, or for the protection of the environment (including failure to obtain appropriate ethical review)
* 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, failure to ensure the proper handling of privileged or private information on individuals collected during the research
* 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

**Mismanagement** or inadequate preservation of data and/or primary materials – non-compliance with University and/or funders’ requirements for the management or preservation of data and/or primary material.

**Improper dealing with allegations of misconduct**: failing to address possible infringements, such as attempts to cover up misconduct and reprisals against whistle-blowers[[7]](#footnote-7), or failing to adhere appropriately to agreed procedures in the investigation of alleged research misconduct accepted as a condition of funding.

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

Academic Research Misconduct includes acts of omission as well as commission.

Where alternative procedures are initially used to identify/investigate ‘poor’ or ‘inappropriate’ practice (e.g. failure to follow policy/procedure identified via the Human Tissue Compliance Team, Biological Standards, Centre for Trial Research, Joint Research Office, Compliance and Risk) this procedure should be paused and referred to the Named Officer as an allegation of academic research misconduct if the conduct identified/being investigated relates to one or more of the misconduct categories above. The Named Person will determine how to proceed under the ’preliminary review’ stage of the allegation in discussion with the relevant officers.

**Areas not included in the definition/not in scope:**

**Poor or “questionable” research practice -** Academic research misconduct does not include differences in the design, execution, interpretation or judgement in evaluating research methods or results or misconduct (including gross misconduct) unrelated to the research process. Similarly, it does not include simply academically poor research. For this reason a distinction should be made between academic research misconduct and poor or questionable research practice. Poor or questionable research practice needs to be identified and dealt with, usually through discussion, training and mentoring, however in some cases it may be deemed a disciplinary matter.

For the purposes of this Policy poor or questionable research practice includes, but is not limited to, the following:

* Genuine errors in the reporting of research or in research methodology or interpretation.
* Failure to give appropriate recognition to others involved in research activity where this does not constitute plagiarism or misrepresentation of involvement as defined above;
* Deviation from current accepted practice in carrying out research where this was not deliberate or negligent and does not fit into any category described above;
* Mismanagement or inadequate preservation of data and/or primary materials where this would not have a significant impact on the research or research outputs.
* Any breach of the Research Integrity Code of Practice that does not amount to Academic Research Misconduct will be considered poor/questionable practice. (The University’s Research Integrity Training should be completed by all relevant research staff and includes further examples of “questionable research practices”).

**Authorship -** Where allegations are received relating to authorship (particularly where the researchers involved are all Cardiff University Staff) the University will aim to resolve this informally with the relevant Head of School/College PVC in the first instance.

The procedure for this will be:

1. Identifying the relevant journal criteria for authorship (where there are no discipline-specific, funder or journal requirements the advice in the Research Integrity and Governance Code of Practice should be followed);
2. Assessing evidence provided that supports or disproves the authorship claim; and
3. Providing recommendations to those involved

When determining authorship the advice in the Research Integrity and Governance Code of Practice should be followed.

If authorship disputes cannot be resolved via the informal process, issues can be raised under the Academic Research Misconduct Policy and procedure.

**Related Policies and Procedures**

This policy should be read in conjunction with relevant University Policies/Procedures including (but not limited to):

|  |  |
| --- | --- |
| **Policy** | **Contact:** |
| [Academic Misconduct Procedure Research Students](https://intranet.cardiff.ac.uk/__data/assets/pdf_file/0006/1547061/Academic-Misconduct-Procedure-Research-Students.pdf)  [Academic-Integrity-Policy.pdf (cardiff.ac.uk)](https://intranet.cardiff.ac.uk/__data/assets/pdf_file/0006/1549878/Academic-Integrity-Policy.pdf) | **Student Cases**  [studentcases@cardiff.ac.uk](mailto:studentcases@cardiff.ac.uk) |
| [Academic Research Misconduct Procedure: Students on Taught Programmes](https://www.cardiff.ac.uk/__data/assets/pdf_file/0009/1560483/Academic-Misconduct-Procedure-Taught.pdf)  [Academic-Integrity-Policy.pdf (cardiff.ac.uk)](https://intranet.cardiff.ac.uk/__data/assets/pdf_file/0006/1549878/Academic-Integrity-Policy.pdf) | **School Academic Misconduct Coordinator** |
| [Research Integrity and Governance Code of Practice](https://intranet.cardiff.ac.uk/staff/supporting-your-work/research-support/research-integrity-and-governance/code-of-practice)  [Responsible research assessment](https://intranet.cardiff.ac.uk/staff/supporting-your-work/research-support/research-integrity-and-governance/responsible-research-assessment)  [Research Ethics Guidance](https://intranet.cardiff.ac.uk/staff/supporting-your-work/research-support/research-integrity-and-governance/research-ethics) | **Research Integrity, Governance and Ethics**  [**resgov@cardiff.ac.uk**](mailto:resgov@cardiff.ac.uk) |
| [Dignity-at-Work-and-Study-Policy-2019.pdf (cardiff.ac.uk)](https://intranet.cardiff.ac.uk/__data/assets/pdf_file/0006/966669/Dignity-at-Work-and-Study-Policy-2019.pdf) | **HR Service Centre**  [people@cardiff.ac.uk](mailto:people@cardiff.ac.uk) |
| [Staff Grievance Procedures](https://intranet.cardiff.ac.uk/staff/pay-perks-and-contracts/workplace-conduct-and-issues/resolving-workplace-issues/grievance-procedures) |
| [Staff Disciplinary Procedures](https://intranet.cardiff.ac.uk/staff/pay-perks-and-contracts/workplace-conduct-and-issues/resolving-workplace-issues/disciplinary-procedures) |
| [Counter-Fraud and Anti-Bribery Policy](https://www.cardiff.ac.uk/public-information/policies-and-procedures/counter-fraud-anti-bribery-policy) | **Compliance and Risk**  [complianceandrisk@cardiff.ac.uk](mailto:complianceandrisk@cardiff.ac.uk) |
| [Public Interest Disclosure (Whistleblowing)](https://www.cardiff.ac.uk/public-information/policies-and-procedures/public-interest-disclosure-whistleblowing) |
| [Policy for Intellectual Property Rights](https://intranet.cardiff.ac.uk/intranet/staff/documents/policy_for_intellectual_property_rights.pdf) | **Research and Innovation Services**  [riscentraloperations@cardiff.ac.uk](mailto:riscentraloperations@cardiff.ac.uk) |
| [Safeguarding Children and Adults at Risk](https://www.cardiff.ac.uk/public-information/policies-and-procedures/safeguarding) | **Compliance and Risk**  [complianceandrisk@cardiff.ac.u**k**](mailto:complianceandrisk@cardiff.ac.uk) |
| [Information Security Policies](https://www.cardiff.ac.uk/public-information/policies-and-procedures/information-security) and guidance:  [Collecting personal data in research - Intranet - Cardiff University](https://intranet.cardiff.ac.uk/staff/supporting-your-work/manage-use-and-protect-data/data-protection/research)  [Information security questions for research applications - Intranet - Cardiff University](https://intranet.cardiff.ac.uk/staff/supporting-your-work/manage-use-and-protect-data/information-security/information-security-questions-for-research-applications) | **Compliance and Risk**  [**complianceandrisk@cardiff.ac.uk**](mailto:complianceandrisk@cardiff.ac.uk) |
| [Records Management Policy](https://www.cardiff.ac.uk/public-information/policies-and-procedures/record-management-policy-and-retention-schedules) | **Archivist & Records Manager**  University Library Service |
| [Research data management - Intranet - Cardiff University](https://intranet.cardiff.ac.uk/staff/supporting-your-work/research-support/research-data-management) | **Open Data Team**  **opendata@cardiff.ac.uk** |
| [Security sensitive research policy](https://intranet.cardiff.ac.uk/staff/supporting-your-work/research-support/research-integrity-and-governance/security-sensitive-research) | **Research Integrity, Governance and Ethics**  [**resgov@cardiff.ac.uk**](mailto:resgov@cardiff.ac.uk) |
| [Human Tissue Act Code of Practice, SOPs and guidance resources](https://intranet.cardiff.ac.uk/staff/supporting-your-work/research-support/research-integrity-and-governance/human-tissue-research/code-of-practice-and-guidance-resources) | **Human Tissue Act Compliance Team**  [**hta@cardiff.ac.uk**](mailto:hta@cardiff.ac.uk) |

**Policy Review, Approval and Publication**

**Review**

This policy will be subject to an informal review annually to identify if a full review is required and to update any minor amendments (e.g. changes in roles). A formal review will be carried out every 3 years or sooner if there are relevant changes in legislation, regulation or precedent.

**Approval**

Under the Scheme of Delegation UEB is responsible for policy approval**.** ORIEC is the Committee responsible for considering this Policy/Procedure and recommending it to UEB for approval.

**Publication**

This document will be published on the Public Information pages of the University’s website under [Policies and Procedures](https://www.cardiff.ac.uk/public-information/policies-and-procedures).

**Procedures for Dealing with Allegations of Misconduct in Academic Research**

1. **Scope** 
   1. This Policy and the supporting Procedure may be used to raise concerns by current or former members of staff or students, and by third parties external to the University, such as research participants, research funding bodies, journal editors and members of the public, including patients and research participants.
   2. This Policy and supporting procedure apply to any member of staff conducting research under the auspices of the University, whether solely or in conjunction with others in the University or with other bodies.

Persons covered by this policy include but not limited to:

* A member of staff;
* An independent contractor or consultant;
* A person with visiting or emeritus status; and
* A member of staff on a joint clinical or honorary contract.
  1. In the case of staff with honorary contracts with either the University or the NHS, which organisation should take the lead in investigating an allegation would depend on the circumstances. Close liaison with the partner organisation would be essential.
  2. In the case of allegations being made about a postgraduate student who is also an employee, the Named Person shall determine which procedure shall apply, according to the circumstances of the case.
  3. This policy and procedure do not apply to allegations against students (unless 1.4 above applies). Academic Misconduct in a student context is defined in Cardiff University’s ‘[Academic Integrity Policy’](https://intranet.cardiff.ac.uk/students/study/exams-and-assessment/academic-integrity), which includes a definition of Academic Misconduct in Research (based on the Concordat definition of research misconduct).  Breaches of the Academic Integrity Policy are then investigated under the Academic Misconduct Procedures (Taught Students) or AMP (Research Students) depending on the type of student/course undertaken[[8]](#footnote-8).
  4. If a member of the University comes forward to admit that they have committed academic research misconduct, it will be for the Named Person to decide, in consultation with the Pro Vice-Chancellor for Research, Innovation & Enterprise the Director of Human Resources and the relevant Head of College or School, whether this Policy and procedure or another University procedure (such as the disciplinary procedure) will be followed. In the case of a student, the Academic Registrar will be consulted.
  5. Allegations of bullying/ harassment will not be investigated under this procedure and will be investigated under the University’s Disciplinary/Grievance procedures. Where respondents can’t be investigated under disciplinary/grievance policies (e.g. because they are former employees) the Named Person will consider the appropriate policy/procedure to apply.
  6. Financial fraud or other misuse of research funds or research equipment will be addressed under the University’s financial fraud investigation process.
  7. Any alleged misconduct relating to animal subjects will run alongside relevant non-compliance investigations under the auspices of the [Animal (Scientific Procedures) Act 1986](https://www.gov.uk/guidance/guidance-on-the-operation-of-the-animals-scientific-procedures-act-1986)
  8. Consideration will be given to research funder reporting requirements where an alternative policy/procedure is used to investigate allegations.
  9. The University will need to ensure that they have arrangements in place for collaboration with other organisations over investigations where appropriate. This may be when an individual has moved during the course of the matter being investigated, where the Respondents (those complained about) are based in more than one institution, or when individuals fall under the auspices of the University and another body (e.g. persons with visiting status who are employed by another body or members of staff on a joint clinical or honorary contract). Matters for investigation can also cross-national boundaries. The references below include further information:

1. Montreal Statement on Research Integrity in Cross-Boundary Research Collaborations <https://wcrif.org/documents/354-montreal-statement-english/file>
2. Russell Group Statement of Cooperation in respect of cross-institutional academic research misconduct allegations: <https://russellgroup.ac.uk/media/5708/russell-group-research-integrity-forum-statement-of-cooperation-may-2018.pdf>

1.12 Where the allegation(s) raised relate to an issue involving Journal publications, consideration will be given to the correct process for investigation, with reference to the [COPE guidelines on Co-operation between research institutions and Journals on Research Integrity cases](https://publicationethics.org/resources/guidelines/cooperation-between-research-institutions-and-journals-research-integrity). Institutions and journals both have important duties relating to research and publication misconduct. Institutions are responsible for setting good research practice standards for their researchers and for investigating the conduct of their researchers where allegations of misconduct arise, and for supporting good research practice and a healthy research environment. Journals are responsible for setting publication principles and standards, as well as standards for the conduct of their editors (and investigating misconduct allegations against editors where they arise).  Journals are also responsible for safeguarding the research record, and for ensuring the reliability of everything they publish. It is therefore important for institutions and journals to communicate and collaborate effectively on cases relating to alleged breaches of research integrity.

1.13 The processes in this Policy and Procedure are designed to investigate concerns about the conduct of research (as defined in the policy). to ensure that the integrity of research is upheld A preliminary review of issues raised may find that the concern relates to a different policy/procedure (e.g. staff grievance), is unfounded or it may find that there has been academic research misconduct or poor or questionable research practice (see above).

1. **Roles and Responsibilities** 
   1. **Complainant(s):** This is the person(s) making the allegation. This need not be a member of the University.
   2. **Respondent(s):** The person or persons against whom the allegation is made shall be described as the Respondent[[9]](#footnote-9).
   3. **Named Person:** This is the person nominated by the University to:

* receive any allegations of research misconduct
* initiate and supervise the Procedure for investigating allegations, ensuring the integrity of the proceedings
* maintain a record and preserve documentation relating to an investigation
* report on the outcome of investigations to relevant parties
* take decisions at key stages of the Procedure
* seek legal or other external advice at any stage or on any aspect of the proceedings, as appropriate
* delegate to another senior officer part or all of their responsibilities as the Named Person, as appropriate

The University Secretary or appropriate Nominee is the nominated Named Person.

* 1. **Named Person’s Delegate:**  For the purposes of this procedure the Named person will usually delegate the following responsibilities to the Head of Compliance and Risk as the Named Person’s Delegate:
* receive and acknowledge any allegations of research misconduct
* With the agreement of the Named Person and PVC Research, Innovation and Enterprise- to initiate and supervise the Procedure for investigating allegations, ensuring the integrity of the proceedings
* maintain a record and preserve documentation relating to an investigation
* report on the outcome of investigations to relevant parties
  1. The **PVC Research, Innovation and Enterprise (or appropriate Nominee):** Will provide oversight and input into relevant decisions relating to this policy and procedure, receiving updates on ‘live’ cases and assisting the Named Person/Delegate to resolve issues that arise as detailed in the procedure.
  2. The **Director of Research and Innovation Services** will support the procedure for ARM including:
* Assisting with the identification of respondents
* Reviewing the portfolio of live research applications and awards attributed to each Respondent, along with the terms and conditions of each relevant funder, to determine which of the funders should be contacted and the timing and content of such communication
* Reporting relevant information to external funders of research as required
  1. **Research Deans** –Will provide advice and assistance on identifying ARM screening and investigation panel members who have the appropriate knowledge and experience to take part in panels.
  2. **Heads of School** – will address ‘poor practice’ issues that fall short of ARM either formally as part of a disciplinary/grievance (or other relevant) procedure or informally as the relevant line manager.
  3. **Research Integrity, Governance and Ethics Officers** – are responsible for ensuring that relevant research integrity training is available including training on implementing good practice /avoiding poor practice. Officers are also responsible for the development and oversight of the Research Integrity and Governance Code of Practice.
  4. **Researchers** – Researchers are responsible for engaging with the procedure for ARM when required, acting with honesty and integrity throughout the procedure whether as complainants, respondents and panel members. Researchers are also responsible for engaging with relevant information and training to ensure that they are aware of the expected behaviours, policies, procedures and codes of practice that apply. It is the responsibility of researchers to take reasonable care to ensure that they uphold research integrity and ethics and to avoid actions that could increase the risk of academic research misconduct issues arising. For example - academic authors could unwittingly submit their research outputs to be published in predatory journals that do not have proper quality control or peer review processes. This can increase the risk of Academic Research Misconduct issues arising as the usual peer review has not been carried out and can also result in researchers and institutions lending their reputation to a disreputable publication. As part of their role, researchers should familiarise themselves with and make use of the [UKRIO guidance on predatory journals](https://ukrio.org/research-integrity-resources/predatory-journals-and-publishers/) and use made of checklists listed in the guidance[[10]](#footnote-10).

1. **Overview of Procedure**

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| Stage | Purpose |
| **Stage 1 Preliminary Review**  (Normally carried out within 10 working days of receiving an allegation depending on complexity) | The Named Person to acknowledge receipt of the allegation and carry out an initial review of evidence. Determine if the allegation should be: identified as not falling within the scope of this procedure , referred to another procedure, reported to professional or regulatory bodies, continue to Stage 2 of this procedure. |
| **Stage 2 Screening Panel**  (normally completed within 30 working days) | The Screening Panel to establish if there is prima facie evidence of Academic Research Misconduct or not. |
| **Stage 3 Formal Investigation** | The Formal Investigation Panel to decide whether the allegations of Academic Research Misconduct are: upheld in in full; upheld in part or not upheld. |
| If requested  **Stage 4: Appeal** | The appeal panel will have the power to reverse or modify the decision or recommendation of the Formal Investigation Panel where an appeal is made in line with the procedure and sufficient evidence is provided |

Every effort will be made to investigate allegations of research misconduct in the shortest possible timescale necessary to ensure a full and fair investigation. This will vary according to the nature and complexity of a specific allegation.

The University will follow this Procedure through to its natural end point even in the event that:

1. Any individual(s) concerned leave or have left the jurisdiction of the University, either before the operation of this Procedure is concluded or before the allegation(s) of academic research misconduct was made; or
2. The Complainant(s) withdrawing the allegation at any stage; or
3. The Respondent(s) admitting, or having admitted, the allegation in full or in part; or
4. The Respondent(s) admitting, or having admitted, other forms of misconduct, whether research misconduct or otherwise; and/or
5. The Complainant(s) and/or the Respondent(s) withdrawing from the Procedure.

3.1 Where a respondent(s) admits the misconduct, the named person will make a decision, in discussion with relevant officers as to whether an ARM panel investigation needs to take place/be completed to understand the details of the misconduct, or whether to refer the matter to an alternative procedure (e.g. disciplinary).

1. **Raising an allegation** 
   1. Any allegations should be submitted in writing to the Named Person/Named Person’s delegate (email is acceptable for this purpose). Contact details are contained [here](https://www.cardiff.ac.uk/public-information/policies-and-procedures/academic-research-misconduct). It is expected that Complainants will normally put their name to any allegations they make. However, it is recognised that Complainants can have significant concerns about revealing their identity. Allegations which are anonymous or where there is no specific complainant will only be considered at the discretion of the Named Person, taking into account the seriousness of the concerns raised and the likelihood of confirming the concerns from alternative and/or credible sources/ evidence.

* 1. There is an expectation (as outlined by the Concordat) that researchers will act in good faith regarding allegations of research misconduct, whether in making allegations or in being required to participate in an investigation. Researchers are expected to take reasonable steps, working with employers as appropriate, to ensure the recommendations made by research misconduct investigation panels are implemented.
  2. There is also an expectation that researchers will handle potential instances of research misconduct in an appropriate manner; this includes reporting misconduct to employers, funders and professional, statutory and regulatory bodies as circumstances require.
  3. If an individual has good reason to suspect any misconduct in research they should provide as much information as possible about the allegation that they are raising, along with any supporting evidence.
  4. Initial allegations of misconduct in research should be made to the Named Person/Named Person’s Delegate. If the Complainant is not a member of the University, they should still make an initial allegation of misconduct in research to the Named Person/Delegate. The Complainant must provide as detailed a written statement as possible in support of the allegation.
  5. While this Procedure encourages persons with concerns about the conduct of research to raise them with the Named Person/Delegate directly, it is recognised that members of staff or students may fear that their own position could be jeopardised if they raise a particular concern directly. In accordance with the Whistleblowing Procedure, a member of staff or a student may, therefore, choose to raise a concern in the first instance with a line manager or Head of School/ Department or equivalent role. In relevant cases they will refer the matter to the Named Officer/Delegate. Individuals may also wish to seek advice from research integrity officers or from the UK Research Integrity Office.
  6. When raising concerns, complainants should provide a summary of the allegation along with any other information and enclose any evidence they have to support their concerns. It is helpful if allegations are made in a single submission on a single occasion, as this facilitates a thorough assessment of the Complainant’s concerns and reduces procedural challenges that can arise from additional allegations being made during subsequent stages of this procedure. However, the priority will be to carry out a thorough and fair assessment of the complainant’s concerns and at the discretion of the Named Person the timescale of this stage of the Procedure can be extended if necessary to gather more information from the Complainant.
  7. In the event that the Complainant withdraws the allegation or the Respondent resigns from the University or admits to the misconduct at any point in the Procedure, this will not in itself lead to the suspension of the Procedure.
  8. If the Respondent resigns during the Procedure, or is unwilling to co-operate, but serious concerns remain that misconduct may have taken place, the Respondent should be informed that the investigation will continue. Should the Respondent be unwilling to co-operate further with the investigation, they should be informed that the details of the outstanding case may, without prejudice, be communicated to their current or future employer or to any appropriate regulatory or professional supervisory body.
  9. Similarly, if the Respondent is no longer employed by the University and is not available, contactable or is unwilling to co-operate, the University reserves the right to conduct an investigation into the concerns raised by the Complainant as far as is practicable.
  10. If at any stage of this Procedure, a Respondent or other person raises a counter-allegation of misconduct in research or an allegation of misconduct in research unrelated to the matter under investigation, such allegations will normally be addressed under this Procedure as separate matters and will be forwarded to the Named Person/Delegate for consideration.
  11. All parties involved in this Procedure are expected to raise any potential conflicts of interest with the Named Person or alternate, as appropriate.
  12. In addition to the procedural and other support identified by the Named Person, the relevant professional services officers will also assist the Named Person and other persons responsible for the operation of this Procedure as necessary.
  13. The University reserves the right to substitute any officers within the Procedure as necessary. No officer shall be substituted by any person who is connected with or has any interest in the allegation or investigation.
  14. If at any stage of this Procedure, a Complainant, Respondent or other person raises a complaint about the use or operation of this Procedure or any decision or action proposed or taken under this Procedure, or raises any other grievance, then the Named Person will seek the advice of Human Resources, and other relevant departments, in confidence, to determine an appropriate course of action.

1. **Support available to respondents and complainants**

5.1 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 trade union representative.

5.2 Internal complainants and respondents (i.e. Cardiff University employees) will also be offered an opportunity to be allocated an independent contact to support them through the procedure e.g. advising on timescales and what to expect at each stage of the procedure. The Named Person will offer this support at the start of the process, and will work with the PVC Research, Innovation and Enterprise to identify a suitable support contact if individuals take up the offer of support.

5.3 If any complainant or respondent has any specific needs or requirements arising from a disability (for example requiring information in a specific format or meetings to be held in accessible venues) the University will take all reasonable steps to meet these requirements.

5.4 In line with the University’s Welsh language policies, an individual may raise a grievance in Welsh or respond in Welsh to any grievance raised against them. The translation service from Welsh to English can be use if requested for meetings, unless we can conduct the meeting in Welsh without a translation service.

When we inform individuals about the outcome of an academic research misconduct allegation, we will do so in Welsh if the individual:

(a) made the complaint in Welsh

(b) responded in Welsh to a complaint about them

(c) asked for a meeting about the complaint to be conducted in Welsh, or

(d) asked to use the Welsh language at a meeting about the complaint.

5.5 If a member of University staff wishes to raise a complaint against a Respondent(s) carrying out research under the auspices of another organisation, Cardiff University will support the individual by providing advice regarding the correct procedure to follow, and will also signpost individuals to wellbeing support available to them. The University will not however be able to advise on, support or take forward a complaint on behalf of an individual. Cardiff University will carry out reasonable steps to cooperate with external investigations as required. When seeking this advice, staff complainants should avoid sharing personal data about any third parties wherever possible.

**6. Investigation principles**

6.1 In all enquiries and in any action taken because of their outcome, due regard shall be given to the need:

* To protect researchers against malicious, frivolous or ill-founded allegations of academic research misconduct;
* To protect the position and reputation of those alleged to have engaged in academic research misconduct when such an allegation is not confirmed;
* To protect the position and reputation of those who make allegations of academic research misconduct in good faith, i.e. in the reasonable belief on the basis of any supporting evidence that misconduct in research may have occurred;
* To observe the principle of no-detriment such that neither the person making the allegation of academic research misconduct nor the person against whom such an allegation is made should suffer solely because of the fact that a good faith allegation has been made.

6.2 Accordingly:

.1 all enquiries (including any formal investigation) shall, in so far as is reasonably practicable, be conducted on the basis of confidentiality, but without compromising health and safety or the appropriate, full and fair investigation of the allegation;

.2 the University shall throughout its enquiries and any formal investigation take all reasonable measures to preserve the anonymity of the Respondent and (unless permission is given otherwise) the Complainant unless it is appropriate to disclose this information to carry out an effective investigation.

.3 The principles of natural justice shall be observed during the investigation - that is to say the Respondent shall be informed about what they have to answer and shall have the opportunity to reply.

6.3 Reports generated by this Procedure may be used in evidence by the University’s disciplinary procedures, by subsequent investigations under this Procedure and by other University processes. In addition, they may be released, in full or in part or in summary form, in reporting the matter to any appropriate external organisation.

6.4 Should the Complainant make the allegation public at any point during the Procedure, they will be deemed to have foregone the right to be treated as a Complainant under this Procedure. However, this will not in itself lead to a suspension of the Procedure.

6.5 The University will ensure that it does not engage in the inappropriate use of legal instruments (such as non-disclosure agreements) in resolving issues of Academic Research Misconduct.

6.6 If required to facilitate a full and fair investigation and/or the operation of any aspect of this Procedure, the Named Person, those persons conducting Initial Investigations and Panels conducting Full Investigations shall be free to seek confidential advice from persons with relevant expertise, both within the University and outside it.

6.7 Those seeking advice will, so far as is possible, make no information available which could lead to the identification of the Complainant, Respondent or other individuals involved in the case.

6.8 Persons who might be consulted include but are not limited to:

1. experts in particular disciplines of research; or
2. experts in particular aspects of the conduct of research, such as members of research ethics committees, statisticians, editors of academic journals, and/or experts in addressing misconduct in research and poor practice; or
3. representatives of University departments such as: Legal Services, Human Resources, Student Services, Finance; Governance, Registry, Research and Innovation Services, Health and Safety Office, Library Services, Information and Technology Services or the equivalents; or
4. representatives of the UK Research Integrity Office; or
5. legal advisers.

6.9 Confidential records will be maintained on all aspects, and during all stages, of the Procedure and notes will be made of all formal meetings convened under the Procedure.

6.10 The Named Person will retain all reports, correspondence, transcripts of meetings and other documentation relating to the operation of this Procedure in line with the University’s retention policy for conduct enquiries involving staff.

6.1 After the retention period has expired the University must retain anonymised summary information of investigations (i.e. of the sort which is reported in annual statements required by The Concordat to Support Research Integrity).

**7. Preliminary Consideration of Allegation**

7.1 Any allegation of misconduct in academic research shall be made to the Named Person. If such an allegation is made to another member of staff of the University, it must be forwarded to the Named Person without delay.

7.2 While the initial allegation need not be in writing, for the allegation to be taken forward, the Complainant must confirm the allegation in writing or by email, together with any supporting documentation.

7.3 Upon receipt of a written allegation the Named Person shall, in consultation with the Pro Vice-Chancellor Research, conduct a preliminary review of the allegation.

7.5 If the complainant does not identify the respondent(s) relating to an allegation then advice will be sought from the Director of Research and Innovation Services as part of the preliminary review regarding the identification of relevant respondents. It is likely that the following will need to be established to determine the most appropriate respondents:

1. the identity of the corresponding author(s) for any research outputs implicated.
2. the identity of the principal investigator/lead researcher for the specific project implicated.
3. the role of specific individuals/identifying individuals with specific responsibilities for the misconduct alleged (e.g. the individuals who prepared the data)

7.6 The Named Person will review the allegation(s) to determine whether they fall within the scope of the University to address and, if so, what would be the most appropriate process to investigate or otherwise address them, with reference to the following criteria:

1. Whether the Respondent (or Respondents) is conducting research under the auspices of the University, whether solely or in conjunction with others in the University or other bodies or in conjunction with other bodies;
2. Whether the research project(s) to which the allegation relates are being conducted under the auspices of the University, whether solely or in conjunction with other bodies; and
3. Whether the allegation(s) fall within the definition of Academic Research Misconduct described in the definition section of the Policy.

7.7 In carrying out the above review, the Named Person shall assess the evidence provided and any additional information they require.

7.8 The Named Person may decide that it is necessary to contact the Complainant and/or the Respondent to seek information or ask questions to carry out the above review. Such contact should be in writing; the Complainant and Respondent would not normally be interviewed at this stage.

7.9 If it is necessary to contact the Respondent to carry out the above review, the Respondent should first be informed that allegation(s) of research misconduct have been made concerning them and that the allegation(s) is being investigated under this Procedure, beginning with the Preliminary Review stage. The Named Person should follow the process for informing the Respondent set out in paragraph 7.15-7.17 of this Procedure.

7.10 In order to carry out the preliminary review, the Named Person may seek the advice of an internal expert on the seriousness and credibility of the concerns.

7.11 Conclusion of this stage and next steps: The Named Person shall write a note summarising their review of the allegation(s) and state whether the matter:

1. Is dismissed as clearly frivolous, vexatious or malicious or lacking substance;
2. Warrants referral directly to another formal process of the University, including but not limited to: fraud investigation process; grievance or disciplinary procedures, harassment and bullying procedures (outlined in the dignity at work and study policy); or
3. Warrants referral directly to an external organisation, including but not limited to statutory regulators or professional bodies; or
4. 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 approach, such as mediation, rather than through the next stage of the Procedure or other formal processes; or
5. Meets the definition of an allegation of academic research misconduct procedure and has provided sufficient information to advance to the Initial Investigation Stage of this Procedure.

7.12 If the Screening Process is instituted the Respondent(s), the Complainant (where appropriate) and the relevant Head of School and Head of College shall be notified of the outcome of the preliminary review.

7.13 The Named Person will also appoint an individual to provide administrative/ secretarial support to the Screening Panel.

Other considerations at this point

7.14 Parallel to the process above, the Named Person may take the following steps:

.1 The nature of the allegation may mean that it is necessary to inform legal or regulatory authorities when the activity is potentially or actually illegal and/or a danger to persons, animals or the environment.

.2 The Head of the Research and Innovation Services should be informed of the receipt of the allegation so that the relevant funding bodies can be contacted if appropriate and required;

.3 There may also be circumstances where, if the allegation involves behaviour that is subject to the University’s Disciplinary Process, the Named Person will need to consult with the Director of Human Resources[[11]](#footnote-11) as to the process to be followed.

.4 The Named Person must take any necessary steps to ensure the safeguarding of any potential evidence [records and materials] in respect of the allegation. If there is a perceived risk to persons, animals or the environment or the risk of destruction of evidence, this may involve requesting the temporary suspension of the Respondent and/or barring the Respondent from part or all the University premises and/or pausing the research project, (if live) to safeguard/protect participants, subjects, animals.

.5 The reasons for such action must be recorded in writing and communicated to the Respondent. They should be assured that this is not part of any disciplinary action and does not indicate that the University believes the allegations to be true, more that it is essential to ensure that the allegations can be properly investigated.

.6 Any suspension of the Respondent should be regularly reviewed to ensure that it is not unnecessarily protracted.

7.15 The Named Person (or nominee) shall normally invite the Respondent to a confidential meeting, to be attended by a representative of Human Resources Department[[12]](#footnote-12), at which the Respondent will be informed.

1. That an allegation of misconduct in research has been made which involves them
2. A summary of the allegation(s)
3. The allegation(s) is being investigated under this Procedure following a Preliminary Review stage
4. The Respondent will be given the opportunity to respond to the allegation(s) and to provide all relevant information and evidence
5. A summary of the outcome of the Preliminary Consideration Stage and an outline of the next steps.
6. Any action to be taken under 4.14 above.

7.16 The Respondent will be given a copy of the allegation in writing and a copy of the Procedure for information. They will be invited to submit a written response to the allegations, to be received by the Named Person within 10 working days of the notification (subject to specific circumstances).

7.17 The anonymity of the Complainant will be maintained as far as it is reasonably practicable to carry out the procedure at this stage unless the allegation has been deemed to be vexatious or malicious. The Screening Panel members will be made aware of the identity of the Complainant in confidence.

7.18 At the same time, the Named Person shall notify the Respondent’s Head of School and the Head of College and the Complainant of the outcome of the Preliminary Review Stage. If a Screening Panel is appointed, the name(s) of the Panellist (s) shall be notified.

8 **Informing research funders**

8.1 The Director of RIS (when notified of an allegation by the Named Person) is expected to report relevant information to external funders of research when there are reasonable grounds that research misconduct may have occurred.

8.2 Certain funders of research require the University to inform them about allegations of research misconduct against members of their researcher communities even in cases when specific allegations relate to work which had not been financially supported by that funder[[13]](#footnote-13). To determine who needs to be informed the Director of Research & Innovation Services will discuss information about the relevant parties with the Respondent. The final decision rests with [RIS/PVC?]

8.3 At the stage when it is decided to undertake a screening panel investigation the Named Person will ask the Director of Research and Innovation Services to review the portfolio of live research applications and awards attributed to each Respondent, along with the terms and conditions of each relevant funder, to determine which of the funders should be contacted and the timing and content of such communication. The list of funders the University proposes to contact will be cross-checked with the Respondent(s) to ensure that it is correct.

8.4 It is expected that Research Councils will not take any corresponding action during the Research Organisation’s investigation but to await the conclusion of local due process however, Research Council’s may seek observer status on formal investigations at formal stages.

8.5 Any information provided to Research Councils at the reporting stages will normally be anonymised i.e. will not include the name of individual(s), particularly at the informal/ preliminary/ screening stage of investigation, however this information will need to be provided in serious cases. Serious cases are identified as:

“… any case has the potential for very serious implications for the council(s), or there is an obvious need to take action to manage risk to research participants, animal welfare, or to prevent the potential misuse of public funds”.

8.6 Research Council’s will be required to observe their obligations under the Data Protection Act in relation to any information received, and to adhere to all legal requirements accordingly under data protection legislation. Data relating to allegations will be stored and processed appropriately, confidentially, securely and sensitively, and retained and/or released only where there is a legitimate reason for doing so. Research Councils will be reminded of this requirement when any relevant data is shared.

1. **Screening Stage (Initial investigation)** 
   1. The purpose of the Screening Stage is to determine whether there is sufficient evidence of Academic Research Misconduct to warrant a Full Investigation of the allegation or whether alternative action(s) should be taken
   2. A screening panel will be convened by the Named Person and shall comprise up to three individuals[[14]](#footnote-14) with relevant expertise and academic standing from within the University to conduct a preliminary evaluation of the available evidence. If the Panel has more than one member, one of the members shall be appointed as Chair of the Panel;
   3. Each member shall be asked to confirm in writing that there is no conflict of interest in their appointment to the Screening Panel.
   4. The Panel shall be free to seek confidential advice from persons with relevant expertise, both within the University and outside it, as described above.
   5. Both the Respondent and Complainant may raise with the Named Person concerns that they may have about those chosen to carry out the screening stage but neither has a right of veto over those nominated. The Named Person will consider any concerns raised and whether new persons should be selected to carry out the Screening Panel Stage.
   6. In the event of any panel member becoming unable to participate in the Screening Panel Stage once it is underway, the Named Person will determine whether a new person should be selected to take on the role of the Investigator and continue the investigation from its current point or if the Initial Investigation Stage should be restarted.
   7. The Named Person or suitable administrative support will provide the Screening Panel with:
2. a copy of this Procedure;
3. details of the allegation(s) which will be considered under the Screening Panel stage;
4. names and contact details of the Complainant(s) and the Respondent(s);
5. a summary of correspondence with the Complainant(s) and the Respondent(s) to date; and
6. a summary of any evidence secured by the Named Person during the Preliminary Review stage

9.8 Screening shall normally be completed within 30 working days of appointment of the Screening Panel, unless circumstances warrant a longer period (such reasons shall be documented in the written record of the Screening Panel’s conduct) and notified to all parties.

9.9 The Screening Panel shall, in confidence:

.1 consider all relevant material relating to the allegation and may invite the Complainant to clarify any matters that the Screening Panel consider necessary and relevant. This may be in writing or via an interview;

.2 consider the Respondent’s response and evidence, and seek further clarification if required.

* 1. Possible outcomes: At the conclusion of the Screening Panel Stage, the Screening Panel shall determine whether the allegation of misconduct in research:

1. Is unfounded, because it is mistaken or is frivolous or is otherwise without substance, and will be dismissed; or
2. Is unfounded, because it is vexatious and/or malicious, and will be dismissed; or
3. It may be considered that there is insufficient evidence to constitute a prima facie case. In these circumstances the allegation shall be dismissed; or
4. It does not fall under the research misconduct procedure but may warrant referral directly to another formal process of the University such as the disciplinary procedure; or
5. The allegation may be deemed to fall outside the University’s jurisdiction and may be referred to an external body such as a statutory regulator or professional body; or
6. Has some substance but due to its relatively minor nature or because it relates to poor practice rather than to misconduct, in which event the Panel may recommend whatever course of action is required to put the matter right in so far as is possible, in consultation with the relevant Head of School. This may include training, mediation or dispute resolution. The Head of School should keep a record of any actions required and keep the Named Person informed of progress; or
7. Is sufficiently serious and has sufficient substance to warrant a Full Investigation of the allegation.

9.11 The Screening Panel shall make a confidential written report of its evaluation and decision and shall lodge it with the Named Person together with any documentation used in the investigation.

9.12 If the Complainant or Respondent(s) do not wish to be interviewed, they will be asked to engage with the process through other means, such as providing written answers to questions posed by the Panel.

9.13 If the Complainant or Respondent decline to answer any questions from the Panel, this may be viewed as them withdrawing from the Procedure. The Named person will determine with advice from the PVC Research Innovation and Enterprise how to proceed with this matter if the Complainant or Respondent withdraw.

9.14 The Screening Panel can also interview relevant witnesses. these can include witnesses suggested by the Complainant or Respondent

9.15 The Named Person shall:

.1 notify both the Respondent and the Complainant in writing of the Screening Panel’s decision, enclosing a summary of the Screening Panel’s findings;

.2 notify the Respondent’s Head of School, Head of College and the Pro Vice-Chancellor Research Innovation and Enterprise of the Screening Panel’s decision, enclosing a summary of the Screening Panel findings;

.3 ensure that any administrative actions that may be immediately necessary to protect the funds and/or other interests of relevant grant- or contract-awarding bodies, and to meet all contractual commitments, are taken by the appropriate officer(s);

.4 where the decision is that there is some substance to the allegation but that the matter does not warrant a formal investigation, consult with the Pro Vice-Chancellor Research Innovation and Enterprise and the Head of School on the course of action proposed and ensure that any action required is instigated, executed and recorded by the appropriate parties;

.5 if appropriate, the Named Person should notify the allegation to the appropriate regulator or professional body;

.6 If the allegation is deemed to have been frivolous, vexatious or malicious, the Named Person may consult with the Director of Human Resources and notify the relevant Head of School/Professional Service/College (where the Complainant is a member of the University) or Academic registrar (if the Complainant is a Cardiff University student), who shall consider the alleged malicious nature of the allegation in accordance with the appropriate disciplinary procedures. If the Complainant is not a member of the University, the Respondent is able to consider alternative independent action with an external body..

.7 retain the report and documentation of the Screening Panel, in confidence, for six years.

The Screening Panel stage now ends.

**10 Formal Investigation**

Establishment and membership of Panel

10.1 The Named Person shall recommend to the Deputy Vice-Chancellor the appointment of an Investigation Panel and the names of potential Panellists for approval.

10.2 The Panel shall consist of an independent Chair and two independent members with appropriate expertise and seniority. The Chair and at least one of the two members should be external to the University, being neither a person employed by or contracted to the University. The internal member should not be a member of staff in the same School as the Respondent.

10.3 Both the Respondent and Complainant may raise with the Named Person concerns that they may have about those chosen to carry out the investigation stage but neither has a right of veto over those nominated. The Named Person will consider any concerns raised and whether new persons should be selected to carry out the Investigation Panel Stage.

10.4 Each member shall be asked to confirm in writing that appointment to the Investigation Panel involves no conflict of interest.

10.5 The formal investigation shall normally commence within 30 working days of completion of the investigation by the Screening Panel and shall be progressed as quickly as is reasonably possible.

10.6 The Named Person shall:

.1 inform the Respondent and the Complainant that an Investigation Panel has been established and provide the names of its members and the Secretary;

.2 continue to provide relevant information to the relevant Research Council(s). In exceptional cases research Council’s may seek observer status on formal investigations;

.3 inform in confidence any other relevant grant or contract-awarding body about such investigation where there is a requirement to do so;

.4 consider with the Pro Vice-Chancellor Research Innovation and Enterprise whether, without prejudice to the proper conduct of the investigation, any other action should be taken at this stage pending the outcome of the investigation and, if so, instigate such action, if not already carried out under 4.14 above.

.5 appoint a person to provide administrative and secretarial support to the Investigation Panel.

10.7 **Conduct of Investigation**

.1 Subject to the principles of natural justice and the procedures hereafter, the Panel shall determine the conduct of the investigation, referring to the Cardiff University Guide to Investigations as necessary. This may include, subject to the agreement of the relevant parties, the recording of interviews.

.2 The Investigation Panel shall receive a copy of the original allegation, any further evidence submitted at the screening stage, a copy of the Respondent’s response and the Screening Panel’s findings.

.3 If considered necessary and relevant by the Investigation Panel, the Complainant may be invited to clarify any matters and to submit further evidence in support of the allegation.

.4 Where there is more than one Respondent, the Investigation Panel may wish to conduct a preliminary consideration of the available evidence to determine which of l the Respondents will be invited to attend the formal hearing. However, all Respondents should be offered the opportunity to appear should they so wish.

.5 The Investigation Panel shall ensure that the Respondent(s) is(are) in receipt of all the evidence submitted to, or gathered by, the Investigation Panel in support of the allegation.

.6 The Investigation Panel shall hold a formal hearing, the primary purpose being to interview the Respondent to ensure that they are given reasonable opportunity to comment on the evidence considered by the Investigation Panel. To that end, the Investigation Panel shall ensure that the Respondent is in receipt of all the evidence submitted to, or gathered by, the Investigation Panel.

.7 The Investigation Panel may choose to invite the Complainant and other parties for interview and may seek further information as it considers relevant and necessary.

.8 The Investigation Panel may require the Respondent to release further data and documentation that they hold relating to the research in question.

.9 If the Complainant or Respondent(s) do not wish to be interviewed, they will be asked to engage with the process through other means, such as providing written answers to questions posed by the Panel.

.10 If the Complainant or Respondent decline to answer any questions from the Panel, this may be viewed as them withdrawing from the Procedure. The Named person will determine with advice from the PVC Research Innovation and Enterprise how to proceed with this matter if the Complainant or Respondent withdraw.

.11 The Investigation Panel may seek confidential advice in writing from internal or external experts to assist its deliberations. However, the Panel shall form its own view and reach its own findings of fact.

.12 The Panel shall uphold the allegation where it is satisfied on the balance of probabilities that the case is proven.

.13 During the investigation the Panel shall keep all records and related evidence confidential. A copy of the interview record shall be sent to the individual interviewee for confirmation of accuracy.

.14 At the end of the proceedings the Panel shall produce a written report and provide both the Respondent and the Complainant with a draft copy for comment on matters of fact.

.13 The Panel shall lodge its final written report with the Named Person and the Vice-Chancellor and shall deposit with the Named Person all the investigation documentation.

**Findings**

10.8 The Panel may conclude that the allegation of misconduct:

1. Is unfounded, because it is mistaken or is frivolous or is otherwise without substance, and will be dismissed; or
2. Is unfounded, because it is vexatious and/or malicious, and will be dismissed; or
3. Warrants referral directly to another formal process of the University, including but not limited to: bullying/ harassment procedure or equivalent; financial fraud investigation process or equivalent; disciplinary procedure; or
4. Warrants referral directly to an external organisation, including but not limited to statutory regulators or professional bodies; or
5. 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 approach, such as mediation, rather than through the next stage of the Procedure or other formal processes; or
6. Is upheld in full; or
7. Is upheld in part.

10.9 The Panel may make recommendations as to the actions to be taken by the University to address the research misconduct that has been found, to correct the record of research and/or preserve the reputation of the University.

10.10 The Report may contain recommendations to the University to improve institutional policies, procedures and practices with a view to preventing similar instances of research misconduct. The Vice-Chancellor, in consultation with relevant colleagues, shall take forward the addressing of these recommendations. A record of actions taken shall be kept by the Named Person.

10.11 The Named Person shall:

.1 if the allegation is upheld in full or in part, consult with the appropriate Head of School [and Head of College] and the Director of Human Resources[[15]](#footnote-15), to decide what actions need to be taken either under the University’s disciplinary procedures or otherwise. If it is determined that the matter should be dealt with under the disciplinary procedure, the findings of the panel will be referred to the Head of School for consideration in accordance with Part 3 of Statute XV and Ordinance 12. For the purposes of the Statutes the investigation that has been undertaken may constitute an investigation as outlined in Statute XV, Part 3 and Ordinance 12.

.2 other action to be taken may include informing the appropriate professional body, the grant or contract-awarding body and the editors of those journals in which the Respondent has published articles directly stemming from the research that was the subject of the investigation[[16]](#footnote-16). It may be necessary to inform research participants or patients or their doctors.

.3 if the allegation is dismissed, take all reasonable steps to preserve the position and reputation of the Respondent and, provided the allegation is considered to have been made in good faith, the Complainant. If the allegation has been considered to be malicious then the matter shall be dealt with by the Named Person, as described above. If the case has received any publicity, the Respondent shall be offered the opportunity of having an official University statement released to the media.

10.12 The Investigation Panel will normally reach its conclusions within three months of being established, provided this does not compromise the Standards and Principles of this Procedure and the full and fair investigation of the allegation. This is indicative as it will depend on the number and nature of the allegations under investigation. The aim throughout must be a thorough and fair investigation of the allegation(s) in question, conducted in a timely and transparent manner, and with appropriate confidentiality.

10.13 The Named Person shall:

.1 notify the Respondent in writing of the outcome of the investigation and provide a copy of the Panel’s Report, and inform the Respondent of the immediate course of action that will be followed based on the findings;

.2 notify the Complainant in writing of the outcome of the investigation and provide a confidential copy of the Panel’s Report;

.3 notify the outcome and provide a summary of the Panel’s findings to the Respondent’s Head of School and Head of College;

.4 notify any relevant external interested parties of the outcome and any action(s) which will be taken;

.5 inform the Senate and the Council of outcome of the Investigation and shall consider in so doing whether the report to these bodies should be made with or without identification of the Respondent. The identity of the Complainant should remain confidential. If the allegation has been dismissed, the Named Personshall ensure that the Respondent is given the option of requesting that the report of the case to the Senate and/or Council shall be only that the allegation has been dismissed and shall not identify the Respondent;

.6 retain the report and all documentation in confidence in line with the retention schedule.

The Full Investigation stage now ends

**11 Appeal by the Respondent**

11.1 Any appeal regarding the findings of the Panel, or complaint alleging unfair treatment under these procedures, should be directed to the Vice-Chancellor. An Appeal must be submitted within 10 working days of the notification of the Investigation Panel’s findings to the Respondent.

11.2 The Appeal must set out in writing the grounds for the appeal and be accompanied by any supporting documentation. The grounds for an appeal shall be one or more of the following:

.1 procedural irregularity in the conduct of the Investigation Panel

.2 fresh evidence becoming available which was not, and could not, have been made available to the Investigation Panel

.3 evidence of bias on the part of one or more of the Panel members

.4 that the Investigation Panel’s recommendation (s) is either excessive or inadequate in relation to the proven misconduct.

11.3 The Vice-Chancellor shall decide whether the Appeal satisfies the grounds for appeal and either dismiss the Appeal or recommend to the Named Person that an Appeal Panel be established. This decision will normally be made within 10 working days of receipt of the Appeal.

11.4 If an Appeal Panel is to be established, the Named Person will so inform the Complainant and Respondent.

11.5 The Named Person will recommend to the Vice-Chancellor individuals to constitute the Appeal Panel. The Named Person will appoint a member of staff of the Professional Services, not previously involved in the case, to provide support to the Panel

11.6 Appeal Panel

.1 The Appeal Panel shall comprise:

1) a Chair, with relevant legal and/or complaint investigation knowledge who shall not be a member of the University (but may be a member of Cardiff University Council)

2) two independent persons, one of whom shall be external to the University and one of whom shall have relevant expertise in the academic field concerned

.2 No member of the Appeal Panel shall have been previously involved in the investigation.

.3 The Appeal Panel will normally hold a hearing within three months of the receipt of the Appeal notice. The Panel may invite the parties and other relevant individuals to attend to make representations.

.4 The Appeal Panel will be supplied with all the documents from the Investigation Panel proceedings and from the Screening process.

.5 The Appeal Panel shall determine the timetable for conducting the appeal.

.6 The Appeal Panel shall submit a Report to the President and Vice-Chancellor, normally within 28 days of the appeal hearing. The Report will state whether the appeal has been upheld in full, in part or dismissed.

.7 The Appeal Panel shall have the power to reverse or modify the decision or recommendation of the Investigation Panel.

.8 The Respondent [and Head of School and Head of College] shall be informed of the outcome of the Appeal;

.9 The decision of the Appeal Panel is final and constitutes the completion of the University’s Procedures for Dealing with Allegations of Academic Misconduct in Research.

1. **Outcomes and Reporting stage**

12.1 The purpose of the Outcomes and Reporting stage is to ensure that all necessary actions are taken at the conclusion of this procedure, including but not limited to actions arising following any Screening Panel review or Full Investigation that may have taken place and ensuring that the research record is correct.

12.2 The Named Person is responsible for ensuring that the actions described under this stage are carried out. Some actions may require the involvement of Schools or other departments within the University and/or external organisations.

12.3 The Named Person is responsible for ensuring that any necessary actions are carried out after the investigation is completed. In general terms, these actions may include:

1. Actions relating to the operation and conclusion (subject to any subsequent appeal) of this Procedure, including appropriate transfers of information to any subsequent University processes or informal measures and/or to any relevant processes of external organisations.
2. Reporting the outcomes to relevant colleagues/ bodies within the University, for example line managers/Human Resources
3. Making necessary disclosures on the outcomes of uses of the Procedure to relevant external organisations and other relevant parties
4. Duty of care to other involved parties, including but not limited to research participants.
5. Taking steps to help ensure that the research record is correct.
6. Addressing procedural or organisational matters uncovered during the investigation

12.4 Timescale for implementation of this stage will vary depending on the scale of action needed. The Named Person should aim to ensure they are completed within three months of completion of the investigation. However, it is possible that some actions will require longer to complete.

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| 4 | 2023 | | Catrin Morgan | Full review of Policy and Procedure |
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If you require a copy of this Policy in large print or another format, please contact the Compliance and Risk Team: [complianceandrisk@cardiff.ac.uk](mailto:complianceandrisk@cardiff.ac.uk).

Mae’r ddogfen yma hefyd ar gael yn Gymraeg

1. Available on the following webpage:

   [**https://intranet.cardiff.ac.uk/staff/research-support/integrity-and-governance/code-of-practice**](https://intranet.cardiff.ac.uk/staff/research-support/integrity-and-governance/code-of-practice) [↑](#footnote-ref-1)
2. Some research funders will require specific disclosure of information, including disclosure of any Academic Research Misconduct Allegations and/or other disciplinary investigations (e.g. Fraud/financial misconduct, harassment or bullying) that have been investigated and upheld, as a condition of their application process (e.g. Wellcome trust). [↑](#footnote-ref-2)
3. [**http://www.universitiesuk.ac.uk/highereducation/Pages/Theconcordattosupportresearchintegrity.aspx**](http://www.universitiesuk.ac.uk/highereducation/Pages/Theconcordattosupportresearchintegrity.aspx) [↑](#footnote-ref-3)
4. [**http://www.ukrio.org/publications/misconduct-investigation-procedure/**](http://www.ukrio.org/publications/misconduct-investigation-procedure/) [↑](#footnote-ref-4)
5. Any allegation that meets the definition of academic research misconduct defined in section 2 of this Procedure should be considered, initially, under the auspices of this Procedure. If the activity is deemed not to be academic research misconduct but may require consideration under the University’s disciplinary or other procedures, the allegation will be referred to the appropriate officer. [↑](#footnote-ref-5)
6. Any misconduct enquiries will run alongside relevant non-compliance investigations under the auspices of the Animal (Scientific Procedures) Act, 1986: <https://www.gov.uk/guidance/guidance-on-the-operation-of-the-animals-scientific-procedures-act-1986> [↑](#footnote-ref-6)
7. As defined by the Public Interest Disclosure Act 1998 [↑](#footnote-ref-7)
8. Students on Research courses (PGR) are covered by the Academic Misconduct Procedures (AMP) for Research Students and Academic Misconduct Procedures for Taught Students that applies to UG/PGT students [↑](#footnote-ref-8)
9. Where respondents are employed by different institutions, the institution which employed the lead or corresponding author (at the time of the alleged misconduct) would normally take the lead on any investigation. The Russell Group Memorandum of Cooperation in respect of cross-institutional research misconduct investigations should also be referred to in relation to allegations involving other Russell Group Universities. [↑](#footnote-ref-9)
10. See also the COPE guidance on predatory journals: [Predatory publishing | COPE: Committee on Publication Ethics](https://publicationethics.org/predatory-publishing-discussion-document) [↑](#footnote-ref-10)
11. And consult with the Academic Registrar if the Respondent is a student. [↑](#footnote-ref-11)
12. The representative from Human Resources will be attending in a support and information role [↑](#footnote-ref-12)
13. As an example, in the case of the UK Research Councils, where an allegation of academic research misconduct is about someone funded by, or engaged with, UKRI (including acting as a supervisor for an UKRI funded postgraduate student or engaged as a member of a peer review college), even if the allegation relates to work unconnected to a grant from a UK Research Council, the case should be reported to the relevant Council at the stage that it is decided to undertake an informal inquiry. [↑](#footnote-ref-13)
14. The number of members of the Panel would depend on the nature or volume of the allegations and will be the decision of the Named Person, taken after consultation with the Pro Vice-Chancellor, Research, Innovation and Enterprise. [↑](#footnote-ref-14)
15. The Academic Registrar would also be consulted if the Respondent was a student. [↑](#footnote-ref-15)
16. In line with the [COPE guidelines on Co-operation between research institutions and Journals on Research Integrity cases](https://publicationethics.org/resources/guidelines/cooperation-between-research-institutions-and-journals-research-integrity), the University may be required to:

    inform journals about cases of proven misconduct that affect the reliability or attribution of work that they have published;

    respond to journals if they request information about issues, such as disputed authorship, misleading reporting, competing interests, or other factors, including honest errors, that could affect the reliability of published work;

    initiate inquiries into allegations of research misconduct or unacceptable publication practice raised by journals;

    have policies supporting responsible research conduct and systems in place for investigating suspected research misconduct. [↑](#footnote-ref-16)