4. POLICY AND GUIDELINES ON GOOD RESEARCH CONDUCT & STATEMENT ON HANDLING ALLEGATIONS OF UNACCEPTABLE RESEARCH CONDUCT

The following outlines the University policy and guidelines on good research conduct, and its formal statement on handling allegations of unacceptable research conduct.

4.1 Policy and Guidelines on Good Research Conduct

4.1.1 Introduction

Research integrity applies throughout the research life cycle, from the initial idea or concept to the publication of research outcomes. These guidelines describe the standards of good research conduct which are required by the University and which are intended to satisfy the requirements of all funding bodies. They apply to all individuals involved in research, including visiting researchers, research support staff, students and research managers and professional support staff.

The onus is on researchers to establish that they have met the highest standard that could reasonably be expected of them. Good research conduct will be promoted and promulgated throughout the University by senior managers including Vice-Principals, Deans, Heads of Schools, School Directors of Research, Research and Innovation, the Postgraduate Research School and Supervisors.

The Policy and Guidelines will be reviewed as part of an annual review of this wider Handbook document by the University Research Committee (or its designated working groups) to ensure they continue to reflect the highest standards. They will be regularly disseminated to staff with the aim of promoting integrity and rigour in research conduct, and to help in maintaining a culture in which the following will be understood and observed:

- Integrity in research;
- Openness in research;
- Role of professional bodies;
- Leadership and supervision in research;
- Management and ownership of research including appropriate record-keeping;
- Ethical practice in research;
- Risk of research misuse;
- Publication practice.

4.1.2 Safeguarding in Research and Innovation

The Safeguarding in Research and Innovation – Code of Practice sets out the University's duty of care to ensure that the welfare of all staff, students and any others involved in research and innovation activities on its behalf (e.g. research collaborators, research staff, research participants, contractors, translators, volunteers, etc) is a priority, and that potential risks of harm are considered and mitigated against. Researchers must prevent any exploitation, abuse or harm from occurring by anticipating and mitigating any risks associated with their activities, and also by reporting concerns or incidents if they arise.

The code of practice sets out the University structures, guidance and procedures for identifying potential risk, abuse, harm or neglect, and for reporting concerns, internally and where required, beyond the University. When preparing an application for ethical approval and/or applying for research funding, researchers should also consider the safeguarding requirements of the funding organisation or particular institution.

The code of practice is aligned with the requirements of the [UK Research and Innovation Preventing Harm (Safeguarding) in Research and Innovation Policy](#), which states their commitment to 'promoting safe research and innovation environments which are free from sexual exploitation, abuse, and harassment, bullying, psychological abuse and physical violence for all individuals that are employed on, participate in or otherwise come into contact with research activities.'

The code of practice supports and complements a number of related University policies e.g. the [Staffing Policy against Discrimination, Harassment and Bullying in the Workplace](#), the [Equality, Diversity and Inclusion Policy](#), the policy on [Reporting of Gender-Based and Sexual Violence](#), policies and guidance under its ['Prevent duty'](#) (Counter-Terrorism and Security Act 2015) and the [Protection of Vulnerable Groups (PVG) Policy](#).

4.1.3 Trusted Research

Trusted Research is a cross-government, cross-research and innovation sector term for protecting the UK's intellectual property, sensitive research, people and infrastructure from potential theft, misuse and exploitation, including as a result of hostile activity by state and other actors. Consequently, the UKRI has brought together work on research and innovation under a single work programme, Trusted Research and Innovation (TR&I). The overarching objectives of the work programme are;

- To outline the potential risks to UK research and innovation;
- Help researchers, UK universities and industry partners to have confidence in international collaboration and make informed decisions around those potential risks;
- Explain how to protect research and staff from potential theft, misuse or exploitation.

Key to the achievement of these objectives is the underpinning of all ongoing and future research collaborations with enhanced due diligence, an avoidance of conflict of interest and well-managed segregation within research projects to protect physical and online information from misuse and misappropriation.

This threat of foreign interference has been felt throughout the UK Higher Education sector, with vulnerabilities within the University of Aberdeen having previously been identified.

The Centre for the Protection of National Infrastructure (CPNI) have made available a number of resources tailored to the Higher Education Sector Signpost to resources on Trusted Research and their guidance can be accessed [here](#). They have also developed a checklist for academic research projects which can be found [here](#). This information will be crucial to improve the due diligence checks that individual organisations can carry out to scrutinise new partnerships and interactions with overseas actors.

The European Commission have also published a toolkit on [Tackling R&I Foreign Interference](#) which mirrors the best practice and due diligence of its UK equivalent. As such, the University is re-assured that research partnerships pursued with EU based organisations are subject to the same scrutiny as has been endorsed by the UK Government.

The CPNI have also issued [guidance](#) on the implementation of Trusted Research under their '5Es' framework; Educate, Enable, Environment, Encourage and Evaluate.

Further information on Trusted Research is available from the University of Aberdeen [here](#) and guidance from the UKRI [here](#).

4.1.4 National Security & Investment Act (NSIA) 2021

All researchers should be aware that the National Security and Investment Act (NSIA) came into force on 4 January 2022 and introduced new powers to scrutinise and intervene in certain acquisitions made by anyone, including businesses and investors, that could harm the UK's national security. The government can impose certain conditions on an acquisition, or, if necessary, unwind or block it, although the government expects to do this rarely.

The government can call in an acquisition for assessment if it reasonably suspects that it has given rise to, or may give rise to, a risk to national security. This applies whether the acquisition has been completed or is still in progress or contemplation. This applies to acquisitions completed since 12 November 2020.

Entities and assets might be qualifying entities and qualifying assets if they are from, in or have a connection to the UK. A qualifying entity is any entity other than an individual, including a company, a limited liability partnership, any other body corporate, a partnership, or an unincorporated association or trust. **In the higher education and research-intensive sectors, a qualifying entity could include, but is not limited to, a foreign or UK:**

- university, which is registered as a charitable organisation;
- private university;
- trust;
- university spin-out;
- university subsidiary (for example a company that a university has incorporated and carries out specific activities that the university operates);
- research organisation;
- private company or corporation doing contractual work with a higher education institution or research organisation.

Qualifying assets include land, tangible, moveable property, and ideas, information or techniques which have industrial, commercial or other economic value ('intellectual property'). **In the higher education and research-intensive sectors, a qualifying asset could include but is not limited to:**

- designs;
- plans, drawings and specifications;
- software;
- trade secrets;
- databases;
- source code;
- algorithms;
- formulae;
- land;
- tangible moveable property, such as laboratory equipment;

Any researchers who are a party acquiring a qualifying entity **are legally required to tell the government about certain acquisitions in 17 sensitive areas of the economy as these areas are considered more likely to give rise to national security risks.** The areas of the economy are:

- Advanced Materials*;
- Advanced Robotics*;
- Artificial Intelligence*;
- Civil Nuclear;

- Communications;
- Computing Hardware*;
- Critical Suppliers to Government;
- Cryptographic Authentication*;
- Data Infrastructure*;
- Defence;
- Energy;
- Military and Dual-Use;
- Quantum Technologies*;
- Satellite and Space Technologies*;
- Suppliers to the Emergency Services;
- Synthetic Biology*;
- Transport.

(* Those areas where academic research is considered 'in-scope', and due diligence checks will be required going forwards.)

Further information on the NSIA can be obtained here.

4.1.5 Conflicts of Interest in Research and Commercialisation

The establishment of links between University employees and outside bodies (whether government departments, commerce, industry or others) is not only in the public interest but also benefits the University and the individuals concerned. However in some instances, such links may result in potential conflicts of interest. A conflict of interest exists where the decision making or judgement of an employee may be influenced by actual or potential benefit or advantage that could be obtained from it.

The University's Code of Practice on Conflicts of Interest in Research and Commercialisation provides further guidance on assessing if proposed activities could cause a conflict of interest, and if so, outlines the procedure for disclosing any perceived or potential conflict.

It applies to all employees of the University of Aberdeen engaged in research, including the delivery of research and knowledge exchange projects and the support of research and knowledge exchange activities, facilities and resources. It does not apply to conflicts of interest arising out of close or intimate relationships between staff and students or between members of staff which are covered by other University policies.

4.1.6 Integrity in Research

The definition of research integrity used by the University of Aberdeen is that of the Universities UK Concordat to Support Research Integrity. This draws on a number of existing definitions in a way that is applicable to all areas of research. The University emphasises the importance of active adherence to the principles and that while such principles are stated to apply in relation to disciplinary norms, they will also apply to inter-disciplinary research.

The core elements of research integrity are:

- **Honesty** in all aspects of research, including:
    - in the presentation of research goals, intentions and findings;
    - in reporting on research methods and procedures;

- in gathering data; in using and acknowledging the work of other researchers;
- and in conveying valid interpretations and making justifiable claims based on research findings.

- **Rigour**, in line with prevailing disciplinary norms and standards:

  - in performing research and using appropriate methods;
  - in adhering to an agreed protocol where appropriate;
  - in drawing interpretations and conclusions from the research; and
  - in communicating the results.

- **Transparency and open communication** in declaring potential competing interests;

  - in the reporting of research data collection methods;
  - in the analysis and interpretation of data;
  - in making research findings widely available, which includes publishing or otherwise sharing negative or null results to recognise their value as part of the research process; and
  - in presenting the work to other researchers and to the public.

- **Care and respect for all participants in, and subjects, users and beneficiaries of research**, including humans, animals, the environment and cultural objects. Those engaged with research must also show care and respect for the integrity of the research record.

These core elements of research integrity apply to all aspects of research, including the preparation and submission of grant and project proposals, the publication and dissemination of findings and the provision of expert review on the proposals or publications of others (that is, peer review).

Researchers must be able to exercise freedom in their academic choices and must also accept responsibility for the decisions that they make. Thus, the primary responsibility for ensuring that they act according to these principles in all aspects of their research work, including peer review, lies with the individual. Employers of researchers, funders of research and other organisations engaged with supporting research and researchers also have important roles to play.

4.1.7 Openness in Research

While recognising the need for researchers to protect their own research interests and any contractual obligations which the University may have, the University encourages all researchers to be as open as possible in discussing their work with others and with the public. Once results have been published, the researchers are expected to make relevant data and materials openly available, provided that this is consistent with any ethical approvals and consents which cover the data and materials, any intellectual property rights and third-party contractual rights. This can be achieved using a third-party research data repository appropriate to the discipline, or the University's own repository (Pure). As a minimum, researchers should include a data availability statement with the research publication, explaining how the underlying data can be accessed.

The University grants access to data and materials through appropriate Data Transfer and Material Transfer Agreements. These will be arranged through Research and Innovation and researchers should contact their School Research Development Executive. The University will normally grant access to its own collections, taking account all ethical and other relevant issues.

The University encourages the publication of research results at the earliest opportunity. The University recognises that publication of the results of research may, on occasion, need to be delayed for a reasonable period pending protection of intellectual property arising from the research or a contractual obligation to the funder of the research. However, any such period of delay in publication should be kept to a minimum. Publications should be made open access (free to access and re-use) as much as possible, and this may be mandated by funder policies.

Where there is an expectation or requirement that details of studies being conducted should be made publicly available (such as registration for protocols for a clinical trial) then the University expects researchers to comply with these statutory obligations.

Further information on open research is available [here](#).

4.1.8 Role of Professional Bodies

The University expects researchers to observe the standards of research practice set out in codes and guidelines of publishers, scientific and learned societies, and other professional bodies. All researchers should take the necessary steps to adhere to the legal and other requirements that regulate their work. They should also adhere to the highest level of research ethics, in line with national and international regulatory bodies, professional and regulatory research guidance, and research ethics frameworks issued in appropriate areas.

4.1.9 Leadership and Supervision in Research

The University expects senior researchers to ensure that a climate of mutual co-operation is created in which all members of a research team or an individual are encouraged to develop their skills, and in which the open exchange of ideas, and appropriate acknowledgement of the direct and indirect contributions of others is fostered. The University will ensure that appropriate direction of research and supervision of researchers through Heads of School is provided. Training in supervisory skills will be provided where appropriate, usually through the University's Research Staff Development Programme.

Supervisors are required to supervise all stages of a research process, including outlining or drawing up a hypothesis, preparing applications for funding, protocol design, data recording and data analysis. It is the responsibility of the research supervisor to explain best research practice and ethical considerations as early as possible, and to ensure that applications for ethical approval are submitted by their students (where required), and that mandatory training in research ethics and governance has been completed. The University of Aberdeen is committed to providing a working environment and culture in which the harassment, discrimination and/or bullying of members of staff or other research participants is neither tolerated nor accepted and where individuals have the confidence to complain of such incidents without fear of intimidation or reprisals.

All researchers should undertake appropriate training, for example, in research design, regulatory use, ethics, integrity, confidentiality, record keeping and data protection and data management. To assist in these matters all new researchers should, within the first month of their employment, receive the University of Aberdeen Handbook for Research Governance and they will be expected to undertake the training provided in research integrity and in research ethics and governance. It is also expected that all existing staff undertaking or involved in research should undertake this training. Both training courses will be required to be repeated every five years. In addition, all staff engaged in research activities must complete the University's mandatory information security training and data protection training, and thereafter, refresher courses as required.

Postgraduate research students should receive training on the University's Policy and Guidelines on Good Research Conduct during their induction programme and throughout their programme of study. It is a condition of their transition beyond their first year that they have been trained in good research practice and understand the University's Policy and Guidelines (see also the University Code of Practice for Research Students, Supervisors, Heads of Schools, Graduate School Officers and Dean of the Postgraduate Research School and the Code of Practice for Postgraduate Taught Students, Programme Co-ordinators, Course Co-ordinators and Heads of School). Postgraduate research students undertaking a PhD will be expected to demonstrate that they have undertaken the University provided training in research integrity and in research ethics and governance prior to presenting themselves for the formal progression exercise in the first year of study.

Further information is available in the University's [PGR Handbook](#).

4.1.10 Management and Ownership of Research

At the outset of any research, researchers should be clear on management and ownership of a) data and samples used or created in the course of the research; and b) results of the research.

Researchers are required to seek guidance from their immediate supervisor if clarity is needed on any aspect of management or ownership. It is generally the case that the University will own the data, samples and results arising from research in the first instance, though there may be contractual arrangements with third parties which govern ownership and its use. Further guidance can be obtained from the University's Intellectual Property policy, or from Research & Innovation.

All researchers must keep clear and accurate records of the procedures followed and approvals granted during the research process, including records of the interim results obtained as well as of the final research outcomes. This is necessary not only as a means of demonstrating proper research practices, but also in case questions are subsequently asked about either the conduct of the research or the results obtained. The maintenance of accurate records is also important for potential subsequent commercialisation of research. Researchers must adhere to the University Guidelines on Keeping Research Records.

Data generated in the course of research must be kept securely in paper (e.g. lab book or equivalent) or electronic format, as appropriate, and in accordance with good practice in the storage of primary data, record-keeping and ethical issues. In the case of electronic records, these must use the University storage system. Please note that any records kept on a University managed drive (shared or home space) are regularly backed up as per the Backup Schedule. Records should only be stored in places other than the University electronic storage system in exceptional circumstances and for the shortest period possible until they can be transferred, and thereafter deleted from the temporary location.

Guidance on retention periods can be found in the University's Research Data Management Policy.

4.1.11 Responsible Use of Research Metrics in Research Assessment

The University is a signatory to the San Francisco Declaration on Research Assessment (2012) (DORA). In line with our commitment to DORA, journal impact factors (JIF) or other equivalent indicators based on publishing venue (e.g. journal title, name of publisher) will not be used to assess research.

Metrics may be used to assess work, as part of a recruitment or promotions process or to assess the impact of research of a School, institute or centre **as long as these are not used in isolation or as an alternative to expert peer review**.

It is acknowledged that the use of metrics is likely to vary across disciplines and that no single metric indicator (e.g. journal impact factor, h-index) will provide a complete measure of research quality; a research output must be assessed according to its own merits using a discipline-appropriate 'basket of measures' which include qualitative indicators.

Further guidance on this issue is provided in the University's Policy on the Responsible Use of Research Metrics in Research Assessment.

4.1.12 Storage and Backup of Electronic Data

The storage and backup of research data should be appropriate and secure and align with the University's Research Data Management Policy (see section 6).

Further information on University managed research data storage can be found in the IT Services website under Services for Researchers (see also Research Data Storage).

Please note that data kept on a University networked drive are regularly backed up as per the Backup Schedule.

4.1.13 Ethical Practice in Research

All researchers must adhere to the University's ethical framework for research (see Section 3).

4.1.14 Risks of Research Misuse

In progressing their investigations, researchers must actively consider any risk that their research could potentially generate outcomes which could be misused for harmful purposes. Research which involves potentially harmful agents, or which generates knowledge which might be misused should be identified as a risk. As examples, this might be research which demonstrates how to render a vaccine ineffective, or research which enables weaponisation of a biological agent or toxin. Where such risks exist, the researcher should seek advice from the School Director of Research as to which steps might be taken to minimise such risks. Researchers should also consider whether any of their research activities may be subject to counterterrorism legislation (see Section 3.8 Prevent Duty) and/or the National Security and Investment (NSI) Act (see Section 4.1.3 National Security & Investment Act (NSIA) 2021).

4.1.15 Publication, Authorship Practice and Inventorship

Results of research should be published in an appropriate form consistent with the academic discipline. It is the responsibility of the lead author to ensure familiarity with the appropriate form. No paper, abstract, report or other output should normally be submitted without the permission of every individual named on the output. No person should be named as a contributor without their consent. Persons listed as an author must meet the requirements for contribution. The Committee on Publication Ethics (COPE), whose membership includes more than 4000 journals from all research fields, notes that "there is no universally agreed definition of authorship, although attempts have been made … as a minimum, authors should take responsibility for a particular section of the study". More specific recommendations are available in certain fields and where available, reference should be made to these. Including persons who do not meet these requirements (known as "honorary authorship") is unacceptable. Where there is a dispute between contributing authors in relation to authorship or other aspects of publication, the issue should be referred to the relevant research lead of the work with a view to seeking resolution between the relevant parties. If this is not considered appropriate, for whatever reasons, the issue should be referred to the Head of School. The University of Aberdeen must be correctly named in the author affiliation and contact details provided for any member of staff or research student in a publication.

Credit should be given to the contribution made by research facilities and their staff; contributions made by facilities and staff should be noted in all publications. Specific facility staff should be acknowledged if they were involved in performing experiments or provided more involved training/advice/work. If their contributions went beyond this level, they should be considered for inclusion as a co-author. Some research facilities may require the acknowledgement of different grant numbers depending on the piece of equipment used – advice should be sought from the facility to make sure their preferred format has been followed.

The contribution of formal collaborators and all others who directly assist or indirectly support the research must be properly acknowledged. The practice of intentionally concealing the contribution of a person to work ("ghost authorship") is unacceptable. The University endorses the adoption of CRediT (Contributor Roles Taxonomy), which provides 14 roles that can be used to describe each

contributor's specific contribution to a scientific scholarly output. Further information on CrediT is available here.

Many funders require acknowledgement of funding as part of the terms and conditions of funding and may insist on a particular format on how the grant reference numbers should be rendered. Advice can be sought from the relevant Research Development Executive in Research and Innovation.

It should be noted that the criteria for deciding who should be considered an inventor on any patent application are quite different to those normally applied in determining authorship of a scientific research paper. Although there are no actual rules laid down in law, there are a number of specific approaches generally applied within the UK. If there is any doubt about who the inventor(s) should be, the matter should be discussed with the Impact and Knowledge Exchange Group within Research and Innovation who may engage an appropriate patent agent for their expert input.

In general terms, an inventor will not usually include anyone who:

- Simply carried out work under instruction (regardless of how much skill and effort this took) such that the work took no initiative and required no modifications to carry out as instructed and did not interpret the results of the work;

- Had no part in the research, regardless of whether or not they funded it, or were associated with it in other ways, or owned the facilities which were used in the research, or published earlier relevant work, or contributed very general work or assistance;

- Has been a Project Manager or Supervisor but did not contribute intellectually or technically to the actual invention.

Every individual found to have actually made an inventive contribution to any invention covered by the patent application should be named as an inventor. There is no significance in the order that the names are published in a patent specification.

4.2 Statement on the Handling of Allegations of Unacceptable Research Conduct

This statement provides a definition of "Unacceptable Research Conduct" and details the University's processes for dealing with allegations of unacceptable research conduct ("research misconduct"). It should be read in conjunction with the University's Policy and Guidelines on Good Research Conduct (above). Where international collaborative research is involved, the guidance provided by the OECD Global Science Forum on Investigating Research Misconduct Allegations in International Projects (A Practical Guide April 2009) will also be considered.

The University maintains that the primary responsibility for ensuring that no unacceptable research conduct occurs rests primarily with individual researchers. However, it also recognises the importance of its role as an institution in sustaining research integrity, and this is reflected in the processes outlined below.

The University's procedures will apply to visiting researchers while based in the University and should be brought to their attention as part of the organisation of the visit. Where allegations of research misconduct are made, this will be notified to the home institution of the researcher, but where such an allegation also involves a member of staff or student of the University of Aberdeen then it will be investigated according to the University of Aberdeen's procedures. A member of staff visiting another institution must familiarise themselves with the host institution's policy on research misconduct and adhere to its requirements in addition to the requirements of this policy.

4.2.1 Definition of Unacceptable Research Conduct

The UUK Concordat to Support Research Integrity notes that unacceptable research conduct is characterised as behaviour or actions that fall short of the standards of ethics, research and scholarship required to ensure that the integrity of research is upheld.

Unacceptable Research Conduct can take many forms, including the following (as defined by the University:

- **Fabrication**, including the creation of false data and other aspects of research, including documentation and participant consent and presenting such outputs as if they were real.

- **Falsification**, including the inappropriate manipulation and/or selection of data, imagery and/or consents.

- **Plagiarism** comprises the misappropriation or use of others' ideas, intellectual property or work (written or otherwise), without acknowledgement or permission. A researcher cannot be found to have committed plagiarism where it can be shown that they have taken all reasonable care to avoid representing the work of others as his or her own. **Self-plagiarism** is the act of presenting previously published research (or large sections of previously published research) as new research i.e. by failing to cite the original work.

- **Misrepresentation** including:

  - misrepresentation of data, such as suppression of relevant findings and/or data, or knowingly, recklessly or by gross negligence, presenting a flawed interpretation of data;
  - undisclosed duplication of publication, including undisclosed duplicate submission of manuscripts for publication;
  - misrepresentation of interests, including failure to declare material interests either of the researcher or of the funders of the research;
  - misrepresentation of qualifications and/or experience, including claiming or implying qualifications or experience which are not held;
  - misrepresentation of involvement, such as inappropriate claims to authorship and/or attribution of work where there has been no significant contribution, or the denial of authorship where an author has made a significant contribution.

- **Mismanagement or inadequate preservation of data and/or primary materials** including failure to:

  - wherever possible, deposit data permanently within a national collection and link to relevant Pure entry;
  - keep clear and accurate records of the research procedures followed and the results obtained including interim results;
  - hold records securely in paper or electronic form;
  - make relevant primary data and research evidence accessible to others for reasonable periods after the completion of the research (data should normally be preserved and accessible for 5 years but for projects of clinical or major social, environmental or heritage importance, for 20 years or longer, or as required by external funders);
  - make relevant primary data and research evidence accessible to others for reasonable periods after the completion of the research (data retention, preservation and accessibility should be managed in line with the University Policy on Research Data Management and all relevant legislation);
  - manage data according to the research funder's data policy and all relevant legislation.

- **Financial impropriety in accounting for research funds, intentional unauthorised use;** these will be investigated and dealt with in conjunction with colleagues in Finance, acting under the institutional Fraud Policy and Financial Regulations.

- **Failure to meet ethical, legal and professional obligations**; for example (noting most of these examples are also covered elsewhere under this definition), failure to declare competing interests; misrepresentation of involvement or authorship; misrepresentation of interests; breach of confidentiality; lack of informed consent; misuse of personal data.

- **Disclosure or removal of, or damage to, research-related property of the University or of another,** including apparatus, materials, writings, data, samples, hardware or software or any other substances or devices used in or produced by the conduct of research.

- **Breach of Duty of Care (deliberately, recklessly or by gross negligence)** including:

  - disclosing improperly the identity of individuals or groups involved in research without their consent, or other breach of confidentiality;
  - placing any of those involved in research in danger, whether as subjects, participants or associated individuals, without their prior consent, and without appropriate safeguards even with consent; including reputational danger where that can be anticipated;
  - not taking all reasonable care to ensure that the risks and dangers, the broad objectives and the sponsors of the research are known to participants or their legal representatives, to ensure appropriate informed consent is obtained properly, explicitly and transparently;
  - not observing legal and reasonable ethical requirements or obligations for the care of animal subjects, human organs or tissue used in research, or for the protection of the environment;
  - improper conduct in peer review of research proposals or results (including 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 peer review purposes;
  - failure to disclose competing interests;
  - failure to follow established protocols.

- **Bullying and Harassment:**

  - behaviour towards any participants in research that contravenes the institutional Staffing Policy against Discrimination, Harassment and Bullying in the Workplace .

- **Improper Dealings with Allegations of Unacceptable Research Conduct:**

  - failure to address possible infringements, such as attempts to cover up misconduct and reprisals against whistle-blowers;
  - failure to deal appropriately with malicious allegations, which should be handled formally as breaches of good conduct.

It does not include honest error or honest differences in the design, execution, interpretation or judgement in evaluating research methods or results, or unacceptable research conduct unrelated to the research process. Similarly, it does not include poor research unless this encompasses the intention to deceive. It **does** include behaviours that consistently, deliberately or recklessly fall significantly short of the standards expected in the conduct of research (see Section 1).

4.2.2 Reporting Allegations of Unacceptable Research Conduct

All stakeholders in research, including all academic staff, technical support staff, administrative support staff and students, have responsibility for reporting any allegation of unacceptable research conduct.

Nominated person to whom a report should be made

There is a defined individual (nominated person) to whom an initial approach should be made, by staff or students, with allegations of research misconduct. This individual will be the initial point of contact for any discussions which the complainant wishes. This individual is, in the case where the complainant is a member of staff, the Director of Research within the School (or Institute within the School of Medicine, Medical Sciences and Nutrition) of the complainant. Where the complainant is a student, the nominated person is the Dean for Postgraduate Research. In any case where the nominated person was not suitable to receive the complaint (because of conflict of interest) the nominated person would be an appropriate Research Dean.

Where the subject of the allegation is a staff member, the investigation process outlined in this section will be followed. Where the subject of the allegation is a student (UG, PGT or PGR), the investigation process to be followed will be as per the Code of Practice on Student Discipline (Academic).

Where the subject of the allegation is both a staff member and a student, the investigation process to be followed will be determined by the nominated person. If the alleged research misconduct relates to work on their programme of study, the student process will normally be followed. If it relates to their employment, the staff process will normally be followed.

If after contact and discussion with the nominated person, the complainant wishes to make a written complaint, it will be made to the same nominated person. In cases where the allegations relate to misconduct involving more than one School, the Dean of Research for the relevant area of the University will nominate a "lead" School for the investigation of the complaint and the above procedures will apply. In the case where the Dean for Postgraduate Research has received a written complaint from a student in relation to a staff member, the Dean will forward the complaint to the relevant nominated person in relation to the staff member (i.e. School or Institute Director of Research).

Report of misconduct from external parties

In the case where the University receives a formal complaint from an external party, the same procedure will be followed; the nominated person being within the School (or one of the Schools) relevant to the complaint.

In the event that a member of staff/student is contacted directly by a complainant making an allegation of research misconduct, the allegation should be discussed with the Academic Line Manager (for staff) or the Supervisor (for students) **prior** to responding to the complainant. This will ensure that appropriate support and guidance can be provided by the Line Manager/Supervisor. Following consultation with the Line Manager/Supervisor, the reply to the complainant should provide information on how the complainant can submit a formal complaint (if they so wish). The reply should also be copied to the Line Manager/Supervisor.

Involvement of External Funding Agencies

External funding agencies may receive allegations of unacceptable research conduct made to them directly, rather than to an individual within the University of Aberdeen. The appropriate Director will contact an appropriate individual at the University of Aberdeen which will then be responsible for taking suitable action in line with its formal written procedures for handling allegations of unacceptable research conduct.

Likewise, there will also be cases where the University might have a responsibility to comply with reporting requirements to external funding agencies on the outcomes of any investigation relating to unacceptable research conduct involving the use of such funds. For example, the University has agreed a specific statement with the United States Public Health Service in order to be eligible to receive United States National Institute of Health funding.

Some funders [1] require, on submitting an application for research funding, confirmation of current stage 2 investigations and/or no formal findings against individuals under the institutional Staffing Policy against Discrimination, Harassment and Bullying in the Workplace. Processes are in place to confirm this with Human Resources which are in line with applicable policies.

<u>Report of misconduct received via the whistleblowing policy</u>

In the case where the University receives a report via the whistleblowing procedure (see 4.3 Whistleblowing) and it is considered to pertain to research misconduct, the same procedure will be followed and the report will be dealt with by the nominated person (as defined above).

<u>Initial consideration of a report of research misconduct</u>

On receiving a written report, the role of the nominated person is to determine whether the matter in hand is correctly considered under the procedures for investigation of research misconduct. In coming to a decision on this, the nominated person will involve HR who will provide guidance on relevant procedures and policies. If the complaint is deemed not to relate to research misconduct, it will be referred (if relevant) to be considered under the relevant University procedure. Otherwise it will be considered by a Stage 1 committee whose role will be to determine if there is a *prima facie* case to consider. The line manager of the party under investigation should be notified of the report. If the line manager is the subject of the complaint, the notification should be sent to another appropriate person within the line management structure.

Stage 1 investigation

Where referred for investigation, the Stage 1 committee will be chaired by the nominated person. The chairperson will convene a committee of three persons, one of whom will be a specialist within the research area and one of whom will be a staff member of the University but external to the School in which the complaint has arisen. Wherever possible, the research specialist should not be someone with line management responsibility for the individual under investigation.

The Stage 1 committee will request such information and take evidence from such persons or bodies as they consider appropriate in order to reach a decision. The investigation will ensure that the complainant has had an opportunity to effectively put forward their complaint which may involve offering an interview. The committee will seek to reach a decision within two months of the written allegation being received. The committee may decide:

- no action is required (there is no *prima facie* case to answer);
- the issue should be referred to be considered under an alternative University procedure;
- some action is recommended for an individual(s) such as training or re-training in research integrity issues;
- referral on for Stage 2 investigation.

The outcome will be notified to persons(s) against whom the complaint is made, the complainant and any other relevant (including external) parties.

Stage 2 investigation

If the allegations are referred on for a Stage 2 investigation, the formal complaint and records of the Stage 1 investigation will be passed on to the Dean for Research in the relevant area who will a) inform the University Secretary of the formal investigation and summary details, and b) convene a committee to investigate.

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[1] At the time of writing, this is a requirement for Wellcome, Cancer Research UK and the British Heart Foundation.

The Stage 2 committee will be composed of five persons (including the chair). It will include the Vice-Principal for Research, one person who is external to the University, one person with expertise in the relevant academic area and a representative from Human Resources.

The Stage 2 committee will review the documentation from the Stage 1 investigation and will decide what further information is required by way of interview or other submission. The committee will interview person(s) against whom the complaint is made. They will seek to reach a decision within two months of the matter being referred to the second stage procedures. They will consider a range of actions necessary as a result of the investigation including no action; re-training; or disciplinary procedures. Disciplinary procedures will be enacted if relevant. The committee will inform the party under investigation of the outcome. They will inform relevant, including external, parties of the outcome (after the conclusion of any appeal lodged). They will provide details to any relevant external party, specifically, if the allegation or complaint was made by an external body.

In cases where there is no evidence of research misconduct the University will take relevant action to ensure that the reputation of parties who were under investigation is maintained or restored. Specifically, the parties under investigation will be given the option of a statement being issued by the University indicating that allegations were made, and investigation took place and the outcome of the investigation.

Appeals

Having been informed of the outcome of the investigation of the Stage 2 committee, the party (or parties) under investigation will have five working days to notify HR if they wish to lodge an appeal against the decision. The party (or parties) then will have a further ten working days to submit their appeal to HR. The appeal must be on the basis of procedural irregularity. The appeal could only relate to matters where there was not a more appropriate route for their consideration (for example where the investigation had resulted in disciplinary procedures and the appeal was in relation to the outcome of these procedures).

A Dean of Research (but not a Dean involved in Stage 1 or 2 of the process) will consider the basis for the appeal and will come to a decision on whether there is a basis for appeal. If they decide not, the appellant(s) will be informed of this. If they decide there is a basis, then an appeal panel will be convened as follows: VP chair (other than the VP involved in the Stage 2 process), the Dean for Research who considered the basis for appeal, and one other staff member with relevant expertise. The panel would be expected to interview the chairs of the Stage 1 and 2 process as part of their consideration of the appeal. They would be expected to come to a decision, usually, within 20 working days.

Feedback

Feedback is welcomed from all individuals who have been involved in an investigation into alleged research misconduct, in order that these procedures can be continuously reviewed and improved. Feedback should be submitted to the nominated person responsible for the misconduct investigation.

4.3 Whistleblowing

Staff, students and lay members of the University are expected to report actual or potential infringements of research ethics and unacceptable research conduct and will be supported by the University in so doing. As an alternative to the process outlined under section 4.2.2 Reporting Allegations of Unacceptable Research Conduct, concerns may also be raised via the University's. Policy and Procedure on Public Interest Disclosure (Whistleblowing Policy) which sets out clear procedures for reporting concerns. This details how allegations raised via this mechanism will be investigated. The University Research Committee will be kept informed; it has overarching responsibility for ensuring that all alleged ethical breaches are investigated.