

# FRAMEWORK AND CODE OF PRACTICE FOR ENSURING RESEARCH INTEGRITY

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# TEESSIDE UNIVERSITY RESEARCH GOVERNANCE

## FRAMEWORK & CODE OF PRACTICE FOR ENSURING RESEARCH INTEGRITY

### 1 INTRODUCTION

#### 1.1 Purpose and rationale of this document

This document addresses the requirement for a set of principles for the good conduct of research and outlines a framework for identifying and investigating allegations of research misconduct. This document conforms with international and national principles of research integrity and with national expectations on institutional responsibility for research integrity. An accompanying document which serves as a set of researcher guidelines for good conduct and research practice is available, for the support of researchers and for use in training, and should be read in conjunction with this document where relevant. Where “the institution” is referred to below this means “Teesside University”.

#### 1.2 Application of this framework and code of practice

This framework applies to all members of the institution undertaking relevant research activity<sup>1</sup>. By “research activity” is meant any activity where Teesside University takes on ultimate responsibility for the research; and/or, the research is being undertaken in fulfilment or part-fulfilment of a Teesside University programme of study/academic award<sup>2</sup>; and/or, a member of Teesside University staff, or a student enrolled in Teesside University, is the Principal/Chief Investigator (PI/CI) or Academic Supervisor; and/or, holds the research funding. It also applies to those persons who are not members of the institution, but who are conducting research on the institution’s premises or using the institution’s research facilities.

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<sup>1</sup> These criteria for “research activity” and criteria for deciding whether a component of a taught programme falls under the definition of “research activity” are the same as the criteria in the University’s *Policy, Procedures and Guidelines for Research Ethics*:

<https://unity3.tees.ac.uk/Departments/USEC/UniversityRegulations/University%20Regulations%20Documents/Research%20Ethics,%20Policy%20Procedure%20and%20Guidelines.pdf>

<sup>2</sup> Postgraduate research students and their supervisors should refer to the *Regulations Relating to Research Misconduct on Research Degree Programmes*, as any allegations of research misconduct by a student registered for a research degree will be handled using the procedure and definitions in that document. Allegations concerning students on taught degrees involving aspects of those programmes that are defined as “research” should be handled with reference to *Regulations Relating to Academic Misconduct (Taught Components and Programmes)*.

## 2. PRINCIPLES OF RESEARCH INTEGRITY

The international framework and standards for research integrity are set out in the *Singapore Statement on Research Integrity* (2010); the *European Code of Conduct for Research Integrity* (2010); and the *Montreal Statement on Research Integrity* (2013). The national (UK) expectations for institutions are set out in documents from UK Research Integrity Office (2009); Research Councils UK (2009, revised 2013); and, specifically, *Universities UK Concordat to Support Research Integrity* (2012). The principles guiding the present document and the responsibilities set out herein align with the principles and expectations in these international and national statements and codes of practice.<sup>3</sup>

All researchers should aim for:

- 1) **Honesty** in all aspects of the conduct of research
- 2) **Accountability** and **rigour** in the conduct of research
- 3) **Fairness** and **professional courtesy** when dealing with others
- 4) **Good stewardship** of the resources and ideas of others

These principles can apply in any research discipline. Relevant research activities include:

- a) Defining and presenting research aims, purposes, and rationale;
- b) Research design;
- c) Reporting conflicts of interest, actual or prospective;
- d) Adherence to regulations and compliance with legal and ethical requirements;
- e) Adherence to professional standards, ensuring familiarity with up-to-date guidance on best research practice from professional bodies and groups;

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<sup>3</sup> <http://www.singaporestatement.org/statement.html>;  
[http://www.esf.org/index.php?eID=tx\\_nawsecuredl&u=0&file=fileadmin/be\\_user/CEO\\_Unit/MO\\_FORA/MOFORUM\\_ResearchIntegrity/Code\\_Conduct\\_ResearchIntegrity.pdf&t=1339243492&hash=10306c699a5bfacc166b67e4f461600f5b37f44e](http://www.esf.org/index.php?eID=tx_nawsecuredl&u=0&file=fileadmin/be_user/CEO_Unit/MO_FORA/MOFORUM_ResearchIntegrity/Code_Conduct_ResearchIntegrity.pdf&t=1339243492&hash=10306c699a5bfacc166b67e4f461600f5b37f44e);  
<http://www.ukrio.org/ukR10htre/UKRIO-Code-of-Practice-for-Research1.pdf>;  
<http://www.rcuk.ac.uk/documents/reviews/grc/goodresearchconductcode.pdf>

- f) Clear and well-defined co-operation arrangements when collaborating in research groups, with other institutions, or with partners in other sectors;
- g) Working with, supporting and mentoring, novice or less experienced researchers;
- h) Duty of care for participants in, and the subjects of, research;
- i) Ensuring the safety of all those associated with the research;
- j) Keeping clear documentation, accurate and verifiable research records;
- k) Gathering data;
- l) Maintaining data security;
- m) Conducting experiments and analysing data;
- n) Reporting on research methods and procedures;
- o) Reporting on and presenting research data and results;
- p) Drawing valid interpretations and justifiable claims based on findings;
- q) Drawing conclusions and making recommendations based on the research;
- r) Communication of results to other researchers and to the general public;
- s) Adhering to appropriate procedures when submitting work for publication;
- t) Proper attribution of the intellectual contribution of others; acknowledgement of the work of others, where appropriate;
- u) Ensuring that funding from funders and sponsors is used in accordance with agreed proposals and contracts;
- v) Complying with reporting requirements of funders and sponsors.

### 3. CODE OF PRACTICE

#### 3.1 Responsibilities

- a) Principal or Chief Investigators (PIs/CIs) and other researchers are responsible for developing research proposals that are ethical and, especially when working in new areas, across disciplines, across sectors, or across institutions, to ensure that potential ethical and compliance issues are addressed appropriately;
- b) Principal or Chief Investigators (PIs/CIs) and other researchers are responsible for seeking research ethics Clearance for all work where required, and applying for research ethics committee Approval when projects meet the criteria for full approval;
- c) Principal or Chief Investigators (PIs/CIs) and other researchers are responsible for conducting research to the agreed protocol and in accordance with legal requirements and applicable professional codes of conduct;
- d) Research supervisors are responsible for ensuring that their students are made aware of the University's *Policy, Procedures and Guidelines for Research Ethics* and this current document;
- e) Research supervisors are responsible for ensuring that the research of their students is conducted in accordance with the University's *Policy, Procedures and Guidelines for Research Ethics* and this current document, and that their students are supported appropriately in maintaining the expected standards;
- f) Research Ethics Committees are responsible for ensuring that proposed research which is brought to the attention of members of those committees is ethical, according to current standards of institutionally-sponsored research, as set out in *Policy, Procedures and Guidelines for Research Ethics*;
- g) All staff and students involved in research should be aware of the reporting system for misconduct and adverse events and any instances should be reported formally;

- h) The University is responsible for the promotion and support of a research culture which ensures that researchers understand and discharge their responsibilities according to expected standards;
- i) The University is responsible for ensuring that research is properly managed and monitored, having proper and fair processes in place to strengthen the integrity of research, reviewing progress regularly and openly;
- j) The University is responsible for ensuring that a formal report is created annually about processes and activities related to the contents of this document. This report shall be forwarded annually to senior Boards of the University; to external bodies overseeing research integrity; and made publically available on the University web site.
- k) All Schools will have a post known as the *Research Integrity Liaison Officer* acting in a formal capacity as the primary contact for research integrity issues. The Liaison Officers be ex-officio officers of the University Research Ethics and Integrity Committee and be responsible for a number of research integrity functions on behalf of the Associate Dean (Research and Innovation) in each School and to the Chair of UREIC for reporting purposes.

### **3.2 Notification, approval and agreements for proposed research projects**

As detailed in *Policy, Procedures and Guidelines for Research Ethics*, all proposed research projects which meet the criteria for ethical review must receive ethical Clearance before work commences on the proposed project.

If an application for external funding is to be submitted, a formal authorisation process must be carried out with approval required prior to submission from those authorities and signatories as defined in the current financial approval process. Where approaches are to be made to outside bodies for support for research projects or where contracts are to be undertaken on behalf of such bodies, the financial implications must have been appraised and adequate provision of resources must be available to meet all commitments. Each grant or contract will have a named supervisor or grant holder. Most grant-awarding bodies/contracting organisations stipulate conditions under which their funding is given and there are procedures to be followed for submission of interim or final reports. It is the responsibility of the named supervisor or grant holder to

ensure that conditions of funding are met. If external partners are involved, a formal research agreement must be drawn up and signed before the project can start.

Full details about the financial regulations in force for research grants and contracts can be found in the University's *Financial Regulations* :

<https://unity3.tees.ac.uk/Departments/USEC/UniversityRegulations/University%20Regulations%20Documents/Forms/Financial%20Regulations.aspx>

### **3.3 Monitoring of research projects**

Throughout a project the Principal Investigator or project supervisor is responsible for monitoring the project. A financial audit may also be carried out. Interim and final reports must be produced. All adverse 'near miss' events such as accidents are to be reported to the School Dean or Department Director. All staff involved in research should be aware of the reporting system for misconduct and adverse events and any instances should be reported formally. Allegations of research misconduct should be made formally to the Director of Research and Innovation Services. Student monitoring and reporting procedures will be implemented according to the relevant current regulatory frameworks for the award of degrees:

<https://unity3.tees.ac.uk/Departments/USEC/UniversityRegulations/University%20Regulations%20Documents/Forms/Academic%20Regulations.aspx>

### **3.4 Intellectual property**

The responsibility for the identification of intellectual property (IP) resides with the individual researcher and/or with their supervisor. The ownership of IP is deemed to reside with the University if the ideas, concepts, principles or issues emanating thereof are the result of activities under which the individual is acting within the terms of their contract. If such issues are the result of external collaborations, ownership shall be determined by the terms of the Research Agreement drawn up between the parties involved in the collaboration.

Full details about intellectual property regulations can be found in the University's *Intellectual Property – Staff (2007) Regulations*:

<https://unity3.tees.ac.uk/Departments/USEC/UniversityRegulations/University%20Regulations%20Documents/Forms/Staff%20Regulations.aspx>;

or *Intellectual Property – Students (2007) Regulations*:

<https://unity3.tees.ac.uk/Departments/USEC/UniversityRegulations/University%20Regulations%20Documents/Forms/Student%20Regulations.asp>

### **3.5 Data management**

Researchers should keep all relevant records of the research process in case of requests for replication or verification of aspects of the research process. Research funders may also require research data and outputs to be made available using open access routes, such as data repositories. In such cases, researchers must ensure that data accessibility is taken account of in the design and conduct of the project. However, in all such cases the recording of data obtained from research participants must remain as agreed in ethical review protocols and must be gained from participants with appropriate consent. All data handling must comply with legal requirements for data protection and other relevant law affecting data (such as Freedom of Information).

The University has a Policy on Research Data Management which should be adhered to where funding conditions stipulate such requirements. Researchers should be familiar with the University's process for Research Data Management which is in place at pre-award stage, at-award stage, and post-award stage. Researchers must adhere to any requirements for sharing and management of data agreed to at the point of grant award:

<http://www.tees.ac.uk/docs/DocRepo/Student%20regulations/Research%20Regulations/Research%20Data%20Management%20Policy.doc>

Researchers should ensure that they are familiar with the data protection guidance: [http://www.tees.ac.uk/sections/research/personal\\_data.cfm](http://www.tees.ac.uk/sections/research/personal_data.cfm)

### **3.6 Authorship, accreditation and acknowledgement**

Researchers should adhere to the internationally recognised criteria of authorship when submitting publications for peer review and adhere to the requirements of journals and publishers in the process of such submission.

### **3.7 Training**

Information regarding research governance training is disseminated by this document; by the University's *Policy, Procedures and Guidelines for Research Ethics*; by the Research Governance web pages on the University web site (<http://www.tees.ac.uk/sections/research/governance.cfm>); and also as part of student induction training. Specialist training related to research ethics and integrity is delivered by Research and Innovation Services and by members of the University Research Ethics and Integrity Committee. Supervisors are also

expected to support students under their supervision in appropriate practice related to research governance.

#### 4. DEFINITION OF RESEARCH MISCONDUCT

4.1 The following are examples of research misconduct:

- a) **fabrication of data**, which includes fake and constructed “data”, whether in total or presented alongside genuine data; this also refers to “data” obtained by fraudulent means, such as through experiments never actually undertaken but reported as if they were undertaken;
- b) **falsification of data**, which includes any deliberate *tampering* with or *omission* of genuine data, as well as *misrepresentation* of genuine data, such as inappropriate manipulation of images or graphs, with the *intention of increasing the apparent significance or originality* of results or outcomes; or as an attempt to *establish priority* of results or outcomes;
- c) **plagiarism** is the incorporation of another's work in work which reports on research activity or outputs in writing or other media without proper acknowledgment. Plagiarism could occur in a thesis submitted for final examination; reports or other draft work submitted for feedback; research or funding proposals; or publications issuing from research activity, for instance.

Non-exhaustive examples of plagiarism are:

- i) inclusion of more than a single phrase from another's work without the use of quotation marks and acknowledgement of the sources;
- ii) summarising of another's work by simply changing a few words or altering the order of presentation without acknowledgement;
- iii) reproducing another person's work or ideas in own words without acknowledgement;
- iv) unauthorised use of the ideas of another person without acknowledgement of the source or sources;
- v) copying the work of another person with or without that person's knowledge or agreement;
- vi) *entire or part* appropriation of another's work without attribution, by replacing the original author's name with the name of the

plagiariser, such as through theft, commissioning, or purchase of another's work from any source.

- d) ***failing to seek permission via ethical review to conduct the project, where this is required.*** Any student research work which meets the criteria for review and which is submitted for examination must have received the appropriate ethical Clearance, as set-out within the University's "*Policy, Procedures, and Guidelines for Research Ethics*";
- e) work which was conducted in ***collaboration*** with others which is claimed to be the work of a single individual only without acknowledgment or clear identification of the contribution of others;
- f) ***sabotaging the work of others or deliberately stalling the progress of another researchers' work*** in order to establish priority of results or outcomes;
- g) ***fraud or deception*** when applying for research funding grants;
- h) ***fraud or deception*** when using research funds;
- i) ***collusion with or incitement of others*** to engage in research misconduct in any of the categories above;
- j) ***failure to report misconduct*** in any of the categories above.

4.2 Genuine disagreement over scientific or scholarly methods *does not constitute misconduct*, nor does a difference of opinion in interpretation of data or results mean that misconduct has occurred. Only if a method or interpretation is presented in such a way as to *mislead* others can the behaviour be considered a form of misconduct.

4.3 In determining the intent to deliberately do wrong, sufficient proof would be required that the actions were performed deliberately and not due to an occasional lapse of due diligence. However, *consistent insufficient diligence* can lead to the perception that deliberate misconduct occurred and difficulties for the accused in proving that such actions were *not* performed deliberately, which could lead to sanctions being enforced.

## 5 PROCEDURES FOR DEALING WITH ALLEGED RESEARCH MISCONDUCT

### 5 Procedures for Allegations of Research Misconduct against Staff

5.1 A member of staff against whom an allegation has been made is referred to hereafter as the **Respondent**. A person or persons making allegations against a member of staff are referred to hereafter as the **Complainant(s)**. Allegations made by Complainants **MUST** use form **UREIC RMAIleg**. Anonymous allegations can only be made under the specific exceptional circumstance when an allegation is made about a publication or other work already in the public domain which is open to general public scrutiny and where the veracity of the allegation may be tested solely with reference to the content of work that is in the public domain.<sup>4</sup>

5.1.1 A condition of allegation(s) being made on form UREICRMAIleg is that if, following the Initial Screening Procedure and Formal Evidence Gathering, it is determined that a further formal investigation is warranted, then:

- a) the Respondent will be immediately informed of the nature of the allegation(s);
- b) the Complainant must provide sufficient evidence and respond in a timely fashion to requests for information so as to allow an Investigation to proceed within the timeframe required;
- c) the Complainant cannot determine the scope which an investigation might take, including the persons from whom information and responses may be requested nor the manner in which the Investigation is conducted;
- d) the identity of the Complainant will be protected as far as is reasonable, but it must be accepted as a condition of acting upon an allegation that confidentiality cannot be guaranteed once an investigation proceeds beyond the Initial Screening Procedure.

5.2 The responsibility for co-ordinating a formal investigation, if warranted, lies with Human Resources, who will act on a well-founded allegation against a member of staff under the terms of the Disciplinary Procedure

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<sup>4</sup> In practice, this means that allegations of this kind will almost always be allegations of plagiarism, where an allegation can be tested for veracity against other work in the public domain without requiring additional evidence from either an anonymous complainant or the respondent.

- 5.3 Any office holder named as performing a role under the procedures can be deputised for in situations where a conflict of interest may hold.
- 5.4 Given the complexity of research, in allegations involving more than one member of staff, individual proceedings should normally be convened prior to any action involving multiple staff unless the work is such that the case must be considered as a whole.

5.5 **Initial Screening and Formal Evidence Gathering**

Prior to a formal procedure undertaken by Human Resources, an Initial Screening and/or Formal Evidence Gathering stage will be conducted. The Initial Screening Procedure should commence within 10 working days of form UREICRMAAlleg being received.

- 5.5.1 An **Initial Screening** should be done in **all cases**. The purpose of the Initial Screening Procedure is to establish that an allegation:
- a) is well founded under the definitions at Section 4 above;
  - b) is not frivolous, vexatious or malicious.

- 5.5.2 The composition of an Initial Screening Panel shall consist of the following four members of staff:

A Pro-Vice Chancellor (or nominee) acting as Chair

Director of Human Resources (or nominee)

A representative of Legal Services

Secretary of UREIC

The information provided on UREIC RMAAlleg should form the basis for screening and will determine whether the Complainant's allegation(s) is/are frivolous, vexatious or malicious, and/or whether the allegation(s) is/are made in the possession of sufficient evidence to satisfy the burden of proof.

- 5.5.3 In the eventuality that an allegation is deemed to be not well-founded, or to be frivolous, vexatious or malicious, a record that an allegation was made shall be kept noting that it was found to be not well-founded or to be frivolous, vexatious or malicious by an Initial Screening Procedure, but which does not identify the

Respondent. Complainants whose allegations are determined to be frivolous, vexatious or malicious will normally be reported to the appropriate authority. If the Complainant in frivolous, vexatious or malicious allegations is internal to the University, the Complainant will normally be subject to disciplinary action.

5.5.4 **Formal Evidence Gathering** shall be done in those cases where 5.5.1a) and 5.5.1b) have been established. The same members of the Initial Screening Panel, co-opting research expertise as needed, shall undertake Formal Evidence Gathering. The purpose of Formal Evidence Gathering is not to determine the guilt or innocence of the Respondent, but to:

- a) establish whether sufficient evidence is currently available to investigate an allegation further and/or whether the evidence required is likely to be obtainable by a formal investigation;
- b) to make a judgement about the validity and reliability of the evidence supporting the allegation;
- c) to determine the scope and content of what would be required, and whether any further evidence would be necessary under the Disciplinary Procedure if further action were taken, using the definitions of research misconduct set out at 4.1 of this Framework;
- d) To make a recommendation for further action, either referring the allegation and Respondent to the Disciplinary Procedure; or dismissing the allegation on the basis that that the evidence does not justify further action being taken.

5.5.5 The Panel may co-opt, as necessary, expertise from other staff members of the University to assist with examining evidence relevant to determining whether research misconduct has taken place. Where expertise of the relevant kind is not available within the University, or where such expertise involves close colleagues of the Respondent, the Panel may co-opt expertise from outside the University as necessary, including requesting assistance from advisory bodies such as the UK Research Integrity Office (UKRIO), Association for Research Ethics (AfRE), or the Committee on Publication Ethics (COPE).

5.5.6 Evidence that may be obtained by the Panel includes, but is not limited to: research records; computer files; relevant research data and materials; proposals; publications; correspondence; memoranda; and notes. The basis for determining what evidence is relevant shall be the contents of form UREICRMAlleg.

5.5.7 The end point of Formal Evidence Gathering is the production of a Report detailing: i) the nature of the allegation; ii) actions taken in Initial Screening; iii) actions taken in Formal Evidence Gathering; iv) a record of evidence obtained; v) the outcome of both procedures, including a clear recommendation for either further action to be taken or for dismissal of the allegation.

## 5.6 Actions

5.6.1 If the outcome is a recommendation for further action, this should be forwarded to Human Resources for action under the terms of the Disciplinary Procedure, normally within 20 working days of the outcome of Formal Evidence Gathering, along with the Report produced at 5.5.7 and recommendations for any research expertise that may be required during a formal hearing under the Disciplinary Procedure.

5.6.2 A record shall be made that an investigation took place even when no further action is required. If the outcome of the Procedure is that the allegation is not justified or that evidence is insufficiently supportive of the allegation, the record shall not identify the Respondent and shall clearly state that no other action was taken.

## 5.7 Investigation of alleged student research misconduct

Allegations of research misconduct by students should be dealt with **using the relevant academic misconduct regulations for the award of degrees**, whether *Regulations Relating to Academic Misconduct (Taught Components and Programmes)*; or *Regulations Relating to Research Misconduct on Research Degree Programmes*: <http://www.tees.ac.uk/docs/index.cfm?folder=Student%20regulations&name=Research%20Regulations>

5.8 No-one should be penalised for raising concerns in good faith, in line with the University's *Whistleblowing Policy*: <http://www.tees.ac.uk/docs/index.cfm?folder=Human%20Resources%20Policies%20and%20Procedures>

5.9 Research fraud that is sufficiently serious to fall outside of the scope of the University Disciplinary Procedures should be dealt with by means of the University *Anti-Bribery and Corruption Policy*: <http://www.tees.ac.uk/docs/index.cfm?folder=Human%20Resources%20Policies%20and%20Procedures>

## **APPENDIX 1**

### ***RESEARCH INTEGRITY LIAISON OFFICER***

#### **ROLE DESCRIPTOR**

Liaison Officers are given discretion in how the role is best used within a particular School. However, the following are provided in order to define a set of common standards across the institution:

- 1 To act as principal liaison between researchers in Schools and Research and UREIC;
- 2 To ensure that researchers in Schools are aware of the Liaison role and have opportunities to provide input to UREIC related to research integrity or for development activity related to research integrity;
- 3 To ensure that policy and practice decisions taken by UREIC are effectively communicated at School level;
- 4 To initiate development activity for researchers at School level either independently or in liaison with UREIC;
- 5 To provide a named contact for each School able to provide advice to individual researchers, or for referral to UREIC, where research misconduct issues are suspected and/or alleged.