



University of
Salford
MANCHESTER

Research Misconduct Policy and Procedure

Version Number 2.0

Effective from 1st August 2022

Issued by the Research and Enterprise Directorate

Part 1: Policy

1.0 Purpose

The University of Salford is committed to excellent research with impact. The University's Research Code of Practice has been developed to promote good conduct at all stages of the research process and to ensure that research is of the highest quality.

The purpose of this policy is to highlight the University's expected standards for good research conduct and to inform members of the University about the types of activity or behaviour that constitute research misconduct (Part 1). Part 2 of this document then outlines the procedure for making and managing allegations of research misconduct and how such matters will be dealt with by the University when research conduct falls short of the expected standard.

The University adheres to the UK Research Integrity Office (UKRIO) [definition of research misconduct](#) which includes, but is not limited to,

- Fabrication;
- Falsification;
- Misrepresentation of data and/or interests and/or involvement;
- Plagiarism; and
- Failures to follow accepted procedures or to exercise due care in carrying out responsibilities for:
 - avoiding unreasonable risk or harm to:
 - humans;
 - animals used in research; and
 - the environment; and
 - the proper handling of privileged or private information on individuals collected during the research

2.0 Scope

- This Policy and Procedure applies to all University staff, visiting or emeritus staff, associates, holders of honorary and clinical contracts, contractors and consultants and others working on University premises or carrying out research activity in the name, or on behalf of, the University of Salford, and across all subject disciplines and fields of study, hereafter referred to as 'Researchers'.
- This Policy works alongside existing University [Staff](#) and [Student](#) Disciplinary and [Grievance](#) policies and procedures and associated appeals processes, and does not replace them.
- The Policy (Part 1) applies to postgraduate research students (PGRs) insofar as outlining expected behaviours and the definition of research misconduct but PGRs are subject to the conditions of the Academic and Student Misconduct policies.

- Those enacting Academic and Student Misconduct policies may use the definitions of research misconduct included in The Policy, as appropriate, as a benchmark of actions or behaviours that constitute research misconduct when investigating allegations of research misconduct by PGRs.
- The Procedure (Part 2) does not apply to postgraduate research students (PGRs). Instead, allegations of research misconduct made against students (all levels and degrees, except where staff are also University students) will be referred to and managed through the [Academic Misconduct Procedure](#) or [Student Misconduct Procedure](#)¹.
- Researchers are responsible for the professional conduct and publication of their research, for the work of colleagues and students under their direction, and for the reporting of suspected conflicts of interest, poor practice or potential misconduct. Researchers should be aware of, and adhere to, current good practices and any statutory obligations relating to their research area.
- The University reserves the right to inform relevant professional organisations of research misconduct as appropriate or required by contractual agreement.

3.0 Roles and Responsibilities

- This Policy and Procedure is overseen by the Pro Vice-Chancellor Research & Enterprise (PVC R&E). The Named Person in this policy is the Research Governance & Policy Manager (R&E).

4.0 Policy Statements

4.1 Principles

- a. Investigations into allegations of research misconduct will be conducted in a manner that ensures a full and fair investigation and as far as reasonably practicable in accordance with the timescales laid out in the Procedure (Part 2).² Timescales may vary according to the time required to investigate a specific allegation.
- b. Persons making allegations of research misconduct should have a reasonable belief that research misconduct has taken place and should be in a position to provide prima facie evidence in support of the allegation. These persons will be protected by the University's [Whistle Blowing Policy](#).
- c. The University takes all allegations of research misconduct seriously. All investigations into allegations of research misconduct will be conducted fairly, transparently, robustly, with the highest standards of integrity, and without bias. Appropriate levels of confidentiality in accordance with the University [Privacy Statement](#) and the Data Protection Act 2018 will be maintained by all parties and at all stages of this Procedure.
- d. If all or any part of the allegations are upheld, the Head of Human Resources, the Named Person, and at least one other member of senior staff will decide whether the matter

¹ As of August 2021, this procedure is known as the "Student Misconduct Procedure". All cases that arose prior to August 2021 come under the "Student Disciplinary Procedure" and both are available to view on www.salford.ac.uk/governance-and-management/student-facing-policies-and-procedures

² The timescales laid out in the Procedure (Part 2) are subject to minor change, depending on the nature and/or urgency of the allegation.

should be referred to the University's disciplinary process or whether other formal actions should be taken.

- e. The University of Salford reserves the right to investigate any allegations, or suspicions of research misconduct made known to the University, but where there is no specific Complainant. Such cases will be considered at the discretion of the PVC R&E.
- f. All parties will be given full verbatim details of allegations, evidence, outcomes and actions.
- g. Written, sequential records of research misconduct allegations, investigations and outcomes must be kept. The information produced when handling a disclosure will be kept confidential, limiting access to those people relevant to the investigation, and will be kept in accordance with the Data Protection Act 2018 and applicable internal retention schedules.
- h. If an individual is found to have made a malicious or vexatious allegation, they may be subject to action under the [University's Disciplinary Policy](#).
- i. The University may (acting reasonably and depending on the circumstances of each case) adapt, vary or depart from the application or implementation of this policy and procedure, including any time limits, to reflect the circumstances of each case.
- j. If at any stage of the Procedure (Part 2) a complainant, respondent or other person raises a complaint about the use or operation of the Procedure or any decision or action proposed or taken under the Procedure, or raises any other grievance, then the Named Person will seek the advice of Human Resources, Student Services and other relevant departments, in confidence, to determine appropriate course of action.³

5.0 Policy Enforcement

- a. Unreasonable refusal to cooperate with an investigation through this policy may be deemed wilful and action may also be taken under the [University's Disciplinary Policy](#).
- b. The Research & Enterprise Directorate, under the leadership of the PVC R&E, is responsible for overseeing the Policy and ensuring it is correctly implemented and enforced.
- c. Requests for further information regarding this Policy, should be sent to the Research Governance & Policy Team (R&E) at: researchgovernance@salford.ac.uk

6.0 Related Documentation

- a. See Appendix B for a list of Related Documentation

³ Adapted from the UKRIO Procedure for Investigation of Misconduct in Research (2008)

Part 2: Procedure for Managing Allegations of Misconduct in Research

1.0 Procedure Statements

- a. This Procedure runs in parallel to the University's Disciplinary Policy. It also runs in parallel with any necessary investigations by legal/regulatory bodies. Individual staff members are responsible for making themselves aware of relevant policies and remaining abreast of changes to these policies.
- b. The University may also, acting reasonably and depending on the circumstances of each case, adapt, vary or depart from the application or implementation of this procedure, including any time limits, to reflect the circumstances of each case and to reflect general principles.
- c. It is a requirement of the Procedure that all those investigating or assessing concerns or allegations of research misconduct will be unbiased, have no involvement in the research in question, and have no relationship which could represent a conflict of interest with either the person(s) making the allegation, or the person(s) against whom the allegation has been made.⁴
- d. If an allegation is of a serious nature and carries an imminent or likely risk of harm to people, animals, the environment or the University's reputation, the PVC R&E will take immediate appropriate action to ensure that any danger or actual harm is mitigated, prevented or eliminated. It is the responsibility of all staff to report such risks to the PVC R&E as soon as they become apparent.
- e. If the allegation is against the Named Person, it should be made directly to the PVC R&E.

2.0 Informal Investigation Definition

- a. Where practicable, the University promotes informal resolution prior to making a formal allegation of research misconduct. This resolution may be based on documented precedent/s and respective outcomes. Informal resolution can frequently allow issues to be resolved without recourse to a formal process. Staff should make all reasonable efforts to resolve concerns informally through their direct Line Manager, Research Centre/Group/Programme Lead, Associate Dean Research (ADR), Associate Dean Academic (ADA) or Dean of School.
- b. Where informal resolution has taken place, the person with whom the informal concern is raised should make and retain a record of the concern, the actions taken and the outcomes. An anonymised summary of the case and outcome must be provided to the Named Person within 30 days of agreeing an informal resolution. The Named Person will provide a summary report of cases annually to the Academic Ethics Committee for its consideration when delegating responsibility to the Research Governance Working Group to review and update the Policy and Procedure.

⁴ Relationships that might represent a conflict of interest might include but are not limited to personal relationships, members of a research team, e.g., Co-Investigator, line managers/those line managed

- c. Any adverse events, near misses, hazards, and faults should also be reported via the Health & Safety [Accident, Near Miss, Hazard and Fault Reporting](#).
- d. Where an informal concern has been made as the result of a potential misunderstanding or breakdown of communication between individuals, mediation support may be sought via Human Resources. However, it should be duly noted that mediation is a voluntary process and not all issues are suitable for mediation. An initial assessment by a suitable Human Resources manager would therefore be necessary to determine whether mediation is appropriate in the circumstances of the case.
- e. If informal resolution fails, the Formal Allegation Process should be followed.

3.0 Formal Allegation Process

- a. Formal allegations of research misconduct must be made in writing and sent to the Named Person at: research-misconduct@salford.ac.uk. The Formal Investigation Process follows the Preliminary Assessment Process (4.0) and is detailed below in section 5.0.
- b. Those making formal allegations should be made aware that a summary of their allegation and supporting evidence will be forwarded to the person(s) against whom the allegation is made if found to be in scope and therefore progressing to Formal Investigation, except under very exceptional circumstances when this would compromise the wellbeing or safety of the person making the allegation.
- c. All allegations must detail the exact nature of the allegation and be supported by any and all evidence available to the person making the allegation, including any records relating to the informal resolution stage. Unless under exceptional circumstances, formal allegations of research misconduct should be accompanied by supporting evidence, rather than made on the basis of suspicion, perception or on hearsay alone.
- d. The Named Person will formally acknowledge receipt of the allegation in writing as soon as reasonably practicable and where possible within 2 working days of receipt.
- e. If a formal allegation is sent to any individual other than the Named Person, that individual should send it to the Named Person as soon as reasonably practicable and where possible within 2 working days.
- f. If the allegation is against the Named Person, it should be made directly to the PVC R&E.

4.0 Preliminary Assessment Process

- a. The Named Person, or nominated alternative, will undertake an initial assessment of the allegation against the criteria outlined in this Policy and the Research Code of Practice. If it is determined that the allegation does not fall within scope of this Policy, and/or there is insufficient evidence to support further investigation, the matter will be dismissed or, where relevant, referred for informal resolution and/or other internal procedures.
- b. The opinion of the Named Person is final, however the procedural steps taken by the Named Person to reach their decision may be queried. In this instance, the Named

Person is responsible for evidencing the procedural steps they have taken to reach their decision and a suitable third party must be assigned by the Director of Research & Enterprise or PVC R&E to investigate whether due process has been followed.

- c. The Named Person will inform the person making the allegation of the outcome of the preliminary assessment in writing. This will be done as soon as reasonably practicable but where possible within 5 working days of receiving the allegation. At this stage the person against whom the allegation is made will not yet be informed.
- d. If it is determined that the allegation is an urgent or serious matter, as in cases of immediate risk to life, animal, environment or University reputation, the Named Person will refer it immediately to the PVC R&E.
- e. Where additional information is required to complete the preliminary assessment, the Named Person will request this from the person making the allegation. The person making the allegation will then have 90 days from the point of first raising the allegation to provide the information or evidence required. If the information or evidence is not provided within this 90-day period, the case will be automatically closed.
- f. If the preliminary assessment finds the case to be out of scope, it will be either referred to other internal procedures or dismissed.
- g. If it is determined that the allegation is vexatious or malicious, the Named Person may refer the matter to Human Resources and seek support for further action.
- h. If it is determined that the allegation falls within the scope of research misconduct, the Named Person will proceed to the Formal Investigation stage of this procedure.
- i. The Named Person will inform Human Resources that an allegation of research misconduct has been referred to the Formal Investigation stage.

5.0 Formal Investigation Process

- a. The Formal Investigation stage is intended to determine whether there is prima facie evidence of research misconduct.
- b. The Investigating Officer must be a suitable senior person, as determined by the needs of the case.
- c. The Named Person must notify the person(s) against whom the allegation has been made that a formal investigation of the allegations is to take place. This notification should be made in writing as soon as reasonably practicable and where possible within 5 working days of concluding the Preliminary Assessment Process.
- d. The Named Person will ask the ADR of the School of the person(s) against whom the allegation has been made to appoint a senior member of academic staff as the Investigating Officer. Where the allegation concerns the ADR or Dean, the Named Person will ask an ADR from a separate school to appoint an Investigating Officer.
- e. The Named Person will provide the Investigating Officer with copy of original allegation and all supporting evidence.
- f. The Investigating Officer, supported by HR, will conduct a full and impartial investigation from any individuals they deem appropriate and relevant. This will include the allegation

and supporting evidence provided by the person making the allegation, any comment and supporting evidence from the person(s) against whom the allegation has been made, and background information relevant to the allegation. The Investigating Officer may also commission external advice, in confidence and with the approval of the Named Person.

- g. The Investigating Officer will submit the investigation report to the Dean of School of the allegation as soon as reasonably practicable and where possible within 20 working days of being appointed.
- h. The Dean of School will consider the report and determine whether the case should progress to a Disciplinary Hearing.

6.0 Disciplinary Hearing Process

- a. If, on consideration of the Investigating Officer's report, the Dean of School of the person(s) against whom the allegation has been raised, determines the case should progress to a Disciplinary Hearing, the Hearing Panel will be convened in line with the University Disciplinary Procedure.
- b. The Hearing Panel will comprise the Dean of the School of the person against whom the allegation has been made as Chair, the Associate Dean Research (ADR) of the school of the person against whom the allegation has been made, and a second ADR. The Panel will be supported by an HR representative.
- c. If, on consideration of the Investigating Officer's report, the Dean of School of the person against whom the allegation has been made, determines the case should not proceed to Disciplinary Hearing, then the Dean of School will liaise with the PVC R&E and determine an alternative outcome.
- d. As per the Disciplinary Procedure, employees have the right to appeal against a disciplinary decision. See section 19.0 of the [Disciplinary Policy](#).

7.0 Additional Measures

- a. The Formal Investigation Procedure for dealing with allegations of research misconduct will be terminated prior to completion only in exceptional circumstances and only with the agreement of the PVC R&E. For example, the termination of contracts of employment of any parties involved will not automatically lead to a termination of the Procedure.
- b. The PVC R&E should be informed as soon as possible if, during the course of investigation, any of the following come to light:
 - An immediate health hazard
 - An immediate need to protect University or an external agencies funds or equipment
 - An immediate need to protect those making the allegation, those complained against or any of their associates

- Evidence of practice which breaches the University's Academic Ethics Policy where there is an immediate risk to life, animal, environment or University reputation and/or in the case of an informal investigation
 - An indication of a criminal offence
- c. Incidents involving personal data should also be reported to the University's Head of Information Governance.
- d. The PVC R&E should also be informed as soon as possible if the Named Person thinks that the investigation itself may be jeopardising current and future research funding, the appropriate use of research funds or the protection of public interest.
- e. The PVC R&E should consider whether to suspend the research project for the duration of the investigation. If the researcher is a non-UK national and the research project is suspended (or withdrawn), then the matter should be discussed with Human Resources, who may need to refer or report the matter to UK Visas and Immigration.
- f. The University will comply with the requirements and regulations of its funding bodies in relation to notification of formal investigations into allegations of research misconduct. The PVC R&E will decide whether information about the allegations will be disclosed to specific parties, including the research funder.
- g. Additional measures not outlined in this Policy and Procedure or the University's Disciplinary Procedure may be required following the outcome of an investigation into allegations of research misconduct, or before if appropriate. For example:
- Termination of the research project, including abrogation of the research findings
 - Requirement for retraction/correction of articles in journals
 - Withdrawal/repayment of funding
 - Notifying misconduct to regulatory bodies
 - Notifying other employing organisations
 - Notifying other organisations involved in the research, including, but not limited to:
 - Professional bodies
 - Editors
 - Publishers
 - Research partners
 - Notifying the police of a possible criminal act
 - Consideration of implications for other projects in which the researcher has been, and is, involved
 - Adding a note of the outcome of the investigation to the employment record of the person(s) against whom the allegation has been made
 - Review of governance, training and supervisory processes
 - Review of lessons learned from allegations of research misconduct

7.0 Procedure Enforcement

a. The Research & Enterprise Directorate, under the leadership of the PVC R&E, is responsible for overseeing the procedure and ensuring it is correctly implemented and enforced.

b. If you require further information regarding this Procedure, please contact:
researchgovernance@salford.ac.uk

8.0 Related Documentation

a. See Appendix B for a list of Related Documentation

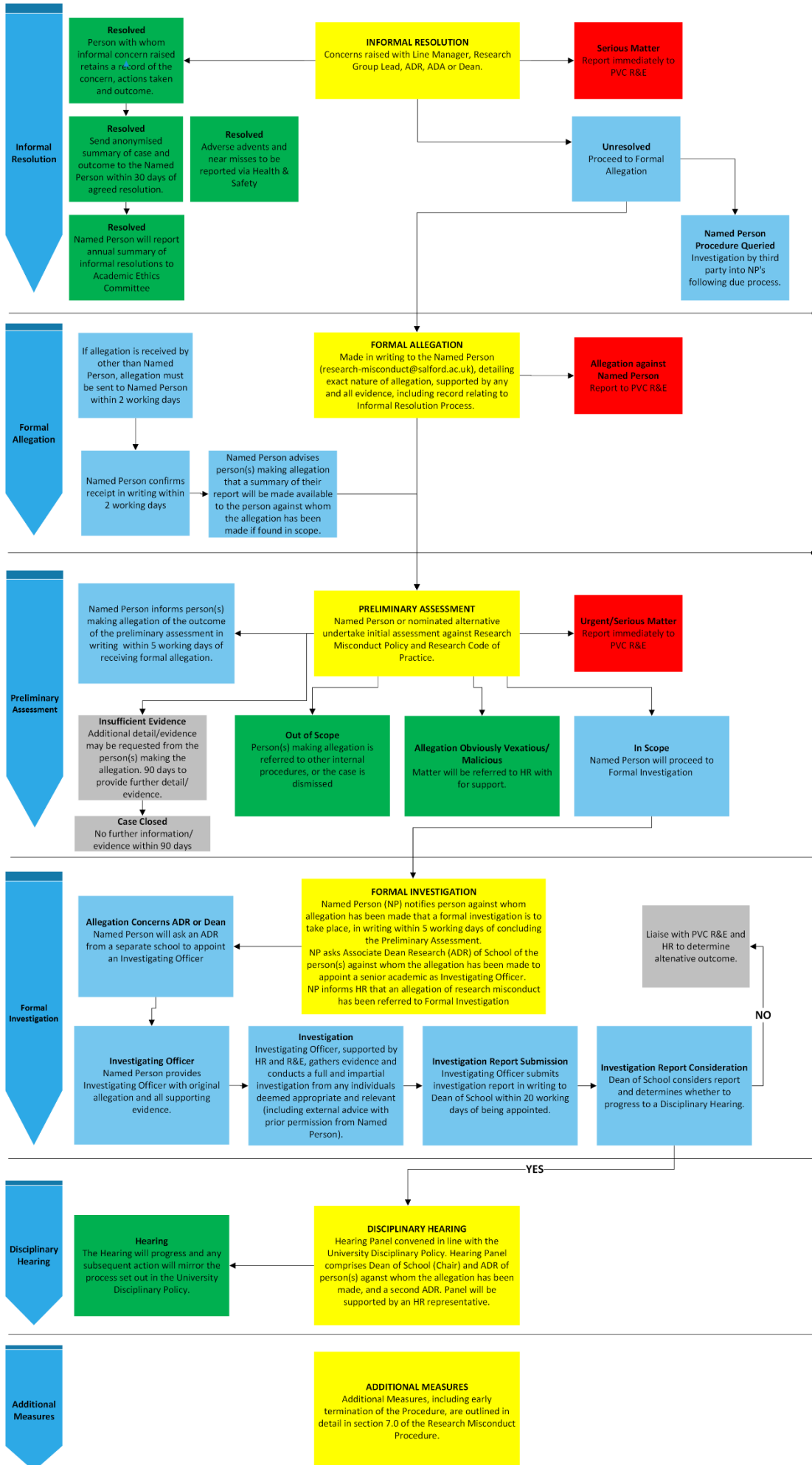
University of Salford Related Policies, Procedures and other documentation
Academic Ethics Policy (internal)
Academic Misconduct Procedure
Data Protection Policy (internal)
Disciplinary Policy (internal)
Equality, Diversity & Inclusion Annual Report (incl. EDI Statement)
Good Practice in Authorship and Dissemination of Publications User Guide
Grievance Policy & Procedure (internal)
Health & Safety Policy (internal)
Incident Reporting Form (internal)
Information Security ICT Acceptable Use Policy
Intellectual Property Policy
Lone Working Code of Practice
Open Access Policy
Proofreading and Plagiarism Guidance (internal)
Records Retention Schedule
Register of Interests, Gifts and Hospitality Policy (Declaration and Management of Conflicts of Interest)
Research Code of Practice [link to be added after publication of 2022 version]
Research Data Management Policy
Safeguarding Guidance for researchers, research students and participants (internal)
Safeguarding Policy

Student Disciplinary Procedure
University of Salford Privacy Statement
University Guidance on Proofreading, Peer Review and Plagiarism
University Ethics Framework
Whistle Blowing Policy V4.0
Internal Websites (the Hub)
Academic Ethics Staff website
Academic Ethics Student website
Academic Handbook
Code of Practice for the Conduct of Postgraduate Research Degree Programmes
Information Governance website
Quality Management Office
Student Facing Procedures website
External information of direct relevance to this Policy and Procedure
Animal testing and research: guidance for the regulated community
Animals (Scientific Procedures) Act (1986)
Athena SWAN Charter
Concordat to Support the Career Development of Researchers
Data Protection Act (2018)
Disclosure and Barring Service
Equality Act 2010
Frascati Manual
Health Research Authority UK Policy Framework for Health and Social Care Research
Human Fertilization and Embryology Act (2008)
Human Tissue Act (2004)
Relevant material under the Human Tissue Act (2004)

Medicines for Human Use (Clinical Trials) Regulations (2004)
Mental Capacity Act 2005
Nagoya Protocol (Convention on Biological Diversity, CBD) Nagoya Protocol (UK: BEIS/DEFRA)
Researcher Development Framework (2011), Vitae
UKRI Policy and Guidelines on Governance of Good Research Conduct
UKRI resources on open data
UKRIO Code of Practice for Research: Promoting good practice and preventing misconduct
UKRIO Procedure for the Investigation of Misconduct in Research (2008)
UKRIO Recommended Checklist for Researchers
Universities UK Concordat to Support Research Integrity
If you experience any issues accessing any of the documents or links listed here, please contact Research Governance & Policy Manager on researchgovernance@salford.ac.uk

9.0 Appendix A: Procedure Flowchart (next page)

- a. The timescales given in the Flowchart represent the ideal maximum timeframe for each step, with allowance for deviation from these timescales where circumstances require. All steps in the Flowchart should be completed as soon as reasonably possible.
- b. If an allegation is raised formally, in writing, to the Named Person, then it will enter the process at the Formal Allegation stage depicted in the Flowchart. If, however, a concern is raised informally for resolution, it only becomes a Formal Allegation if the informal route remains unresolved.



Document Control Information			
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Author	Summary of changes	Version	Authorised & Date
Research Governance Working Group	Major re-review of fitness for purpose. Update of flowchart to reflect changes to process. Update of EIA and all Document Control assessments/information.	V2.0	Academic Ethics Committee May 2022 Research & Enterprise Committee May 2022
Research Governance Manager	Minor amendments to text to update job title changes and update to reflect introduction of GDPR	V1.1	Academic Ethics Committee April 2020
Prof Nick Hardiker, Anish Kurien	New document	V1.0	Research & Enterprise Committee June 2017
Policy Management and Responsibilities:			
Owner:	This Policy is issued by the Research & Enterprise Directorate, which has the authority to issue and communicate policy on research misconduct.		
Others with responsibilities (please specify):	Director of Research & Enterprise, Research Governance & Policy Manager. All subjects of the Policy will be responsible for engaging with and adhering to this policy.		
Author to complete formal assessment with the following advisory teams:			
Equality Analysis (E&D, HR) Link to EIA Library EIA2022-44	1. Completed with Equality, Inclusion & Diversity Team (HR). Approved June 2022.		
Legal implications (LPG)	2. Assessment by Dr Joanne Cresswell May 2017. Further assessment Aug-Nov 2022.		
Information Governance (LPG)	3. Assessment through InfoGov by ongoing consultation, March-July 2017. Further assessment Aug-Nov 2022.		
Student facing procedures (QEO)	4. Assessment by Annette Cooke (Quality and Enhancement Manager) 26 th May 2017. Minor amendments made.		
UKVI Compliance (Student Admin)	5. Assessment by Dr Richard Melia (Head of Home Office Compliance). Minor amendments made.		
Consultation:			
Staff Trades Unions via HR Students via USSU Relevant external bodies (specify)	1. Consultation not required. Submitted for information via Nicola Kettley (Policy, Project and Employee Relations Specialist). 2. USSU consultation completed and amendments made 31 st May 2017. 3. N/A		
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