DE MONTFORT UNIVERSITY LEICESTER

Research, Business and Innovation

Research Integrity and Misconduct Investigation Procedure

Change Log

Version	Date	Lead	Status	Changes
001	2016	-	Published	-
002	2025/09/11	William Knight	Under review	Substantial changes to the text to bring the process in line with UKRIO guidance. **Addition of Section 2** “Relation to other Disciplinary Procedures” **Addition of Section 4** “What is research integrity?” **Additional clauses added to:** Section 1: Introduction and Scope. Section 6: Raising Concerns. Previously “Making a complaint and raising concerns” Section 10: Informal resolution **Addition of the following supporting materials:** Appendix C: Process Flow Diagram

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Definitions

UKRIO	UK Research Integrity Office
Alternate Named Person (ANP)	The alternate is normally the Pro Vice-Chancellor (Research and Innovation) and will fulfil the NP role where the NP is not available or where it is not appropriate for the NP to act in this capacity e.g., where the allegations are in any way linked to the NP or there is the potential for a conflict of interest for the NP.
Initiator	The person or persons making allegations of research misconduct against one or more Respondents.
Days	Within this Procedure, 'days' means 'working days' and excludes weekends, Bank Holidays and other days on which the university is closed.
Named Person (NP)	The Named Person is the Deputy Vice Chancellor and is the person nominated by the university to: • receive any allegations of research misconduct; • initiate and supervise the procedure where appropriate; • maintain a record and preserve documentation relating to an investigation; • take decisions and necessary actions at key stages of the procedure. Checklists are provided at Appendix A and Appendix B. The NP may wish to consult with UKRIO confidentially regarding allegations of research misconduct to seek further advice and guidance.
Respondent	The person or persons against whom the allegation of research misconduct is made. They might be a present or past employee of the university, a PGR student or any individual conducting research under the auspices of the university.

1 Introduction and scope

1.1 This procedure is to investigate concerns relating to potential breaches of research integrity or good research practice raised against anyone conducting research under the auspices of the university, including staff and students.

1.2 The early stages of this process represent an effort to identify if the concerns raised constitute a breach of research integrity or good research practices which require further investigation or correction. If such a breach is identified from the concerns, the mechanisms in this procedure then seek to identify if those breaches constitute a case of research misconduct which may necessitate a more formal resolution.

1.3 It is not assumed that any concerns raised by an Initiator represent research misconduct prior to a Formal Investigation (Section 12) finding it to be so.

1.4 A full process flow diagram for this process can be found in Appendix C.

Principles

1.5 Concerns of potential breaches of research integrity or good research practice, or research misconduct are potentially serious both for the university and the Respondent and such concerns will be investigated fairly, objectively, confidentially and in accordance with the principles of natural justice.

1.6 All parties involved must inform the Named Person (NP) immediately of any interests that they have which might constitute a conflict of interest as regards any aspect of the concerns, the investigation, the area(s) of research in question, or any of the persons concerned.

1.7 The university reserves the right to act as it considers appropriate in relation to any matter raised under this procedure, whether raised formally or informally, orally or in writing. This will apply even where an Initiator subsequently withdraws their concerns or where a Respondent admits to a breach or resigns part way through the process. Such action might include continuing with an investigation and, where necessary, the disclosure of certain information concerning the concerns to a future employer or regulatory or professional body.

1.8 The Respondent is entitled to a presumption of innocence until any investigation is complete, and any concerns of a breach are proven.

1.9 Further, at the commencement of this process, there is no presumption that, if there are breaches of good research integrity, those breaches constitute research misconduct.

1.10 The intention of this process is to ensure that research is conducted legally, ethically, responsibly and with integrity.

2 Potential Outcomes of this Process

2.1 Concerns that are not considered to be serious in nature might be resolved informally, without the requirement for a formal investigation.

2.2 An informal resolution might be the result of any of the steps in this process, depending upon the outcome of the preliminary consideration, screening or formal investigation stages.

2.3 Sometimes, breaches in research integrity arise from genuine mistakes, misunderstandings, miscommunications or external factors such as changes in the regulatory environment, changes in university policy or turnover of involved personnel.

2.4 In some cases, additional training, coaching and advice may be what is needed. An informal approach can help to ensure that problems are resolved quickly, constructively and confidentially, emphasising the opportunity to improve rather than resorting to punitive action where it may not be necessary.

2.5 More serious concerns which are proven to be accurate may necessitate the activation of other disciplinary procedures as described in Section 4.

3 Relation to Disciplinary Processes

3.1 This process might result in one of several potential formal or informal outcomes including, but not limited to, the triggering of disciplinary procedures such as the Disciplinary Procedures for Professional Services and Senior Staff (2022) or the corresponding procedure for Academic Staff (2020) or Academic Integrity and Misconduct Policy (2024) for students.

3.2 These linked procedures can be triggered as a resolution to this process at any stage, including the Preliminary Considerations (Section 9), the Screening Stage (Section 11) or the Formal Investigation Stage (Section 12).

3.3 Concerns of breaches to research integrity or good research practice will initially be considered separately to existing grievance and disciplinary policies and procedures. It is, however, acknowledged that concerns of breaches of research integrity or good research practice may lead to the initiation of such procedures. Likewise, complaints made via such procedures may be referred to this procedure if they are identified as breaches of research integrity, poor research practice or research misconduct.

3.4 Concerns relating to activity which breaches the university's financial regulations, in particular section 15 "Research Grants and Contracts", or in breach of the Anti-Fraud Policy (2016) will be considered in accordance with those regulations/policies and in accordance with the disciplinary procedure where applicable.

3.5 In the instance of those conducting research with external collaborators, close liaison with partner organisations will be necessary.

3.6 This procedure does not form part of any employee's contract of employment, and the university may amend it at any time.

What is Research Integrity?

3.7 Research integrity refers to carrying out research in such a way that it is trustworthy, ethical and responsible. The UKRIO grounds the trustworthiness of research in five principles:

- **Honesty** – this includes honesty in reporting methods, gathering data, referencing others'

work, conveying interpretations and making justifiable claims based on findings.

- **Rigour** – this is demonstrated by adhering to prevailing disciplinary norms and standards, using appropriate methods and following procedures and agreed protocols.

- **Transparency and Open Communications** – declaring competing interests, reporting data collection methods, acknowledging the use of emerging technologies and openly sharing findings. This also allows for acknowledging honest mistakes as productive elements of research.

- **Care and Respect** –Care and respect for participants, subjects, users, beneficiaries and care for the research record itself are an important pillar of the research process.

- **Accountability** – everyone involved in a research project, individually and collectively, is expected to create an environment that empowers and enables them to own the research process and be accountable for their contributions. This includes holding individuals to account when standards are not met.

3.8 These five principles apply across all stages of research, from grant proposals, study design, data collection, analysis through to publication and dissemination of findings.

3.9 A breach of Research Integrity does not necessarily constitute a case of Research Misconduct, but all cases of Research Misconduct constitute breaches of research integrity. As such, this policy is framed such that the preliminary considerations and the screening stage are concerned with establishing if there has been a breach of research integrity, and following the confirmation of such a breach, determining if there is evidence of research misconduct.

4 What is research misconduct?

4.1 The term 'research misconduct' means practices that *seriously* deviate from those that are generally accepted within the academic and scientific communities, including those that are outlined in the Guidelines for Good Research Practice available on the DMU intranet, for proposing, conducting or reporting research. It specifically encompasses, but is not limited to, the following:

- **Fabrication** - includes the creation of false data or other aspects of research, including documentation and participant consent.

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

- **Plagiarism** - includes the general misappropriation or use of others' ideas, intellectual property or work (written or otherwise), without acknowledgement or permission.

- **Misrepresentation** - of data, interests and/or involvement. Also includes misrepresentation of qualifications and/or experience, including claiming or implying qualifications or experience which are not held.

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

- **Failure 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/or the

environment.
    - the proper handling of privileged or private information on individuals collected during the research.

- **Non-compliance with any relevant legislation** in force at the time e.g. Human Tissue Act requirements or the General Data Protection Regulation (2018).

4.2 Research misconduct includes acts of omission as well as acts of commission. The standards by which allegations of misconduct in research should be judged are those prevailing in the country in question and at the date that the behaviour took place.

4.3 Research misconduct does not include differences in the design, execution, interpretation or judgement in evaluating research methods or results, or what might be deemed academically poor research. It does not include misconduct unrelated to the research process.

5 Raising concerns

5.1 If an individual ("the Initiator") has genuine concerns about a potential breach of research integrity, they should submit their concerns to the Named Person (NP) (or Alternate Named Person (ANP)) in writing where possible, accompanied by any supporting evidence that is available to the Initiator.

5.2 If a concern is raised with another member of staff of the university, or through another procedure (e.g., the Whistleblowing Policy), it should be brought to the attention of the NP/ANP without delay by the person receiving details of the concern.

5.3 If an individual (staff or student) has concerns but they are not sure whether their concerns are appropriate to be raised under this procedure, they can seek an initial informal discussion with the Director of the Graduate School or Pro Vice-Chancellor (Research and Innovation). The Initiator should note that the university reserves the right to act as it considers necessary in response to any information disclosed as set out in clause 3.3 of this procedure.

5.4 Individuals should feel able to raise concerns openly under this policy. If, however, an Initiator wishes to raise a concern anonymously, every effort will be made to protect the identity of the Initiator, and subject to Section 8 "Confidentiality", only to disclose their identity to those involved in investigating any allegations where it is necessary to do so. If it is necessary for anyone investigating to know the Initiator's identity, this should be discussed with the Initiator beforehand. See Confidentiality and Support and protection for Initiators and Respondents.

5.5 The university does not encourage anonymous complaints. Proper investigation may be more difficult or impossible if the university cannot obtain further information from the Initiator. It is also more difficult to establish whether any allegations are credible if the person raising them is not identified. Where anonymous concerns are raised, nothing in this clause limits the university from taking such action in response to those complaints as it considers appropriate.

6 Support and protection for Initiators and Respondents

6.1 It is understandable that Initiators are sometimes worried about possible repercussions arising from their raising of concerns. The university aims to encourage openness and will support individuals who raise genuine concerns under this procedure, even if they turn out

to be mistaken.

6.2 Initiators must not suffer any detrimental treatment for raising a genuine concern. Detrimental treatment includes dismissal, disciplinary action, threats or other unfavourable treatment connected with raising a concern. The university will not tolerate the victimisation of individuals who raise genuine concerns under this procedure and a person who threatens or retaliates against an Initiator in any way may be subject to disciplinary action.

6.3 The university cannot guarantee any particular outcome to any concern raised but will endeavour to deal with concerns raised under this procedure fairly and appropriately. The Initiator will be informed if the investigation of their concern will not proceed further at any point. If an Initiator is not happy with the way in which their concern has been handled, they can raise it with the NP and may query whether all their evidence has been considered with the NP. Where appropriate, the NP will decide whether any further action is required because of the Initiator's query. The Initiator will also be informed if the allegation is upheld.

6.4 If the outcome of the investigation is to instigate disciplinary proceedings or take other action against the Respondent, the Initiator will not have any right to be informed of the outcome of any disciplinary proceedings or other action nor any right of appeal in respect of any action taken.

6.5 The university will take steps as required and appropriate to support Respondents who are accused of breaching research integrity to protect the reputation of Respondents and the research project/s until any concerns are proven. Where there is good reason to believe that the concerns were not genuine, the NP will consider whether any action should be taken against the Initiator.

6.6 Initiators and Respondents may be supported by a trade union representative or a colleague (or, for PGR students, by an individual as agreed with the Graduate School) at appropriate stages of the procedure.

6.7 Initiators and Respondents who are DMU employees can access the confidential Employee Assistance Programme free of charge (details available on the intranet).

7 Confidentiality

7.1 Confidentiality is an important part of this procedure. Details of the investigation and the names of the Initiator and the Respondent must only be disclosed on a 'need to know' basis provided this does not compromise either the investigation or any issue related to the safety of participants involved in research. Any disclosure to a third party should be made on this basis and the third party must understand and respect the confidentiality of any information disclosed.

7.2 The university will aim to keep the Initiator informed of the progress of the investigation and its likely timescale. The need for confidentiality may prevent the university giving Initiators specific details of the investigation whilst it is ongoing. Initiators should treat any information they receive about the investigation as confidential.

7.3 The Respondent will be made aware of the concerns raised and, unless there are compelling reasons why the Initiator or any witnesses need to remain anonymous, the name(s) of those raising the concerns together with the name(s) of any witnesses.

7.4 In consultation with the NP and with Marketing and Communications, either the Respondent or the Initiator may request the release of a statement if a case has reached the public domain, normally only where the case has concluded. In consultation with the Respondent

and/or Initiator, the NP and with Marketing and Communications, DMU may at its discretion release a statement if a case has reached the public domain, normally only where the case has concluded.

7.5 No public statements about any allegation should be made by any party without the approval of the university.

7.6 Any breach of confidentiality by any party involved in this process may lead to disciplinary action.

8 Preliminary consideration stage

8.1 Upon receipt of a complaint the NP shall conduct a preliminary consideration of the matter including a consideration of the following:

- Does the NP have a potential conflict of interest that needs to be declared? (If so the ANP will initiate and oversee the operation of the procedure).
- Does the concern relate to a potential breach of research integrity or is another university procedure more appropriate (if any)? See 9.3.
- Does the concern relate to research conducted under the auspices of DMU or is another research organisation involved? See 9.4 and 9.5.
- Is the Respondent undertaking funded research? See 9.6.
- Is there a need to inform other legal or regulatory bodies? See 9.7.
- Is there a need for immediate action to safeguard those at risk? See 9.8.
- Is there a need to secure information and evidence (records and materials) or a need to take any further actions to secure the integrity of any subsequent investigation? See 9.9.

See Appendix A for a checklist of considerations for this stage.

8.2 The NP should acknowledge receipt of the concern from the Initiator, in writing, seeking any further information as required and advising them of the procedure that will be followed.

8.3 If the concern does not relate to a potential breach of research integrity it will be for the NP to decide, in consultation where appropriate with any relevant individuals e.g. Research, Business and Innovation, People and Organisational Development, Faculty Heads of Research and Innovation, whether this or another university procedure will be followed or whether the concerns can be resolved informally e.g. where the concern is the result of a misunderstanding between individuals.

8.4 If the concern does not relate to research conducted under the auspices of DMU, or it relates to a researcher where DMU is not the primary employer (e.g., they may have an honorary contract only with DMU), the NP should consider whether to raise the matter with the NP of the relevant institution and/or direct the Initiator to the appropriate organisation depending on the nature of the complaint and the contractual status of the Respondent in relation to the research.

8.5 If the concern relates to research being conducted in collaboration with another research institution, the NP shall decide as to whether any investigation needs to be conducted

solely by De Montfort University, or whether a collaborative approach with another institution is required.

8.6 If the Respondent is undertaking funded research, the terms and conditions of the relevant funder should be checked to establish whether they require the concern to be reported to the funder immediately, or if they must be informed only after a formal decision has been taken.

8.7 The nature of the concern may mean that it is necessary to inform legal or regulatory authorities when the activity is potentially or illegal and/or a danger to persons, animals or the environment. The university may be required to permit an investigation led by a legal or regulatory body, which will ordinarily take precedence over this procedure. In those circumstances, the investigation under this procedure may continue in parallel or may have to be suspended, to be concluded later.

8.8 Where the concerns relate to situations that require immediate action to prevent further risk or harm to staff, participants or other persons, suffering to animals or negative environmental consequences (where this might contravene the law or fall below good practice), then the NP should take immediate appropriate action to ensure that any such potential or actual danger/illegal activity/risk is mitigated as far as it is possible to do so.

8.9 The NP should ensure that all relevant evidence is secured e.g. all relevant records, materials and locations associated with the work and consider any further actions that might be necessary in consultation with Human Resources or relevant line managers/research student supervisors, or the Doctoral College and Research Supervisors in the case of research students, which may include suspension of the Respondent while the matters are under investigation (if applicable).

8.10 The NP will decide on an appropriate course of action normally within ten working days of receipt of the concern and decide, based on the preliminary consideration, whether to initiate the Screening Stage (Section 10) or whether informal resolution, or another course of action is appropriate..

8.11 If the NP is initiating the screening stage, the NP should inform the Vice-Chancellor, Director of POD, Pro Vice-Chancellor (Research and Innovation), and the Director of Finance as appropriate that allegations of research misconduct have been received and that they will be investigated. They should be provided, in confidence, with the following information:

- The identity of the Respondent.
- The identity of the Initiator.
- Details of all sources of internal and external funding.
- Details of all internal and external collaborators for the research in question; and
- Other details that the NP considers appropriate.

8.12 On completion of the preliminary consideration stage, the NP may invite the Respondent to a meeting to inform them that concerns relating to potential breaches of research integrity have been raised and the processes to be followed (if any). A representative from HR may be in attendance if required and the Respondent may be accompanied by a trade union representative or a work colleague if they wish. If the allegations are made against more than one Respondent, the NP should inform each individual separately and should not, where possible, divulge the identity of any other Respondent.

8.13 If the Screening Stage is being initiated, the Respondent will be informed of the allegations

in writing at the meeting, together with a copy of the procedure. The NP should outline the procedure to be followed and the opportunities the Respondent will have to respond.

8.14 Precautionary suspension of the Respondent (with pay) or alternative precautionary action short of full suspension may be considered at this stage in consultation with HR e.g., where the allegations might constitute gross misconduct or for other good and urgent cause. It should be made clear that this does not constitute disciplinary action and does not imply any assumption that the Respondent is guilty of any misconduct.

8.15 On completion of the preliminary consideration stage, the NP should write to the Initiator (and any other relevant parties on a 'need to know' basis), to inform them of the outcome of this stage in relation to the matters they raised in their complaint in accordance with 8.2, taking into account the duty of confidentiality owed to the Respondent. Information might include:

8.15.1 That the allegations will initially be assessed in accordance with this procedure by individuals with sufficient knowledge and experience of research, and with specialist knowledge of the subject matter. The Initiator may be required to attend additional meetings to provide further information or in some cases to act as a witness in any formal investigation if required; or

8.15.2 The reasons why the allegations cannot be investigated using this procedure; and/or

- which process for dealing with the complaint might be appropriate for handling the allegations (if any); and

- to whom the allegations should be reported (if the research is not connected with the university).

8.15.3 That the allegations are dismissed on the basis that they are mistaken, frivolous, vexatious and/or malicious.

8.16 In taking any actions at this stage, it should be made clear to the relevant parties that the information is confidential and the actions taken are not to be regarded as disciplinary action and does not imply any assumption that the Respondent is guilty of any misconduct.

9

10 # Screening stage

10.1 The purpose of the screening stage is to determine whether there is prima facie evidence of research misconduct, to recommend appropriate next steps and any actions required at that stage.

10.2 The NP will convene an initial screening panel comprising up to three individuals (one of whom will act as Chair) who will usually be senior academics with sufficient knowledge and experience of research, and with subject knowledge to conduct a preliminary evaluation of the available evidence. If there is insufficient specialist knowledge at DMU an external panel member may be used. In these instances, the NP must ensure the Chair is a DMU employee.

10.3 The Respondent will be invited to submit a written response to the complaint, to be received by the Chair of the panel normally within 10 days of the notification.

10.4 The panel will take any steps necessary to secure any evidence e.g., records and

materials relevant to the allegations, if this has not already been done. The Respondent should be assured that this does not imply any assumption that they are guilty of any misconduct, but that it is necessary to ensure that the allegations are properly investigated.

10.5 Screening shall normally be completed within 30 days of the panel being convened.

10.6 The panel shall, in confidence:

10.6.1 consider the evidence before them and invite the Initiator to clarify any matters that the panel considers necessary and relevant.

10.6.2 consider the Respondent's response and seek further clarification if required.

10.7 The panel will make determinations to the NP based on the evidence considered during this stage as follows:

10.7.1 There is no evidence that research misconduct has taken place, and no further investigation is required because the allegations are mistaken, frivolous, vexatious and/or malicious; or

10.7.2 There is no evidence that research misconduct has taken place, but certain procedural matters have been brought to light within the university/partner organisations and/or funding bodies that need to be addressed; or

10.7.3 There is some evidence of minor unintentional poor practice which could be addressed through non-disciplinary means, such as education and training, or via informal counselling (See 11.9). No further investigation is required.

10.7.4 Research misconduct may have been committed, or the evidence is inconclusive and formal investigation is required.

10.7.5 There is evidence of other misconduct unrelated to the research that should be referred to the appropriate university procedure, if any; and/or

10.7.6 Any other recommendations or required actions that need to be taken considering the issues raised.

10.8 The NP will consider the panel's findings and notify the Respondent in writing of the outcome of this stage and any further actions or steps to be taken, if any. This will include ensuring appropriate action(s) are taken to correct the Record of Research, where necessary, such as retraction or correction of articles in journals, and/or notifying research participants of any potential issues that may arise.

10.9 Where informal action is recommended to address minor unintentional poor practice, the NP may consult, where applicable, with the Pro Vice-Chancellor (Research and Innovation) and the relevant Head of School and Faculty Head of Research and Innovation on the course of action proposed and ensure that any action required is instigated, executed and recorded by the appropriate parties.

10.10 The NP will ensure that any other necessary actions further to the panel's findings are taken by the appropriate officer(s) e.g., any administrative actions that may be immediately necessary to protect the funds and/or other interests of relevant grant or contract awarding bodies, and to meet all contractual commitments.

10.11 If the panel's findings at this stage indicate that the complaint was not based on genuinely-held concerns, the NP will consider whether further action should be taken against the Initiator.

10.12 At the conclusion of the screening stage, the NP will normally write to the Initiator and any other relevant parties (on a 'need to know' basis), to inform them of the outcome of this stage in relation to the matters they raised in their complaint in accordance with 6.2, taking into account the duty of confidentiality owed to the Respondent. Information might include:

10.12.1 There is no evidence that research misconduct has taken place, and no further investigation is required because the allegations are mistaken, frivolous, vexatious and/or malicious.

10.12.2 That the allegations will be formally investigated and that the Initiator may be required to attend additional meetings to provide further information or in some cases to act as a witness in any subsequent disciplinary proceedings if required; or

10.12.3 The reasons why the allegations cannot be investigated using this procedure; and/or

- which process for dealing with the complaint might be appropriate for handling the allegations (if any); and

- to whom the allegations should be reported (if the research is not connected with the university).

10.13 Again, it should be made clear to the relevant parties that the information is confidential and any actions taken are not to be regarded as disciplinary action and does not imply any assumption that the Respondent is guilty of any misconduct.

11 Formal investigation and outcomes

11.1 If there is a need for formal investigation the NP will appoint a panel (normally within 30 days of the submission of the screening panel's report) comprising up to three individuals (one of whom will act as Chair) who will usually be senior academics with sufficient knowledge and experience of research, and with subject knowledge. If there is insufficient specialist knowledge at DMU an external panel member may be used. In these instances, the NP must ensure the Chair is a DMU employee.

11.2 As part of the investigation the panel should interview the Respondent and any relevant witnesses including the Initiator. The Chair of the panel will allow any witnesses and the Respondent the opportunity to comment on the factual accuracy of the information they have provided as recorded by the panel following the interview.

11.3 The Chair of the panel should ensure the NP is kept updated on the progress of the formal investigation as required. The NP will provide appropriate information on the progress of the investigation to other interested parties as necessary.

11.4 On completion of the formal investigation, the Chair of the panel will submit a written report to the NP, together with any documentation available during the investigation. The report should:

11.4.1 summarise the conduct of the investigation;
11.4.2 state whether the allegations of misconduct in research have been upheld in whole or in part (see also 10.5), giving the reasons for the panel's conclusions and recording any differing views;
11.4.3 make recommendations in relation to any matters relating to any other misconduct identified during the investigation (see 10.8); and
11.4.4 address any procedural matters that the investigation has brought to light within the university and relevant partner organisations and/or funding bodies.

11.5 The investigation panel may conclude that allegations are not upheld for reasons of being mistaken, frivolous, vexatious and/or malicious.

11.6 The Chair of the panel may also:

11.6.1 make recommendations with respect to whether the allegations should be referred to the relevant disciplinary procedure for staff or students;
11.6.2 whether any action will be required to correct the record of research;
11.6.3 whether organisational matters should be addressed by the university through a review of the management of research.

11.7 The standard of proof used by the investigation panel is that of "on the balance of probabilities".

11.8 Should any evidence of misconduct be brought to light during the formal investigation that suggests:

- further, distinct instances of misconduct in research by the Respondent, unconnected to the allegations under investigation; or
- misconduct in research by another person or persons, then the investigation panel should submit these new allegations of misconduct in research to the NP in writing, along with all supporting evidence, for consideration under the initial steps of this procedure.

11.9 The NP will notify the Respondent in writing of the outcome of the formal investigation and any further actions or steps to be taken, if any. Where the allegations are upheld, the Respondent will normally be invited to a disciplinary hearing in accordance with the applicable disciplinary procedure.

11.10 The NP will take appropriate action(s) to correct the Record of Research, which may include retraction/correction of articles in journals, and/or notifying research participants of any potential issues that may arise.

11.11 The NP will normally write to the Initiator, and any other relevant parties (on a 'need to know' basis), to inform them of the outcome in relation to the matters they raised in their complaint in accordance with 6.2, taking into account the duty of confidentiality owed to the Respondent.

11.12 Where the NP has decided to refer the matter to the applicable disciplinary procedure, the Chair of the investigatory panel may be required to attend any meetings/hearings under the applicable disciplinary procedure to present the findings of the investigation and any relevant supporting material. (The Chair of the investigatory panel will not act as Chair of the disciplinary hearing.) All relevant information collected and brought to light through this procedure should be transferred to the disciplinary process.

A checklist for the NP for this stage is provided at Appendix B.

12 Records, monitoring and reports

12.1 All formal complaints concerning allegations of research misconduct will be recorded for monitoring and reporting purposes including where allegations are upheld.

12.2 Information concerning allegations of research misconduct may be placed on the researcher's file, along with a record of the outcome and of any notes or other documents compiled during the process. These will be processed in accordance with the Data Protection Act. Where the allegations are not upheld, the university will consider the wishes of the Respondent in terms of what is recorded on their file.

12.3 The university will put an annual report online containing an anonymised and high-level statement on any formal investigations of research misconduct that have been undertaken in the relevant year.

Appendix A: Named Person's Checklist – Preliminary Consideration Stage

The Named Person (NP) will need to consider whether concerns about misconduct in research require consideration by a screening panel and if any other immediate actions need to be taken. The following checklist provides a prompt of the relevant considerations and actions that might be required.

1	**Named Person (NP) Details**		
a	Does the NP have a conflict of interest?	*Delete as Applicable*: Yes/No	If Yes, appoint an Alternate Named Person (ANP) – see Definitions.
b	Name and title of NP or ANP		
2	**Details of complaint**		
a	Date complaint received	*DD/MM/YYYY*	
b	Name of Initiator (if known)		
c	Source of complaint	*Delete as Applicable:* Internal/ External	
d	Nature of complaint		
e	Name of Respondent/s		
f	Is the complaint in writing?	*Delete as Applicable*: Yes/No	
g	Is the complaint about misconduct in research? (See section 3 in this procedure and the **Guidelines for Good Research Practice**).	*Delete as Applicable*: Yes/No	If No, consider whether another university procedure or informal resolution (see section 8) is appropriate. See also 7.3 for more information.

h	Does the matter concern research conducted under the auspices of DMU?	*Delete as Applicable:* Yes/No	If No, consider whether to raise the matter with the relevant institution and/or direct the Initiator to the appropriate organisation. RBI can advise. See 7.4 and 7.5 for more information
If the complaint seems frivolous, vexatious and/or malicious, the NP should contact the RBI and POD to discuss if further action is required.			
3	**Risk**		
a	Is there any indication there is a risk to subjects (human or animal)?	*Delete as Applicable*: Yes/No/Awaiting further information	If Yes, safeguarding action **must** be taken. See 7.8 for more information.
b	Is there any indication of criminal activity?	*Delete as Applicable*: Yes/No/Awaiting further information	If Yes, consult with RBI and POD as to whether the police should be contacted.
c	Is there a need to secure information and evidence (records and materials) or a need to take any further actions to secure the integrity of any subsequent investigation? See 7.9.	*Delete as Applicable*: Yes/No/Awaiting further information	
d	Is precautionary suspension of the Respondent required? (Consult with POD). See 7.14.	*Delete as Applicable*: Yes/No/Awaiting further information	
4	**External contacts**		
a	Is external funding involved? See 7.6 for more information	*Delete as Applicable*: Yes/No	
b	If (a) is 'Yes': do the Terms and Conditions require the funder to be informed at the point the complaint is made?	*Delete as Applicable*: Yes/No	If Yes, please liaise with the RBI to contact funders.
c	Are there collaborative external partners?	*Delete as Applicable*: Yes/No	

d	If (c) is 'Yes': have they been contacted?	*Delete as Applicable*: Yes/No	If No, please liaise with the RBI to contact partners.
e	Will there be a joint investigation?	*Delete as Applicable*: Yes/No/Awaiting further information	
f	Has the university contacted relevant regulatory or professional bodies? See 7.7 for more information.	*Delete as Applicable*: Yes/No/Awaiting further information	
5	**Next steps**		
a	Does the complaint require consideration by a screening panel? (See 7.10).	*Delete as Applicable*: Yes/No/Awaiting further information	If Yes, initiate the screening stage. Ensure the Initiator and the Respondent and any other relevant individuals are notified of the outcome of the preliminary consideration stage. See 7.11, 7.12 and 7.15.

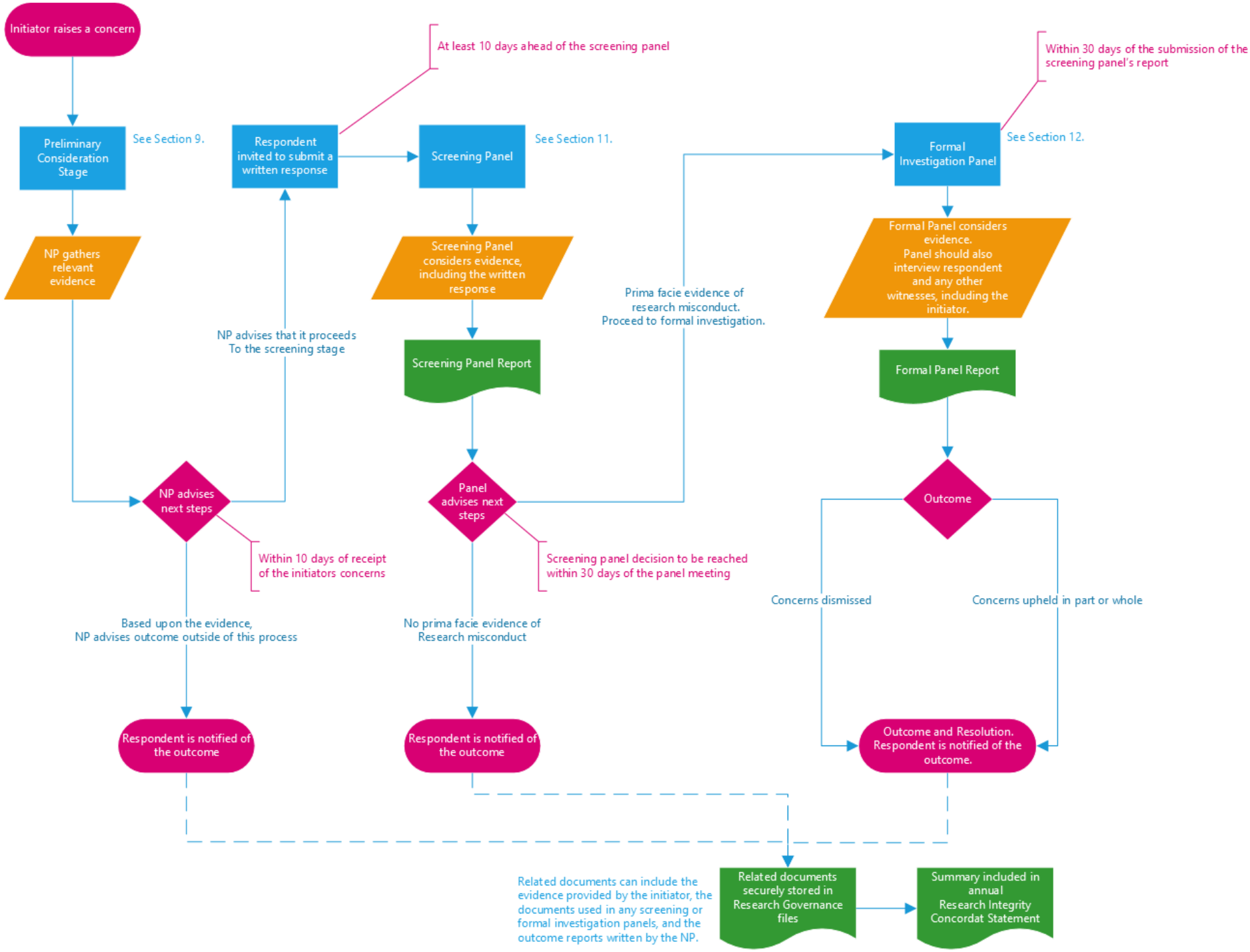
The NP may wish to consult with UKRIO confidentially regarding allegations of research misconduct to seek further advice and guidance.

Appendix B: Named Person's Checklist – Post-screening/Post-investigation stages

The Named Person (NP) will need to consider what action is required where an allegation of research misconduct is upheld following formal investigation, or where poor research practice has been discovered. The following checklist provides a prompt of the relevant considerations and actions that might be required.

Post-screening stage		**Actions**
Are any actions required as a result of the screening stage? See 9.8 - 9.11 for more information.	*Delete as Applicable*: Yes/No	
Post-investigation stage		**Actions**
Is the Respondent undertaking funded research?	*Delete as Applicable*: Yes/No	If Yes, the funder will be informed, who may withdraw funding and/or require repayment of funding.
Do regulatory bodies and/or other organisations involved in the research need to be informed?	*Delete as Applicable*: Yes/No	If Yes, the NP must do so in writing.
What wider effects has this research had and what actions are required as a result (including those recommended in the investigation panel's report)? E.g., has it been published; did it involve human participants, animals, or the environment, etc.?		The NP will take any further appropriate action(s) to correct the Record of Research, which may include: retraction/correction of articles in journals, and/or notifying research participants/patients/patients' doctors of any potential issues that may arise. This may still be required where the allegation of research misconduct is not upheld but where the Respondent is found to have committed poor research practice.
Have training and development needs been identified?	*Delete as Applicable*: Yes/No	NP to liaise with the relevant staff to ensure this is addressed appropriately.

Has the Respondent's researcher / personnel file been updated?	*Delete as Applicable*: Yes/No	If No, ensure a record of the outcome of the investigation / hearing is entered on the Respondent's file as appropriate.
Is the matter to be referred to the relevant disciplinary procedure for staff or students or to an external organisation if the Respondent is not a member of staff or a DMU student?	*Delete as Applicable*: Yes/No	
Have any other actions been recommended by the investigation panel and if Yes, have they been taken?	*Delete as Applicable*: Yes/No	

The NP may wish to consult with UKRIO confidentially regarding allegations of research misconduct to seek further advice and guidance.

Appendix C: Process flow Diagram