

# Code of practice for raising concerns about research practice and potential misconduct

Code of practice for raising concerns about research practice and potential misconduct

# Effective 1 February 2026 for 3 years

## Contents

|                                                                        |    |
|------------------------------------------------------------------------|----|
| Context .....                                                          | 3  |
| Purpose .....                                                          | 3  |
| Principles .....                                                       | 6  |
| Guiding principles .....                                               | 6  |
| Disability .....                                                       | 7  |
| Record Keeping .....                                                   | 7  |
| Raising concerns about research practice and potential misconduct..... | 7  |
| Stage 2: Initial Investigation .....                                   | 9  |
| Stage 3: Full Investigation by Panel .....                             | 12 |
| Reporting .....                                                        | 17 |
| Appeals.....                                                           | 18 |
| Appendix 1 – Raising a concern.....                                    | 20 |
| Appendix 2 – Initial Investigation Panel.....                          | 21 |
| Appendix 3 – Full Investigation .....                                  | 22 |
| Appendix 4 – Appeal Process .....                                      | 23 |

## Code of practice for raising concerns about research practice and potential misconduct

### Context

1. This *Code of practice* applies to:
  - a member of staff;
  - a postgraduate research student (defined as any student registered for a Programme covered by Sections [A2 – A5 of the Regulations](#));
  - an independent contractor or consultant;
  - a person with visiting or emeritus status; and
  - a member of staff on a joint clinical or honorary contract.
2. As part of the University Quality Framework, this *Code of practice* should be read in conjunction with [Code on Good Research Practice](#), [Code of Practice for research degrees](#), [Public Interest Disclosure Policy \(Whistleblowing Policy\)](#), [University Ordinance 11.2 \(Disciplinary Procedures for Academic Staff\)](#), [Staff Disciplinary Policy and Procedure](#), [B2 Regulations for academic integrity](#), [B3 Student disciplinary regulations](#), and [B6 Regulations for fitness to practise for students](#)

### Purpose

3. The purpose of this Code of practice is to establish the University's procedures, roles and responsibilities in respect of:
  - supporting a research environment that fosters and supports integrity in research and discourages questionable research behaviours by dealing seriously and sensitively with all concerns raised about research practice and potential misconduct.
4. The University of Surrey resolves to be an honest and ethical institution in the way it conducts its business and discharges its responsibilities. The University aims to promote and support an organisational culture in which high standards of personal integrity and professional conduct in teaching and research are expected and achieved. To that end, the University will oppose all types of breaches of research integrity and will take appropriate action in instances where questionable research practices or misconduct is discovered.
5. Because research misconduct is such a serious matter, those responsible for staff and postgraduate research students conducting research have a particular duty to ensure that those new to research or to the University receive appropriate training in the ethical, legal and other conventions concerning the conduct of research. The University seeks to sustain this approach by providing a research environment that fosters and supports integrity in research and also discourages questionable research behaviours by dealing seriously and sensitively with all concerns raised about research practice and potential misconduct.
6. It is, therefore, a condition of conducting research under the auspices of the University that practice conforms to the University's [Code on Good Research Practice](#) and [Code of Practice for research degrees](#). Failure to comply with the provisions of those Codes will be grounds for action to be taken under this Code of Practice.

7. Staff, postgraduate research students and all others conducting research under the auspices of the University are required to raise a concern about research practice and potential misconduct where they have good reason to believe it is occurring. The University will investigate all concerns raised. Those raising a concern will not be penalised, provided that the concern is made without malice and in good faith, reasonably believing it to be true
8. When a concern about research practice and potential misconduct is raised under the University's [Public Interest Disclosure Policy \(Whistleblowing Policy\)](#), the [Secretary & General Counsel](#) will ensure the concern is addressed under this Code of Practice.
9. This Code of Practice takes account of [University Ordinance 11.2 \(Disciplinary Procedures for Academic Staff\)](#), [Staff Disciplinary Policy and Procedure](#) for all other staff and [B3 Student disciplinary regulations](#).
10. This Code of Practice should be read in conjunction with the [Code on Good Research Practice](#) and [Code of Practice for research degrees](#).
11. Throughout this procedure, steps will be taken, as appropriate, to maintain the reputation of individuals involved in raising concerns about research practice and potential misconduct (see paragraphs 95, 96, 97).

## Scope

12. The procedure set out in this Code of Practice recognises that the investigation of concerns related to research practice and potential misconduct can involve complex issues and seeks to discharge the University's responsibilities in a sensitive and fair manner. It outlines the procedure to be followed when concerns are raised about a researcher in relation to research conducted under the auspices of the University. [The University Statutes and Ordinances](#) take precedence over anything set out in this Code of Practice.

Notwithstanding the arrangements which follow, the Vice-Chancellor or their nominee has the right to suspend a member of staff and the right to expel or exclude a student in accordance with the relevant University Statute(s) or Ordinance(s).
13. This Procedure applies to any person conducting research under the auspices of the University, whether solely or in conjunction with others in the University or other organisations or in conjunction with other organisations, including but not limited to:
  - a member of staff;
  - a postgraduate research student (defined as any student registered for a Programme covered by Sections [A2 – A5 of the Regulations](#));
  - an independent contractor or consultant;
  - a person with visiting or emeritus status; and
  - a member of staff on a joint clinical or honorary contract.

If the concern about research practice and potential misconduct comes solely under a taught element of a student's Programme, the case will be referred to [B2 Regulations for academic integrity](#).

- 14.** For members of staff (including those with a visiting or emeritus status or on a joint clinical or honorary contract) the investigation will be carried out following the procedures for staff. For independent contractors or consultants, the procedures for staff will also be followed where applicable. Concerns raised about postgraduate research students will follow the procedures for students.
- 15.** In cases where a concern is raised about a postgraduate research student who is also a member of staff of the University, the investigation will be carried out according to the procedures for members of staff, but a panel may also apply one of the penalties in paragraph 98 if appropriate, regarding the student status.
- 16.** The University may choose to suspend the Procedure set out in this Code of Practice and document it in the event that the individual(s) concerned has left or leaves the jurisdiction of the University, either before the operation of this procedure is concluded or before the allegation(s) of research misconduct was made. The decision to suspend the Procedure should be escalated by the Associate Dean (Research & Innovation) (ADRI), or in the case of post graduate research students, the Dean of Doctoral College (DDC) to the Pro-Vice-Chancellor, Research and Innovation, in the first instance. In cases where serious concerns about misconduct remain unresolved, the individual will be advised to continue to be part of the process until the conclusion stage. It should be noted that, where this is not possible (for example if the individual does not agree or is not contactable), details of the suspended case may be provided to a 'bona fide' enquirer such as future employer or passed on to regulatory or professional bodies.
- 17.** Nothing in this Code of Practice shall limit the right of the University or a member of staff of the University or a student of the University to exercise their rights under any Statutes, Ordinances and Academic Regulations concerning discipline and grievance.
- 18.** Proven research misconduct may result in action being taken under the University's disciplinary procedures for staff or students, as appropriate, or other relevant process and may be considered good cause for: dismissal in the case of members of staff; programme termination in the case of registered students; and rescission of award in the case of graduates of the University. Reports generated by this procedure may be used in evidence by the University's disciplinary procedures and other processes and may be released in reporting the matter to any appropriate external organisation.
- 19.** Financial fraud or other misuse of research funds or research equipment may be addressed under the relevant disciplinary procedure with reference to any financial guidelines instead of under the procedure set out in this Code of Practice
- 20.** When concerns about research misconduct are raised which include or relate to allegations of bullying or harassment, the ADRI/DDC will discuss with HR whether the concern is investigated under this Code of Practice or another University process, for example the Harassment and Bullying Procedure or Disciplinary Policy and Procedure.

- 21.** Where there is a dispute within a research team, early interventions such as mediation should be used to prevent issues escalating to a stage where research misconduct takes place. Clearly setting out roles and responsibilities at the study start will help to avoid disputes.

## **Principles**

### ***Guiding principles***

- 22.** For the purposes of this Code of Practice, research misconduct is defined as any breach of the University's [Code on Good Research Practice](#), [Code of Practice for research degrees](#), or other practices that seriously deviate from those that are commonly accepted within the research communities for proposing, conducting and/or reporting research. It specifically encompasses, but is not restricted to:
- Plagiarism: misrepresentation of the work, ideas and or concepts of others as one's own without permission or acknowledgement;
  - Fabrication and/or misappropriation of data, including the creation of false data or other aspects of research, including documentation and participant consent;
  - Falsification including the inappropriate manipulation and/or selection of data, imagery and/or consents;
  - Misrepresentation of interests and/or data and/or involvement regarding, for example, qualifications and/or authorship;
  - Intentional mismanagement or inadequate preservation of data and/or primary materials;
  - Cheating or otherwise disclosing information with the intent of gaining for oneself or for another an unfair advantage;
  - Intentional damage to, or removal of, the research-related property of another;
  - Intentional non-compliance with the terms and conditions governing the award of external funding for research or with the University's policies and procedures relating to research, including ethical conditions governing research involving animal and human participants, health and safety regulations, human tissue and personal data.
- 23.** Questionable research practices refer to minor infractions or research practices, including avoidable errors, which fall short of the definition of intentional research misconduct. They may arise due to lack of knowledge, or attention to detail, negligence or deliberate action, and may occur where there is no evident intention to deceive.
- 24.** Misconduct in research would not normally include professional/academic differences in interpretation or judgment of data.
- 25.** For the avoidance of doubt, breaches in research integrity includes acts of omission as well as acts of commission. In addition, concerns about research practice and potential misconduct will be judged by the standards prevailing at the date that the behaviour under investigation occurred.

## ***Disability***

25. In accordance with the University's policy on equality and diversity, the University will make every effort to accommodate those with individual requirements relating to disabilities. Specific requirements must be reported to the ADRI / DDC to ensure they can be taken into account.

## ***Record Keeping***

26. Those conducting this Procedure will endeavour to do so in a way that retains the confidence of both the Initiator(s) and the Respondent(s), and to maintain the reputation of those individuals involved. Every effort will be made to investigate concerns about research practice and potential misconduct in the shortest possible timescale necessary to ensure a full and fair investigation.
27. If at any stage of this Procedure, an Initiator, Respondent or other person raises a concern about the use or operation of this Procedure or any decision or action proposed or taken under this Procedure, or raises any other grievance, then the ADRI or DDC will seek the advice of Human Resources, Student Services and other relevant departments, in confidence, to determine an appropriate course of action.
28. If at any stage of this Procedure, a Respondent or anyone else whether involved in the matter or not raises a counter-concern related to research practice and potential misconduct unrelated to the matter under investigation, the concerns raised will be addressed under this Procedure as separate matters.
29. Where an Initiator or Respondent or other person involved in the investigation has difficulties at any stage of the procedure due to a disability, they should discuss this with the ADRI or DDC as soon as possible and reasonable adjustments will be made to ensure they are able to fully participate in the procedure.
30. The standard of proof used by the Initial Investigation is that of "on the balance of probabilities". This means that the activity was more likely than not to have occurred.
31. Records will be held securely and confidentially by the Assurance. Records of all reports, correspondence, transcripts of meetings and other documents will be retained for 6 years plus the current year. Anonymised summary records and reports will be retained as required by the Concordat to Support Research Integrity.

## ***Raising concerns about research practice and potential misconduct***

32. The University acknowledges that raising concerns about research practice and potential misconduct can, if not properly addressed, have serious consequences. Potential breaches can taint the University's reputation; damage the credibility of research and may, in extreme circumstances, cause harm to individuals or the environment in which the research is being conducted.

- 33.** It is important, therefore, that any individual who has concerns about research practice and potential misconduct feels empowered to report it without fear that their own position may be put at risk by doing so. It is expected that, in normal circumstances, the individual reporting the concern would be willing to be named and provide evidence as appropriate under this Code of Practice. However, where an individual has reservations about reporting concerns directly, they may opt to do so through the Head of Department, Line Manager or member of HR. If the individual wishing to raise concerns is a postgraduate research student, then they may opt to report their suspicion through their supervisor, Postgraduate Research Director or the Students' Union.
- 34.** If an individual raises a concern by proxy, they accept that it might not be possible to progress the case if insufficient evidence is garnered from alternative sources.
- 35.** The "Initiator" referred to in this Procedure, is the person raising the concern who need not be a member of staff or student of the University.
- 36.** The "Respondent" referred to in this procedure is the person against whom the concern is made.
- 37.** Concerns about research practice and potential misconduct involving a member of staff of the University must be reported to an ADRI. Such concerns can be reported to any ADRI although the ADRI of the Faculty of the Respondent will usually take the lead under this Procedure unless agreed otherwise.
- 38.** If, the Head of the School or Unit in which the concern about research practice and potential misconduct is believed to have occurred, is the Initiator or the Respondent or is personally associated with the work to which the allegation relates or has any other conflict of interest, the ADRI or Dean of Doctoral College (DDC) will instead refer the concern to the ADRI in another Faculty.
- 39.** Concerns about research practice and potential misconduct involving the actions of a postgraduate research student must be reported to the DDC.
- 40.** In raising a concern about research practice and potential misconduct the Initiator is required to complete a written report detailing the nature of the concern. The report should be made using the standard pro-forma available through Assurance at [integrity@surrey.ac.uk](mailto:integrity@surrey.ac.uk).
- 41.** Upon receipt of the form detailing the concern the ADRI or DDC will inform Assurance, in confidence. The Initiator will also be notified in writing that the concern has been received. It is the responsibility of the ADRI, or in the case of postgraduate research student the DDC, to determine whether the concern can proceed under this Code of Practice or whether it should be progressed under a different procedure such as, but not limited to [Staff Disciplinary Policy and Procedure](#), [B3 Student disciplinary regulations](#), [B6 Regulations for fitness to practise for students](#). In making this judgement, the Associate Dean (Research & Innovation) (ADRI) may seek the advice of [Human Resources](#), [Office of Student Complaints, Appeals and Regulations \(OSCAR\)](#), the [Assurance](#), [Legal Research Contracts](#) or the [Secretary & General Counsel](#) or any other department deemed appropriate.

42. If the concerns about research practice and potential misconduct cannot be progressed under this Code of Practice, then the Initiator will be notified of this in writing and will be advised of which procedure should be followed and to whom the concern should be forwarded. If the concern raised cannot be progressed due to a lack of information, the Initiator should be advised of this and permitted to re-submit the pro-forma report with additional information.
43. If, upon reviewing the concern, the ADRI or DDC has reason to believe that the activity may also be a criminal offence because of a real or suspected risk of harm to others and/or surroundings, they should consult with the Head of Security and Human Resources.
44. In order to comply with the [UK Research and Innovation \(UKRI, formerly RCUK\) Policy and Guidelines on the Governance of Good Research Conduct](#), UKRI may be notified at the Initial Investigation-Stage or as soon as deemed appropriate thereafter. Concerns that were determined to be unfounded will not be reported. UKRI may need to be informed if the individual is funded by or engaged with UKRI even if the activities under investigation are not UKRI funded.
45. For non-UKRI funded research, the ADRI or DDC will check with Legal Research Contracts whether the funding terms stipulate how concerns about research practice and potential misconduct must be dealt with. If required by the funding terms, the Funder will be notified of receipt of concerns raised.
46. The ADRI or DDC should take steps to ensure that all relevant evidence pertaining to the concern about research practice and potential misconduct is secured for future investigation and cannot be tampered with. As far as is practicable, the evidence should be logged centrally through the Assurance.
47. It is expected that the actions described under Stage 1 should be completed as soon as possible but would not normally take longer than 10 working days.

## **Stage 2: Initial Investigation**

48. As soon as is practicable upon receipt of the concern, normally within ten working days, the ADRI or DDC will initiate the investigation stage. The purpose of the Initial investigation is to determine whether there is sufficient evidence to warrant a Full investigation.
49. The ADRI or DDC will appoint an Initial Investigation Panel to conduct an initial investigation comprising two senior members of research and/or teaching staff. These staff members are likely to include the Head of the School or Unit in which the concern was raised, but this is not a requirement. The ADRI or DDC will select one of the members of the Initial Investigation Panel to be its Chair.
50. The Initial Investigation Panel members will be provided with a copy of this Code of Practice and may seek advice from Assurance on administrative and procedural matters.
51. The appointed members of the Initial Investigation Panel will be asked to sign a confidentiality statement. They will then be advised of the parties involved and confirm in writing that their participation involves no conflict of interest, seeking advice from the ADRI or DDC if unsure.

- 52.** The ADRI or DDC will utilise Assurance for suitable administrative and other support to assist the Initial Investigation Panel. The ADRI or DDC will be responsible for approaching other departments for support, such as Human Resources, if deemed appropriate. Those selected to provide such support will confirm in writing to the ADRI or DDC that their participation involves no conflict of interest.
- 53.** The ADRI or DDC will inform the Respondent in writing that: an concerns about research practice and potential misconduct has been made against him/her; it will be investigated under this Code of Practice by a named Initial Investigation panel; and that the Respondent will be given the opportunity to respond to the issues raised and to set out their case. A written summary of the concern will be provided to the Respondent together with a copy of this Code of Practice. The identity of the Initiator will normally be kept confidential until a Full Investigation is launched unless this is incompatible with a fair and thorough investigation and/or there is an overriding reason for disclosure.
- 54.** If concerns about research practice and potential misconduct are made against more than one Respondent, the ADRI or DDC will inform each individual separately and not divulge the identity of any other Respondent. Similarly, the ADRI or DDC will inform the Initiator that a named Initial Investigation panel is conducting an Initial investigation into the concerns raised.
- 55.** When writing to the Respondent and Initiator, the ADRI or DDC will inform them that they may raise any concerns that they may have about the person(s) appointed to the Initial Investigation Panel. The ADRI or DDC will decide if any concerns raised by the Respondent and/or the Initiator warrant the exclusion of the person(s) concerned from involvement in the investigation, recording the reasons for the decision in writing. The ADRI or DDC will inform the person(s) concerned and the Respondent and/or the Initiator, as appropriate, of their decision in writing.
- 56.** The Initial Investigation Panel will consider the evidence available in relation to the concern, including: the information and any supporting evidence from the Initiator; any comment and supporting evidence from the Respondent; and any other documentation and background information relevant to the issues raised.
- 57.** The Initial Investigation Panel would normally interview the Initiator; the Respondent and any other persons considered appropriate. Each person must be interviewed separately. The Respondent shall be given the opportunity to formally respond to the concerns raised, set out their case and to present evidence at the interview. This may include evidence supporting the Respondent's opinion that someone else should ultimately be accountable for the activity/activities that contribute to the raised concern.
- 58.** The Initiator and Respondent may be accompanied at meetings by a workplace colleague or member of their Trade Union or the Student's Union. The name of the accompanying person must be provided to Assurance three working days before the Initial Investigation Panel meeting. The accompanying person will be asked to sign a confidentiality statement.

59. If the Initiator or Respondent does not wish to be interviewed, they should be asked to engage with the process through other means such as providing a written statement. This should be provided to the Initial Investigation Panel five working days before the meeting.
60. If the Initiator or Respondent chooses not to engage with the process the Initial Investigation Panel will consider the available evidence in their absence.
61. The procedure set out in this Code of Practice is academic and not a legal procedure. Where the Initiator or respondent insists on legal representation the University will similarly require that it is legally represented. Where the Initiator or Respondent attends an initial Investigation Panel and is accompanied by a third party, having not previously notified the University that they wish to be accompanied, the person will be asked to identify themselves and sign a confidentiality statement. If the person is a legal representative the Initial Investigation Panel will be adjourned until the University can also be legally represented.
62. The Initial Investigation Panel will aim to normally be concluded within 30 working days following instruction from the ADRI or DDC, provided this does not compromise a full and fair investigation of the matter. Any delays to this timescale will be explained to the Initiator, the Respondent in writing.
63. At the conclusion of the initial investigation, the Initial Investigation Panel will determine whether the research practice and potential misconduct is one of the following:
  - **Is unfounded, because it is mistaken, frivolous, vexatious and/or malicious or is otherwise without substance and will be dismissed.**

The ADRI or DDC will then take such steps, as are appropriate in the light of seriousness of the concerns raised, to sustain the reputation of the Respondent and the relevant research project(s) and, provided the concerns raised is considered to have been made in good faith, by the Initiator. When a Initial Investigation has concluded that the concerns raised are vexatious and/or malicious, the ADRI or DDC will consider whether disciplinary proceedings should be initiated against the Initiator.
  - **Has some substance but is considered to be the product of poor research practice. Such cases will be addressed through education and training or other non-disciplinary approach, such as mediation, rather than through the next stage of the procedure or other formal processes.**

The ADRI or DDC will work with relevant University staff to establish a programme of training or supervision in conjunction with the Respondent and their line manager or supervisors in the case of postgraduate research students. This programme will include measures to address the needs of staff and students working with the Respondent. Students will also be referred to [B2 Regulations of academic integrity](#) where the academic practice affects taught units of assessment as part of their research degree Programme. The use of the procedure set out in this Code of Practice will then conclude at this point.
  - **Warrants referral directly to: the University's staff Disciplinary Policy and Procedure or [B3 Student disciplinary regulations](#); [B6 Regulations for fitness to practise for students](#) and other relevant policies as required; another relevant University process; or to an external organisation, including but not limited to statutory regulators or**

professional bodies, the latter being particularly relevant where there are concerns relating to Fitness to Practise and where students fall outside the scope of [Regulation B6](#) as they are already a full Registrant with a Registration Body.

The ADRI or DDC will then initiate the appropriate University procedure(s) or inform the appropriate external organisation(s).

- **Is sufficiently serious and has sufficient substance to warrant a Full Investigation of the concern under Stage 3 of these procedures.**

The ADRI or DDC will then take steps to set up a Full Investigation.

64. The Initial Investigation Panel may also decide that the concerns raised is (part) upheld but that other individuals are involved in or are ultimately accountable for the breach in good research practice and potential misconduct, in which case separate concerns are raised against each of those individuals.
65. The Initial Investigation Panel Chair will submit a confidential written record of the initial investigation, including any response from the Respondent, and the Initial Investigation Panel's conclusions, to the ADRI or DDC, who will then forward it to the Respondent and the Initiator for comment on its factual accuracy.
66. Any documentation used in the investigation, including a copy of the Initial Investigation report and a summary of any action taken, will be forwarded to the ADRI or DDC and copied to Assurance. The initial investigation is then concluded, although the Initial Investigation Panel may be asked by the ADRI or DDC to clarify any points or be called as a witness by any subsequent Full Investigation.
67. Where concerns raised are not progressed to Stage 3 of these procedures, a 'Closure of Procedures' letter will be issued to the Respondent by Assurance.

### **Stage 3: Full Investigation by Panel**

68. If the concerns raised about research practice and potential misconduct is referred to a Full Investigation by Panel, then the ADRI or DDC will inform the Initiator and the Respondent of this. The Panel will normally be appointed within 30 working days of completion of the Initial Investigation stage. The composition of the Panel must be formally approved by the ADRI or DDC. Note that the composition and modus operandi of the Panel is set out in this section. These investigations are not dealt with under [B8: Regulation for hearing by panel](#).
69. The Panel will consist of:
- two members, one of whom will be external to the University in order to maintain independence;
  - a Chair;
  - and a Panel Secretary (a member of professional services staff from the Assurance).

The members of the Panel will:

- not have been involved in the initial investigation;
  - not have had any involvement in the Respondent's research project;
  - not have any other involvement with the Respondent or Initiator that may give rise to a conflict of interest;
  - in case of the external member, have broad academic expertise in the discipline of the research project.
- 70.** If the research project is being conducted in collaboration with another organisation, then it is preferable for a member of that organisation to fulfil the role of the external impartial panel member.
- 71.** In the case of a Full Investigation Panel for a postgraduate researcher, the Chair may be a Postgraduate Research Director (or their nominee) but should be from a faculty other than that of the Respondent or Initiator.
- 72.** In the case of a Full Investigation Panel for a member of staff, the Chair should be from a Faculty other than that of the Respondent or Initiator will normally be a nominee of the Provost and Executive Vice-President or Vice-Provost Research and Innovation. Depending on the nature of the concern, it may be necessary to ask the external to Chair the panel.
- 73.** The Secretary will be a member of the Assurance.
- 74.** In the case of Full Investigation, subject to contractual agreement and funder requirements, the University may need to inform the funder and may allow, when requested, a funder's or regulator's observer/s to attend a Full Investigation meeting.
- 75.** All members of the Full Investigation Panel will be asked to sign a confidentiality statement and confirm in writing that they meet the eligibility criteria set out in paragraph 69 above. The Chair and Secretary are not required to have broad academic expertise in the discipline of the research project unless the role of Chair is fulfilled by the external member (69).
- 76.** The role of the Panel Secretary is to:
- advise the Chair;
  - ensure that proceedings are conducted in accordance with this Code of Practice;
  - keep a written record of the Full Investigation Panel's deliberations and decisions which will be written up as a formal report.
- 77.** The Panel Secretary also carries out the following administrative responsibilities:
- arrange the date, time and place of the Full Investigation Panel meeting and advise all individuals called to attend of these details;
  - collect and distribute all relevant papers to members of the Full Investigation Panel and the Respondent within minimum 5 working days prior to the date of the Full Investigation Panel;
  - report the outcome of the Full Investigation Panel in a written report to the ADRI or DDC.
  - inform and keep up to date the insurance officer of the current investigation to forewarn the University's insurers of potential professional indemnity claim.

- 78.** Panel Secretary informs the Respondent of the Full Investigation by Panel advising them to raise any concerns in writing that they may have about the individuals selected to serve on the Panel. This opportunity is also open to the Initiator. The ADRI or DDC will consider any concerns raised and will decide, based on the evidence provided, whether any individual is to be excluded from the Panel. The Respondent and/or Initiator will be notified of the decision in writing.
- 79.** The Initiator and the Respondent may submit evidence to the Panel orally and/or in writing with a preference for the latter so that the Respondent and others involved in the Full Investigation Panel are able to read and consider the information and points made in advance of the meeting.
- 80.** Both the Initiator and the Respondent may be supported by a colleague or member of their Trade Union, or the Students' Union at the Full Investigation Panel meeting. If they wish to be accompanied, then the Secretary to the Panel must be notified no later than 3 working days prior to the Full Investigation Panel. The accompanying person will be asked to sign a confidentiality statement. The person supporting the Respondent and/or Initiator may only participate in proceedings at the invitation of the Chair of the Panel.
- 81.** The procedure set out in this Code of Practice is academic and not a legal procedure. Where the Initiator or Respondent insists on legal representation the University will similarly require that it is legally represented. Where the Initiator or respondent attends a Panel and is accompanied by a third party, having not previously notified the University that they wish to be accompanied, the Chair will ask the person to identify themselves and sign a confidentiality statement. If the person is a legal representative the Chair will adjourn the Full Investigation Panel until the University can also be legally represented.
- 82.** The Panel will normally be conducted according to the following order of business:
1. introduction by the Chair of all individuals who are present and a description of their role in the proceedings, together with a reminder of the requirement for confidentiality.
  2. the Chair will offer a description of the outline procedure for the Full Investigation Panel meeting including its purpose; how its proceedings will be conducted, including what opportunities there will be for the Respondent and any companion to speak; that the proceedings will be recorded by the Secretary in writing; the possible outcomes; and the means by which the outcomes will be communicated to the Respondent and all others involved.
  3. an oral presentation of the matter will be delivered by the Chair and heard by the Respondent introducing the written evidence and stating whether any witnesses are to be called.
  4. an opportunity for the Respondent to set out their case, comment on the written evidence to the Panel, and respond to the concern raised against them.
  5. an opportunity for the Panel to clarify the Respondent's comments.
  6. an opportunity for witnesses to attend to provide specialist advice or accounts of the matter at hand for the Panel's information and consideration.
  7. an opportunity for the Panel and the Respondent to clarify their understanding of the information provided by any witnesses.

8. an opportunity for the Respondent to remind the panel of relevant items from the written evidence and that provided by any witnesses and the Respondent's own comments on the written and witness evidence.
  9. an opportunity for the Chair of the Panel to summarise the evidence considered and identify the matters to be decided.
  10. a closing opportunity for the Respondent to present a summary statement to the Panel.
  11. the panel should inform the Respondent as soon as possible, preferably at the conclusion of proceedings, of their decision and the recommendation(s) it will be making.
- 83.** University will endeavour to complete the Full Investigation by Panel stage within 90 working days of referral. Where, in the interest of allowing for a full and fair investigation, it is not possible to complete the Full Investigation by Panel within 90 working days, the Respondent and Initiator will be notified of this.
- 84.** At the conclusion of the Full Investigation by Panel, one of the following decisions will be made:
- that the concern is upheld in full;
  - that the concern is upheld in part;
  - that the concern was not upheld and will be dismissed.
- 85.** The Full Investigation Panel may also decide that the concern is (part) upheld but that other individuals are involved or are ultimately accountable, in which case a separate concern will be raised against each of those individuals. The Panel may dismiss a concern as stated above because it is vexatious, malicious, mistaken, frivolous or is without substance.
- 86.** Where the Panel determines that the concern is not to be dismissed but was the result of poor research practice, rather than upholding the concern, a programme of training to correct the practice should be recommended.
- 87.** In making their decision, the Panel should bear in mind standard of proof. The standard of proof used by panels in coming to a decision about research misconduct is that of "on the balance of probabilities".
- 88.** Where a concern is upheld in full or in part, the Panel may also wish to make one or more recommendations for further action in order to protect the reputation of the University. This might include but is not limited to:

| Type of offence                                                         | Suggested recommendation                                                                      |
|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <b>Students*</b>                                                        |                                                                                               |
| For any misconduct relating to the execution and management of research | Refer to recommendation for students in this table and/or the other actions in this paragraph |

|                                                                                                                                    |                                                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| For research misconduct by students who are eligible to apply for Registration or are already a Registrant on a Professional Body  | Refer to a recommendation for students in this table and refer to paragraph <a href="#">B6 Regulations for fitness to practise for students</a> or inform Registration Body and, where necessary, refer to the other actions in this paragraph |
| For research misconduct by University of Surrey students who are also employed as staff elsewhere in a role that involves research | Refer to a recommendation for students in this table and inform external employer and, where necessary, refer to the other actions in this paragraph                                                                                           |
| For a first research misconduct offence relating to the confirmation report                                                        | Fail first attempt at confirmation                                                                                                                                                                                                             |
| For a second research misconduct offence relating to the confirmation report                                                       | Termination of registration                                                                                                                                                                                                                    |
| For a research misconduct offence relating to the final thesis                                                                     | Termination of registration                                                                                                                                                                                                                    |
| <b>Staff*</b>                                                                                                                      |                                                                                                                                                                                                                                                |
| For any offence relating to the execution and management of research                                                               | Refer to <a href="#">Staff Disciplinary Policy and Procedure</a>                                                                                                                                                                               |
| For any offence relating to the execution and management of research by Staff registered on Registration Body                      | Refer to <a href="#">Staff Disciplinary Policy and Procedure</a> and inform Registration Body                                                                                                                                                  |

\* Staff and students are defined in paragraph (13 and 14)

In addition, the Panel can recommend one or a combination of actions from the following list or suggest any other actions they deem necessary:

- recommendation of a programme of corrective training;
- informing publishers or retraction/correction of articles in journals;
- removing the Respondent's name of any research output
- notifying any external organisations such as regulators, funders, partner organisations or additional professional bodies;
- informing research participants and/or patients and/or their doctors.

**89.** The Secretary will prepare a confidential written report of proceedings that:

- summarises the investigation including the justification for the decisions made;
- records the decision of the Full Investigation Panel;
- records the recommendations of the Full Investigation Panel.

**90.** The draft report will be circulated to the Respondent and the Initiator who will be asked to check it for factual accuracy. If the Initiator and/or Respondent wish to request any amendments to the report, they must do so in writing. The Panel will decide if the requested amendments can be made to the reports and will notify the Initiator and/or Respondent of

their decision in writing. The report will be drafted within 5 working days of the date of the Full Investigation Panel.

91. A copy of the report will be provided to the ADRI or DDC.
92. At this point, the work of the Full Investigation Panel comes to an end. The concern should continue to be treated as confidential, and members of the Full Investigation Panel should make no further comment on the investigation, unless requested to do so by the University or legal authorities.
93. Following the conclusion of the Full Investigation Panel's business, the ADRI or DDC will be responsible for ensuring the following:
  - notifying the Initiator and Respondent in writing of the outcome
  - issuing a Closure of Procedures letter where concerns raised are upheld;
  - supplying the Assurance with a copy of the report for confidential records;
  - ensure the recommendations of the Full Investigation Panel are carried out as deemed appropriate;
  - taking the necessary steps to ensure that all legal and ethical requirements are met; the funds of sponsors are protected; and any contractual obligations are fulfilled.
94. Where questionable research practice and potential misconduct is upheld against a member of staff, the ADRI or DDC should liaise with Human Resources to ascertain whether disciplinary procedures should be initiated.
95. Where a concern about research practice and potential misconduct is not upheld, the ADRI or DDC will take steps, as appropriate, to maintain the reputation of the Respondent. If there is publicity surrounding the case, then the Respondent should be offered the possibility of having an official statement released to the media.
96. Where a concern about research practice and potential misconduct is not upheld, but was made in good faith, the ADRI or DDC will take steps, as appropriate, to maintain the reputation of the Initiator. Where the concern is upheld, and there is publicity surrounding the case, then the Initiator should be offered the possibility of having an official statement released to the media.
97. Where a concern about research practice and potential misconduct is upheld, the ADRI or DDC will take steps, as appropriate, to maintain the reputation of the Initiator.
98. Where a Full Investigation by Panel is not upheld because it is frivolous, vexatious or malicious, then the ADRI or DDC will consider whether disciplinary proceedings should be initiated against the Initiator.

## **Reporting**

99. Where the Respondent is a member of staff, anonymous information of the Initial Investigation stage and the Full Investigation by Panel stage can be incorporated into aggregated reports and

provided to the Research and Innovation Governance Committee, upon request. This decision rests with the ADRI or DDC though it might be necessary to liaise with Human Resources in reaching a decision.

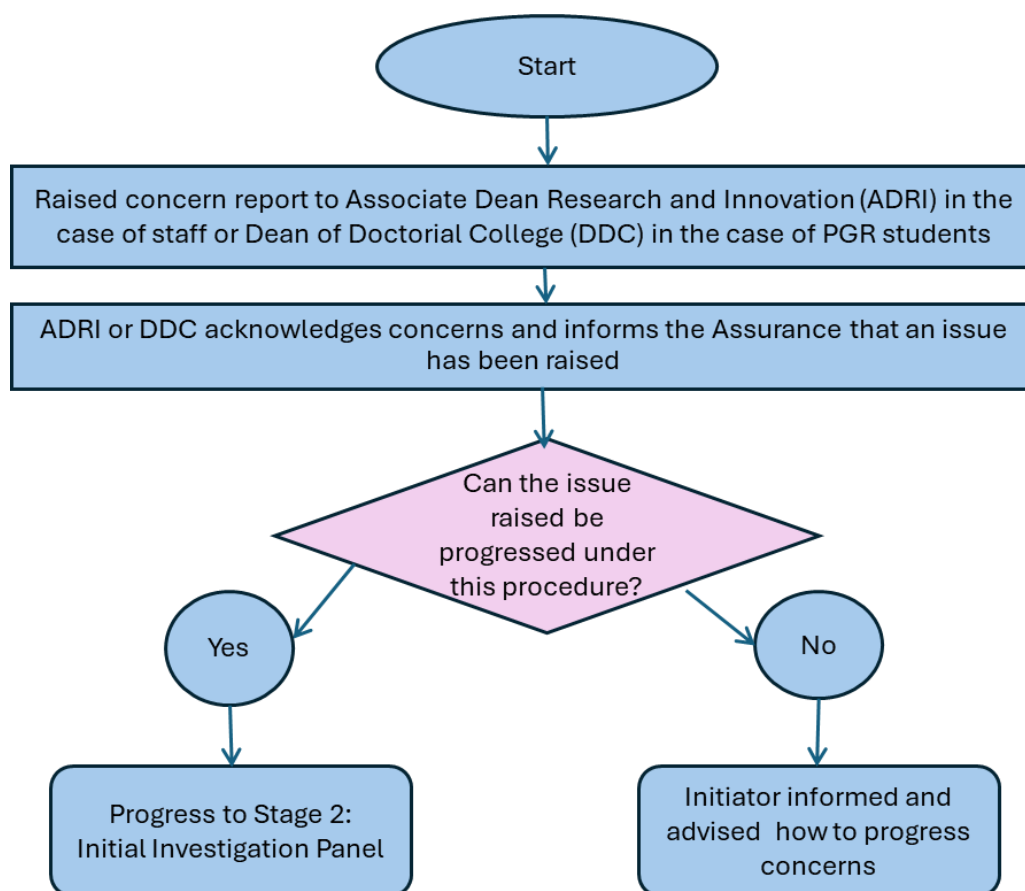
- 100.** Where the respondent is a postgraduate research student anonymous information of the Initial Investigation stage and the Full Investigation by Panel stage can be incorporated into aggregated reports and provided to the Doctoral College Board via APESC, under its Reserved Business. The Penalty to be applied will be reported to the Admission Progression and Examination Subcommittee at the earliest opportunity for ratification.
- 101.** Both Assurance and the Doctoral College Board provide reports to URIC. Reports from URIC are provided to Senate as required.
- 102.** The University may also need to provide aggregated anonymous reports in response to legal, governmental or other external requirements.

## Appeals

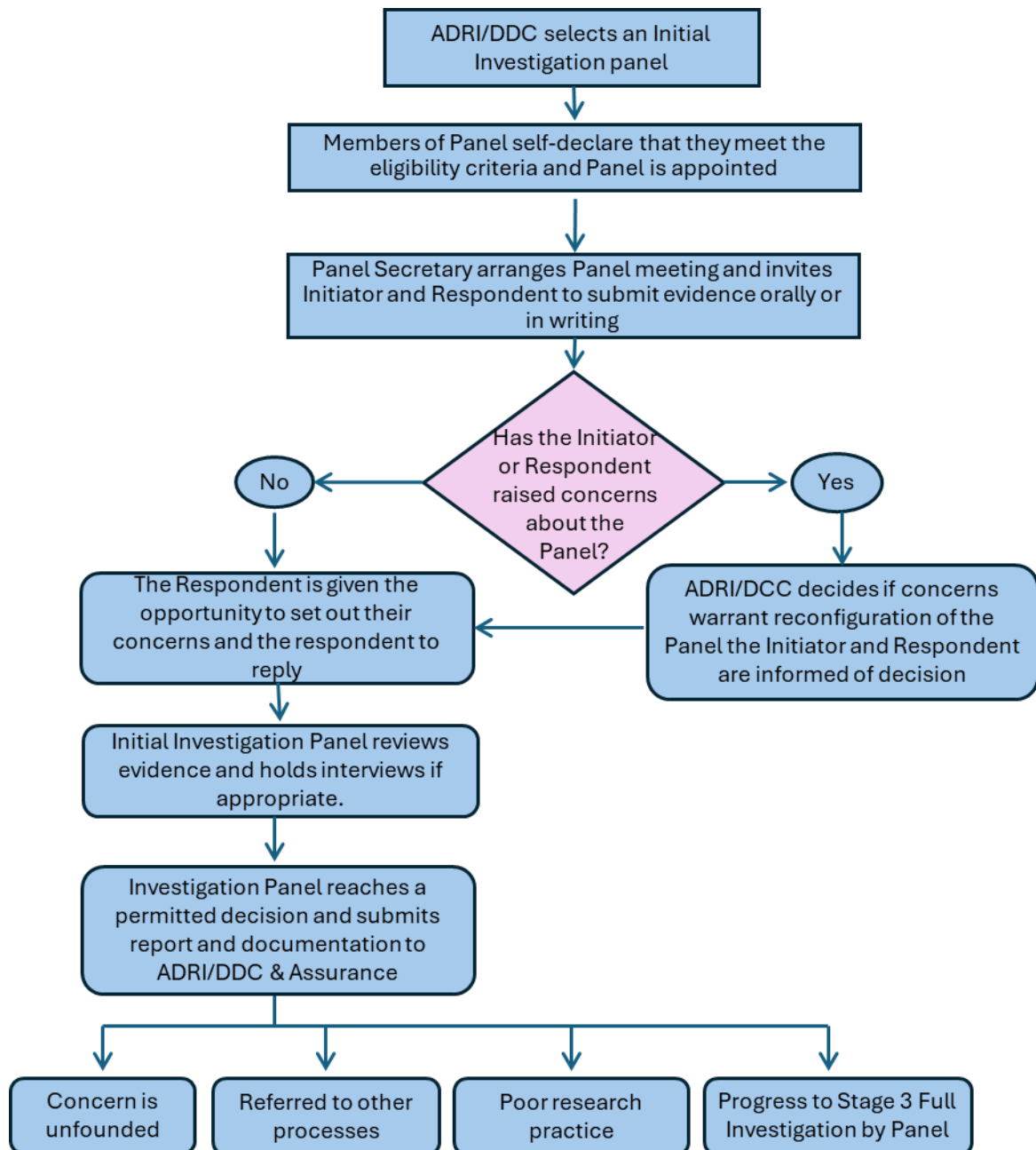
- 103.** The Respondent may appeal against the outcomes of the Procedure, including the decisions and/or recommendations associated with them. Any appeal shall be made in writing to the Pro-Vice-Chancellor, Research and Innovation (PVCRI) within 10 working days of being notified of the outcome of the Procedure. The written notice of appeal shall set out the grounds of appeal, and be accompanied, wherever possible, by supporting documentation.
- 104.** Appeals may be permitted on any or, all of the following grounds:
- **Procedural Error:** The Respondent can appeal if there were procedural errors that could have affected the decision of the Full Investigation Panel.
  - **New Evidence:** The emergence of new evidence that was not available during the original investigation.
  - **Bias or Conflict of Interest:** If it can be shown that there was a bias or conflict of interest by the Full Investigation Panel.
  - **Reasonableness:** That the Full Investigation Panel acted unreasonably or came to a decision to which no reasonable Full Investigation Panel could have come to or that their recommendations were excessive.
- 105.** The Pro-Vice-Chancellor, Research and Innovation will then assess the appeal to determine whether it falls within one or more of the grounds for appeal set out above, seeking clarification from the person(s) submitting the appeal as necessary.
- a. If the appeal does not fall within one or more of the grounds for appeal set out above, then the appeal is dismissed, and this decision should be communicated to the person who submitted the appeal. The Appeal stage now ends.
  - b. If the appeal does fall within one or more of the grounds for appeal, the Pro Vice Chancellor, Research and Innovation shall then, as soon as is practicable, appoint an Appeal Panel to undertake the appeal process.

- 106.** The Appeal Panel will normally consist of three persons. No individual involved in the Appeal Panel will have been involved at any stage previously as an Initial Investigator or as a member of a Full Investigation Panel.
- a. At least one member of the Appeal Panel shall be from outside the University.
  - b. One member of the Appeal Panel shall be an academic specialist in the general area within which the misconduct is alleged to have taken place (where concerns raised involve highly specialised areas of research, they should instead have specialised knowledge of the field). To avoid issues of conflict of interest, this person may be from outside of the University.
- 107.** The Pro-Vice-Chancellor, Research and Innovation will appoint one member of the panel as Chair.
- 108.** All members of the Appeal Panel will be asked to sign a confidentiality statement and confirm they have no conflicts of interest with the parties involved.
- 109.** The Panel Secretary will be a member of the Assurance.
- 110.** Panel Secretary informs the Respondent of the Appeal Panel.
- 111.** The Respondent may submit evidence to the Panel in writing.
- 112.** The Appeal Panel will then review the conduct of the Investigation and any evidence submitted in support of the appeals(s) in question, rather than carry out a re-investigation of the concern(s) in question. The Appeal Panel will decide whether it upholds, reverses, or modifies the outcome in question by the Procedure, including the decisions and/or recommendations associated with it. The decision of the Appeal Panel is final.
- 113.** The Appeals Panel shall write a report setting out its conclusions, giving the reasons for its decision and recording any differing views. A summary of the conclusions will be sent to the Initiator and the Respondent for comment on matters of factual accuracy. The Appeal Panel will consider the responses received within 5 working days and if they consider that the report includes errors of fact, will modify the report as necessary.
- 114.** The Appeals Panel will then submit their final report to the Pro-Vice-Chancellor, Research and Innovation. The Chair and Appeal Panel will also provide to the Assurance records / material relating to the Investigation.
- 115.** The Pro-Vice-Chancellor, Research and Innovation shall convey the substance of the Appeal Panel's findings and recommendations to the Initiator, the Respondent and such other persons or bodies as they deem appropriate.
- 116.** The Pro-Vice-Chancellor, Research and Innovation will then undertake the actions necessary to implement the conclusions of the Appeal Panel, liaising with the Assurance and others, within and/or external to the Organisation, as necessary. The work of the Appeal Panel is then concluded.

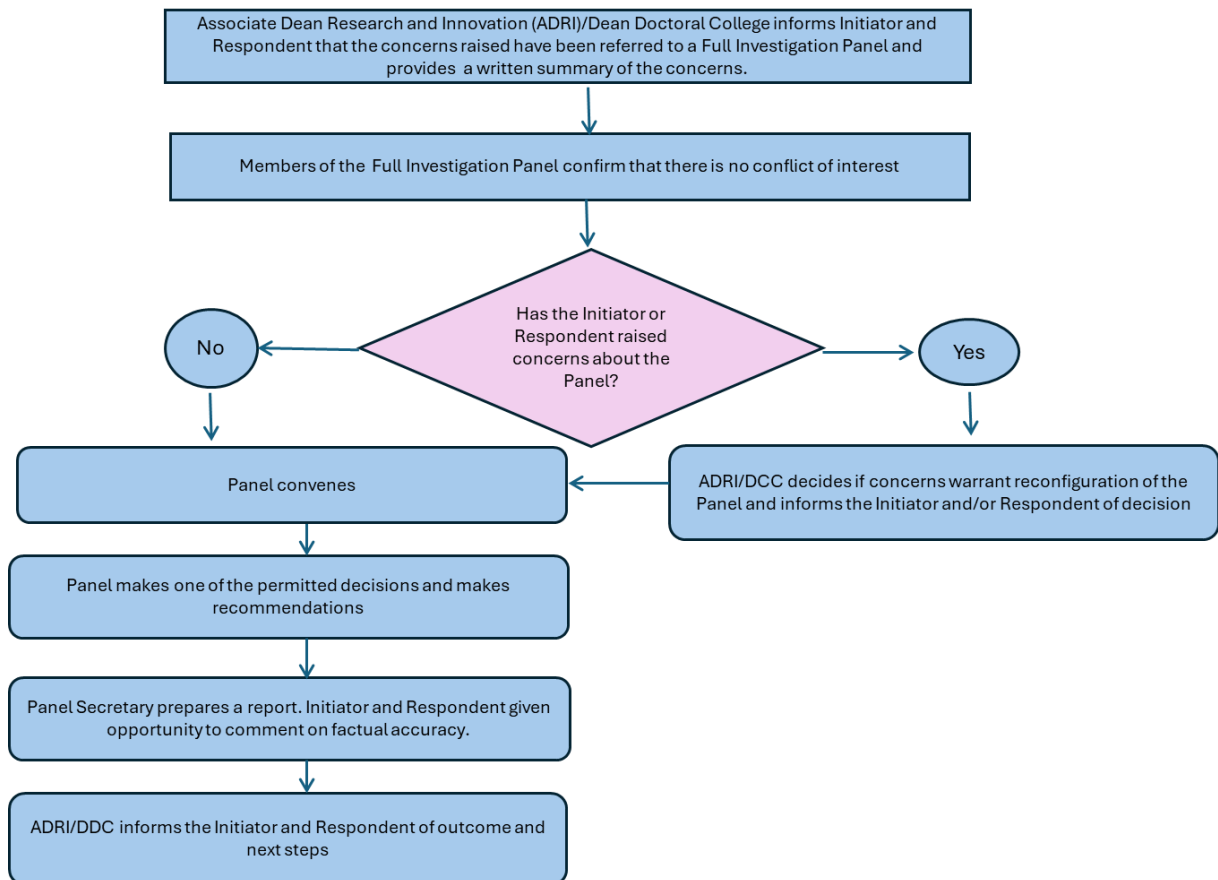
## Appendix 1 – Raising a concern



## Appendix 2 – Initial Investigation Panel



## Appendix 3 – Full Investigation



## Appendix 4 – Appeal Process

