

**SENATE**

**Title of paper:** Updates to the Research Misconduct Policy and Procedure

**Main purpose of the paper:** For decision

**Presenter(s):** Matthew Grenby

**Date of paper:** 21/04/26

**Purpose of the paper**

Both documents have a review date of April 26 which has also coincided with changes made to ensure compliance with the updated 2025 Concordat to Support Research Integrity which came into force in April 2026. Approval of the changes is needed.

The main areas of change are:

- Updated wording and definitions driven by the Concordat changes, especially in relation to 'Questionable Research Practices'.
- Updated role title of 'The Responsible Officer' to now show Research Integrity and Compliance Manager.
- Additional appendix (3) in the procedure which outlines that in addition to our own procedure we will also comply with any specific funder requirements

**Relation to strategy and values**

Supports research excellence and compliance.

**Recommendations:**

Approval.

**Consultation to date (including any previous committee consideration and its outcome):**

URIC and EB

# Policy for Investigating Allegations of Research Misconduct

Effective from 01/04/2026

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## 1. Purpose

Newcastle University is committed to conducting research to the highest standards of excellence, rigour and integrity. When these standards are not upheld, research misconduct may occur. Although research misconduct is uncommon, this can cause harm to people and the environment, waste resources, undermine the research and the credibility of the researcher.

The purpose of this policy is to set out how the University will respond to allegations of research misconduct in line with principles of the [Concordat to Support Research Integrity](#), guidance issued by the UK Research Integrity Office (UKRIO), UKRI and other funder requirements.

## 2. What is covered by the policy?

2.1 **Research misconduct** is defined as behaviours and deliberate actions that fall short of the principles of research integrity, occurring at any point in the research lifecycle. This includes behaviours associated with the ideation of research proposals reviewing the work of others, and the reporting of research findings. Research misconduct can take many forms, including:

- **Fabrication:** making up results, other outputs (for example, artefacts) or aspects of research, including documentation and participant consent, and presenting and/or recording them as if they were real.
- **Falsification:** inappropriately manipulating and/or selecting research processes, materials, equipment, data, imagery and/or consents.
- **Plagiarism:** using other people's ideas, intellectual property or work (written or otherwise) without acknowledgement or permission.
- **Failure to meet legal, ethical and professional obligations**, for example:
  - Not observing legal, ethical or other requirements for human research participants, animal subjects or human organs or tissue used in research, or for the protection of the environment.
  - Breach of duty of care for humans involved in research whether deliberately, recklessly or by gross negligence, including failure to obtain appropriate informed consent.
  - Misuse of personal data, including inappropriate disclosures of the identity of research participants and other breaches of confidentiality.
  - Improper conduct in peer review of research proposals, results, or manuscripts submitted for publication. This includes: failure to disclose conflicts of interest; inadequate disclosure of

clearly limited competence; misappropriation of the content of material; and breach of confidentiality or abuse of material provided in confidence for the purposes of peer review.

- **Misrepresentation of:**
  - Data, including suppression of relevant results/data or knowingly, recklessly or by gross negligence presenting a flawed interpretation of data.
  - Involvement, including inappropriate claims to authorship or attribution of work and denial of authorship/attribution to persons who have made an appropriate contribution.
  - Interests, including failure to declare competing interests of researchers or funders of a study.
  - Qualifications, experience and/or credentials or publication history, through undisclosed duplication of publication, including undisclosed duplicate submission of manuscripts for publication.
- **Improper dealing with allegations of misconduct:** failing to address possible infringements, such as attempts to cover up misconduct and reprisals against whistle-blowers; or failing to adhere appropriately to agreed procedures in the investigation of alleged research misconduct accepted as a condition of funding. Improper dealing of allegations of research misconduct also includes the inappropriate censoring of parties through the use of legal instruments, such as non-disclosure agreements.

## 2.2 Exclusions

- 2.2.1 **Honest errors** – and differences in, for example, research methodology or interpretations do not constitute research misconduct. Where honest errors are identified, remedial action will be taken to correct the mistake and local training provided to avoid reoccurrence.
- 2.2.2 **Questionable Research Practices (QRPs)** – 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 a lack of knowledge or attention to detail, negligence, or deliberate action, and may occur where there is no evident intention to deceive. Although questionable research practices have an impact on research integrity, they are not generally defined as research misconduct and will be addressed through training and support. It may be difficult to tell the difference between questionable research practices and research misconduct. This may need to be determined through an investigation. Any concerns regarding questionable research practices should be raised with the relevant Head of Academic Unit. Concerns may also be addressed to the Research Integrity and Compliance Manager at: [research.integrity@ncl.ac.uk](mailto:research.integrity@ncl.ac.uk).
- 2.2.3 **Grievances** – the University acknowledges that good working relationships are central to positive and inclusive research environments. Any concerns, problems or complaints relating to relationships with colleagues or managers should be reported in line with the University's general [Grievance Procedure](#), [Investigation Protocol for Discrimination, Harassment and Hate-Related Misconduct](#) or [Bullying and Harassment Policy](#), unless research misconduct is the cause or the effect of the breakdown of the relationship.

## 3. Who does this policy apply to?

- 3.1 This policy applies to the full University research community. This includes, but is not limited to:

- University colleagues
- Professional service colleagues
- Technicians
- Honorary colleagues
- Visiting colleagues
- Emeritus colleagues
- Those working under joint clinical, or other joint contracts
- Sub-contractors
- Research consultants
- Those using the University's facilities

3.2 The University has developed a separate procedure for students, including Postgraduate Researchers. To avoid duplication, any allegations relating to the research undertaken by students will be re-routed to the University's [Student Assessment Irregularities Procedure \(Academic Misconduct\)](#).

#### 4. Roles and responsibilities

All University colleagues should be aware of their professional, legal and regulatory responsibilities outlined in the [Code of Good Practice in Research](#). This includes the responsibility to report any concerns if they have good reason to suspect misconduct in research. Other roles and responsibilities identified in the procedure are defined as follows:

- Complainant:** individual(s) raising an allegation about the research conduct of an individual(s) conducting research at Newcastle University.
- Respondent:** individual(s) named in the complaint, against whom the allegation is made.
- Named Person:** The Pro-Vice Chancellor Research and Innovation is the named person responsible for research integrity under the Concordat, with overall responsibility for decision-making. In the absence or conflict of interest of the Pro-Vice Chancellor of Research and Innovation or where a conflict of interest is apparent, the Dean of Culture and Inclusion will act as an Alternative Named Person.
- Responsible Officer:** a Research Integrity and Compliance Manager has delegated responsibility for the implementation of the policy and procedure on behalf of the Named Person with due respect for confidence. In the absence of the Research Integrity and Compliance Manager another member of the Research, Policy, Intelligence and Ethics team will act as an alternative Responsible Officer.
- Lead Investigator:** the relevant Faculty Dean of Research and Innovation has delegated responsibility for carrying out a preliminary investigation on behalf of the Named Person.
- Head of Academic Unit:** point of contact for informal queries regarding research integrity. Responsible for overseeing local actions such as supervision, mediation, education and training in response to the issues raised.
- Witness:** an individual who may be called by the Investigation Panel to provide evidence or information. To avoid any conflicts of interest, a Witness cannot act as a Supporter.
- Supporter:** a colleague or Trade Union representative who can provide support for the Complainant or Respondent. A Supporter may accompany the Complainant or

Respondent to panel meetings, but may not act as their representative, make statements or ask any questions.

## 5. Policy

### 5.1 Institutional responsibilities

- 5.1.1 As a signatory of the [Concordat to Support Research Integrity](#), the University has a responsibility to promote research integrity and fully investigate all allegations of research misconduct in an objective, fair and timely manner.
- 5.1.2 Newcastle University is also committed to working collaboratively with other institutions in accordance with principles of the [Russell Group Statement of Co-operation in respect of cross-institutional research misconduct allegations](#). In these cases, a decision will be made whether it would be most appropriate to follow a single institutional process, separate processes or a combination of processes to ensure that the process is managed thoroughly and efficiently and with due care and regard for the wellbeing of all individuals.
- 5.1.3 Due to the nature of the allegation(s), it may be necessary to notify legal or regulatory authorities in the event of any illegal activity and/or a danger to persons, animals or the environment. In these cases, the legal or regulatory authority may undertake an external investigation which would supersede this policy. However, the findings of the external investigation would be used to determine internal actions in response to the issues identified.
- 5.1.4 Newcastle University also has an obligation to notify funders and regulatory bodies of any formal investigations of research misconduct. Funded activities may be paused during the investigation to protect the integrity of the research project. The University will also notify funders of the outcome of the investigation and outline any remedial actions taken.

### 5.2 Responsibilities of researchers

- 5.2.1 Academic freedom is fundamental to the production of excellent research. This means that responsibility for ensuring that no misconduct occurs rests primarily with individual researchers. All colleagues involved in research activities at, or on behalf of, Newcastle University should observe the highest standards of professional behaviour, rigour and integrity in proposing, conducting and publishing research in accordance with the [Code of Good Practice in Research](#).
- 5.2.2 Researchers should continue to support their professional development through formal training, self-directed learning and engagement activities. The University provides free access to a [Research Integrity e-learning programme](#) to all staff and students. A full list of internal and external training, tools and resources is available on the University's [Research Integrity webpages](#).
- 5.2.3 Research misconduct is least likely to arise in an environment where good open research practice is encouraged and where there is effective supervision at all levels. Heads of Academic Units are responsible for establishing and communicating the standards, protocol and ethics for research relevant to their area to all academic and research staff, and for ensuring adherence to these standards. Academic researchers are also encouraged to share good practice with internal colleagues through peer review, discussions at Research Group meetings, seminars, lecture series, workshops, formal teaching or the supervision of PhD students.
- 5.2.4 Where an allegation of research misconduct does arise, researchers are expected to co-operate fully with the procedure outlined in this document and provide information when requested.

5.2.5 The University may approach senior academic colleagues with expertise in a specific discipline to participate in an Investigation Panel. These roles should be undertaken with due respect for confidentiality, and any conflicts of interest should be declared. Full guidance and support will be provided to colleagues undertaking these roles by the Responsible Officer. Occasionally, the University may also seek volunteers to participate in research misconduct panels at other universities, where an external expert is required. These roles will be considered on a case-by-case basis, following a request from the UK Research Integrity Office (UKRIO).

### 5.3 Investigation of allegations

5.3.1 All allegations will be investigated fully by the University in accordance with the Procedure for Investigating Allegations of Research Misconduct <<inset link when available>>.

5.3.2 The investigation of allegations will be made in line with the following guiding principles:

- **Data Protection**

The processing of personal data will be carried out in accordance with the principles of the UK General Data Protection Regulation (GDPR) and the amended Data Protection Act (1998). University staff with responsibility for implementing this procedure must complete mandatory data protection training.

- **Fairness**

Anyone formally accused of research misconduct will receive full details of the allegation(s) in writing and be given the opportunity to respond. Respondents will be given the opportunity to raise points, ask questions, submit evidence in their defence and suggest witnesses. Both the Complainant and the Respondent also have the right to be accompanied by a colleague or Trade Union representative (a Supporter) at formal meetings and seek advice or assistance from anyone of their choosing.

- **Confidentiality**

The confidential nature of the proceedings will be maintained provided this does not compromise the investigation, any health and safety requirements, or any issue related to the safety of participants in research. The identity of the Complainant or the Respondent should not be made known to any third party such as funders, professional or regulatory bodies unless it is deemed necessary. Any disclosure to a third party should be made on a confidential basis.

In order to progress the investigation, details of the source and the nature of the allegation will be shared with Respondent, their Head of Academic Unit and the investigation panel. However, while the allegations are under investigation, the Complainant, Respondent, Witnesses or any other persons involved in the procedure should not make any statements about the allegations to any third parties unless formally sanctioned by the University or otherwise required to by law. Breaching confidentiality may lead to disciplinary action. This does not apply to colleagues seeking support from the University's Just Ask volunteer network or Employee Assistance Programme, legal or Trade Union representatives.

- **Integrity**

Investigation panel members must ensure that the investigation is impartial and extensive enough to reach a reasoned judgement on the matter(s) raised and declare any potential conflicts of interest. Similarly, those who are asked to give evidence should do so honestly and objectively.

- **Prevention of detriment**

- **Complainant:** any allegations will be assumed to have been made in good faith, based on a reasonable belief and/or supporting evidence that misconduct in research may have occurred. However, any allegations found to have been made frivolously, maliciously or vexatiously will be considered a serious offence.
- **Respondent:** anyone accused of research misconduct is entitled to the presumption of innocence. The purpose of the formal investigation is to establish, on the balance of probabilities, the truth of any allegations. The University will take all reasonable steps to ensure that any parties involved in the investigation do not suffer because of unconfirmed or unproven allegations.

5.3.3 Once initiated, the procedure should progress to conclusion irrespective of:

- The Complainant withdrawing the allegation at any stage
- The Respondent admitting, or have admitted, the alleged misconduct in full or in part
- The Respondent or Complainant resigning or already having resigned their post.

5.3.4 The procedure is intended to complement – rather than replace – the University’s [Disciplinary Policy](#). When allegations of research misconduct are upheld, in full or in part, this may result in disciplinary action being taken. Information gathered in the course the investigation will be shared with People Services to facilitate this process, alongside a copy of the Full Investigation Panel report. A formal record of the outcome will also be recorded in the Respondent’s People Services file.

## 6. Related regulations, statutes and policies

This policy should be read alongside the following policies and guidelines:

- [Attribution of Authorship Guidelines](#)
- [Bullying and Harassment Policy](#)
- [Code of Good Practice in Research](#)
- [Disciplinary Policy](#)
- [Ethics Policy for Research, Teaching and Consultancy](#)
- [Grievance Policy](#)
- [Policy and Procedure on Public Interest Disclosure \(Whistleblowing\)](#)
- [Policy on Declaration of External Interests](#)
- Procedure for Investigating Allegations of Research Misconduct
- [Research Ethics Policy](#)
- [Student Assessment Irregularities Procedure \(Academic Misconduct\)](#)

## 7. Procedure to implement the policy

Please refer to the University’s [Procedure to Investigate Allegations of Research Misconduct](#), which includes a process flow chart.

## 8. Monitoring and reporting on compliance

Detailed and confidential records of proceedings will be maintained by Research Strategy and Development Team in line with the University's [Policy on Records Management](#).

What will be monitored?	Frequency	Method	Who by	Reported to
Number and type of allegations (anonymised data)	Annually	Via the annual statement on Research Integrity	Research Integrity & Compliance Manager	University Research and Innovation Committee, Senate and Council. A copy of the annual statement is also published externally via the University's Research Integrity webpages.
Allegations progressing from screening to formal investigation	As often as necessary	When allegations progress from screening to formal investigation, this will trigger a number of actions including formally notifying stakeholders.	Research Integrity & Compliance Manager	Relevant funding bodies. Professional bodies; collaborating organisations; statutory regulators; journals.

## 9. Failure to comply

Failure to comply with this policy may result in disciplinary action.

<b>Document control information</b>		
<b>Does this replace another policy?</b> Yes / No If yes please state. Policy and Procedure for Investigating Allegations of Research Misconduct (2016)		
<b>Approval</b>		
<b>Approved by: University Council</b>		<b>Date:</b>
<b>Effective from:</b>	<b>1<sup>st</sup> April 2026</b>	
<b>Review due:</b>	<b>1<sup>st</sup> April 2029</b>	
<b>Responsibilities</b>		
<b>Executive sponsor:</b>	<b><u>Professor Matthew Grenby, Pro-Vice Chancellor Research &amp; Innovation</u></b>	
<b>Policy owner:</b> (This maybe an officer or Committee)	<b><u>University Research &amp; Innovation Committee</u></b>	
<b>Person(s) responsible for compliance:</b>	<b><u>Stacey Wagstaff, Research Integrity and Compliance Manager</u></b>	
<b>Consultation</b>		
<b>Version</b>	<b>Body consulted</b>	<b>Date</b>
Version 1	University Research & Innovation Committee	2 <sup>nd</sup> November 2021
Version 2	People Services team	28 <sup>th</sup> July 2022
Version 3	UKRIO People Services team	4 <sup>th</sup> October 2022

Version 4	University Research & Innovation Committee	
<b>Equality, Diversity and Inclusion Analysis:</b> <b>Does the policy have the potential to impact on people in a different way because of their protected characteristics? Yes/ <del>No</del>/ <del>Unsure</del></b> If yes or unsure please consult the Diversity Team in HR for guidance		
<b>Initial assessment by:</b> Louise Jones		<b>Date:</b> <u>29<sup>th</sup> September 2022</u>
<b>Key changes made as a result of Equality, Diversity and Inclusion Analysis</b> N/A – standard procedures apply to all colleagues, reducing the potential for discrimination. However, the individual needs of individuals invited to attend formal interviews will be assessed on a case-by-case basis and any requests for reasonable adjustments taken into consideration in consultation with People Services.		
<b>Document location</b>		
<a href="#">Research Misconduct   Our Research   Newcastle University</a>		

## Procedure for Investigating Allegations of Research Misconduct

Effective from 01/04/26

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### 1. Purpose

This procedure should be read alongside the University's [Policy for Investigating Allegations of Research Misconduct](#), which includes definitions of named roles and responsibilities.

A flow chart illustrating the procedure is provided in [Appendix 1](#).

Any allegations of research misconduct raised via the University's [Policy and Procedure on Public Interest Disclosure \(Whistleblowing\)](#) will be investigated in accordance with this policy and the outcome reported to the University Registrar.

### 2. Stage 1: Receipt and initial assessment

- 2.1 Colleagues are expected to raise any concerns about research misconduct with the individual concerned, their Line Manager or the appropriate Head of Academic Unit in the first instance. Concerns can also be raised with the Responsible Officer via email: [research.integrity@ncl.ac.uk](mailto:research.integrity@ncl.ac.uk). This may include matters raised in the media or external reports. In research, situations arise that might present as research misconduct but are the result of either a misunderstanding or a dispute between individuals. In these cases, it may be possible to resolve such differences locally through mediation, external arbitration or dispute resolution. A formal complaint may be submitted due to the serious nature of the allegation(s), or if it is not possible to reach an informal resolution. Complaints from parties external to the University should also be submitted via the formal route described below. Note that the University has developed a separate procedure for students, and any allegations relating to the research undertaken by students will be re-routed to the University's [Student Assessment Irregularities Procedure \(Academic Misconduct\)](#).
- 2.2 Formal complaints should be submitted in writing using the **Reporting Allegations of Research Misconduct Form** ([Appendix 2](#)) and submitted to [research.integrity@ncl.ac.uk](mailto:research.integrity@ncl.ac.uk). Complainants are expected to put their name to any allegation they make. Anonymous allegations will be considered at the discretion of the Named Person; taking into consideration the seriousness of the concerns raised and the credibility of the evidence.
- 2.3 The Responsible Officer will formally acknowledge receipt of the allegation in writing. A copy of the policy and procedure will be provided to the Complainant for information.
- 2.4 An initial assessment will be carried out by the Responsible Officer in consultation with the Named Person and a designated People Services Advisor (where appropriate) to determine whether the allegation falls within the scope of this policy and the most appropriate means of investigating or otherwise addressing it e.g. via the University's [Grievance Procedure](#), [Investigation Protocol for Discrimination, Harassment and Hate-Related Misconduct](#) or [Bullying and Harassment Policy](#).

- 2.5 An assessment will also be made to determine whether immediate action is required to eliminate illegal activity or prevent harm to people, animals or the environment. If action is required, the Respondent will be formally notified in writing. The University may also be required to notify external employers, funders, legal, regulatory or professional bodies of the nature of the allegation(s) on the understanding that it is not yet proven.
- 2.6 Following the initial assessment, the Responsible Officer will write to the Complainant to confirm the decision and the reasons for this. Details of any follow-on actions will also be communicated to the Complainant. Stage 1 outcomes:
- a) **Dismiss allegation** – if the allegations are judged not to fall within the scope of the Research Misconduct Policy, the case will be dismissed. If the allegations relate to questionable research practices, the details will be referred to the relevant Head of Academic Unit to address through non-disciplinary measures such as mediation, education and training. Where appropriate, the allegation may also be dismissed and referred for investigation under an alternative University procedure.
  - b) **Refer to external organisation** – in the event that a statutory, regulatory or professional body decides to undertake an external investigation, a dual review will not be carried out by the University. However, the findings of the external investigation may result in disciplinary action.
  - c) **Proceed to Stage 2** – if the allegations are judged to fall within the scope of the Research Misconduct Policy, the decision will be taken to proceed.

### 3. Stage 2: Preliminary screening

- 3.1 The purpose of this stage is to establish what has happened, determine whether the allegations have substance, and whether there is sufficient evidence to proceed to a Formal Investigation.
- 3.2 The Named Person will appoint the relevant Faculty Dean of Research and Innovation as Lead Investigator to undertake a preliminary assessment of the evidence with the support of a Professional Services colleague. In complex cases, the Professional Services Colleague may invite two additional senior academics to join a Screening Panel to collate and review the evidence. If the Respondent is employed on a joint clinical / honorary contract, an appropriate member of staff from the joint employing organisation(s) may be approached to support the investigation. Members of the Screening Panel will be asked to declare any potential conflicts of interest and complete a Declaration Form to confirm that they have completed General Data Protection Regulation (GDPR) and Equality, Diversity and Inclusion (EDI) training.
- 3.3 The Responsible Officer will formally notify the Respondent and their Head of Academic Unit of the allegation(s) in writing; including details of any evidence cited in the complaint. A copy of this policy and procedure will also be provided for information.
- 3.4 The Respondent will be invited to attend a confidential meeting with the Lead Investigator where they will be given the opportunity to respond to the allegation(s) and set out their case. Initial meetings will also be held with the Complainant and key Witnesses identified by the Complainant / Respondent in order to collate evidence. These meetings may be recorded in order to produce a written transcript. If required, a Supporter may be invited to attend the meeting. For more information, please refer to the University's Guidelines for Supporters <<insert weblink when available>>.

- 3.5 A **Preliminary Screening Report** summarising the findings and recommendations will be completed by the Lead Investigator with the support of a member of Professional Services. The Respondent and the Complainant will be invited to comment on the factual accuracy of the draft report before it is finalised, although this does not amount to a right of veto over the report or its conclusions. The Lead Investigator will assess the validity of comments and, where relevant, seek the agreement of the Screening Panel before making any amendments.
- 3.6 A copy of the final report will be provided to the Named Person, the Complainant and the Respondent. Potential outcomes:
- a) **Dismiss allegation** – if the allegations are deemed to be mistaken, the case will be dismissed. If the allegations are deemed to be frivolous, malicious or vexatious, the case will be dismissed and referred to People Services to investigate in accordance with the University's [Disciplinary Policy](#).
  - b) **Refer to supervision / training** – if the allegations have some substance, but due to a lack of intent to deceive or due to their relatively minor nature, the case will be referred to the relevant Head of Academic Unit to address through non-disciplinary measures such as supervision, education and training.
  - c) **Proceed to Stage 3** – if the allegations are deemed to have substance and are sufficiently serious in nature, the decision will be taken to proceed to a formal investigation.

#### 4 Stage 3: Formal Investigation

- 4.1 The purpose of this stage is to appoint a Formal Investigation Panel to assess the evidence and determine whether, on the balance of probabilities, the evidence upholds the allegation(s). Where a complaint is fully or partly upheld the Panel will also be invited to recommend corrective actions to preserve the academic reputation of the University.
- 4.2 If a formal investigation is warranted, the Respondent's Head of Academic Unit and Faculty People Services Business Partner will be notified. Where relevant, funders and regulatory bodies will also be notified on the understanding that the allegation has not yet been proven. The outcome will also be communicated following the conclusion of the investigation.
- 4.3 Depending on the nature and complexity of the allegation, the Named Person may take action in consultation with People Services and IT Services to ensure that all relevant evidence and information is secured in order to complete a full investigation. This action may include:
- Securing research records, data, materials, locations.
  - The temporary suspension of the Respondent from all / some duties on full pay.
  - A temporary restriction is placed on the Respondent requiring them not to have contact with University staff / partner organisations.
- 4.4 The Named Person will appoint a Formal Investigation Panel consisting of a Chair and two other senior academics with relevant knowledge and expertise; including one individual who is external to the University. If the Respondent is employed on a joint clinical / honorary contract, an appropriate member of staff from the joint employing organisation(s) will also be invited to join the Panel. The Panel will be supported in its work by the Responsible Officer. Members of the Formal Investigation Panel will also be asked to complete a [Declaration Form](#) <<insert link when available>>.

- 4.5 The Complainant and Respondent will be notified of the panel constitution. Any concerns regarding perceived conflicts of interest should be raised by the Complainant/Respondent within five working days to avoid any delays to the procedure.
- 4.6 The Full Investigation Panel will examine the evidence collected during the preliminary assessment and investigate further as required. This may include further interviews with the Complainant and Respondent. The Complainant and Respondent have the right to invite a Supporter to attend the formal interview. Please refer to the University's [Guidelines for Supporters](#) <<insert weblink when available>> for more information. The Panel may also interview Witnesses or seek confidential advice from internal / external experts in the subject discipline.
- 4.7 A **Formal Investigation Report** summarising the findings and recommendations will be completed by the Panel with the support of the Responsible Officer. The report will:
- Summarise the conduct of the investigation
  - State whether the allegations have been upheld fully or in part, giving the reasons for the decision and recording any different views
  - Make recommendations for corrective actions
  - Address any procedural matters that the investigation has brought to light.
- 4.8 The Respondent and the Complainant will be invited to comment on the factual accuracy of the draft report, although any feedback will be restricted to errors rather than judgements. The Chair should seek the agreement of all panel members before modifying any details in the draft report.
- 4.9 Once the factual accuracy of the report has been agreed by all parties, the Chair will arrange a meeting with the Named Person and the relevant People Services Manager to discuss the report findings, ratify the decision and agree outcomes and actions.

## 5. Outcomes and reporting

- 5.1 The following internal stakeholders will be notified of the conclusion of the formal investigation:
- Complainant
  - Respondent
  - Head of Academic Unit
  - Faculty Dean of Research and Innovation
  - Faculty People Services Business Partner
  - Other relevant members of staff
  - The Responsible Officer
- 5.2 Where appropriate, relevant external stakeholders will also be formally notified of the outcome of the investigation. Including statutory, regulatory and professional bodies, funders, collaborating institutions and other organisations at which the Respondent is employed.
- 5.3 If the allegation is upheld fully or in part, the Named Person will decide whether the matter should be referred to a Disciplinary hearing under the University's [Disciplinary Policy](#). All information collected and brought to light during the Research Misconduct procedure will be transferred to People Services alongside a copy of the **Formal Investigation Panel Report**.
- 5.4 Other corrective actions that may be taken by the University include:

- Amendments to project management / research governance arrangements
- Notifications to patients / patients' doctors of any potential medial issues that may arise
- Retractions / corrections to research publications
- Local monitoring / supervision / training to avoid reoccurrence

A note regarding the outcome of the investigation will also be added to the Respondent's People Services file for future reference.

- 5.5 If the allegation is not upheld, the case will be dismissed. The University shall take whatever steps are considered necessary, in the light of the seriousness of the allegation, to preserve the reputation of the Respondent and the relevant research project(s).
- 5.6 If the allegation is deemed to have been made in good faith, the University will also take steps to prevent any detriment to the Complainant. However, if the Panel concludes that the allegation is frivolous, malicious or vexatious, the case may be referred to People Services to investigate under the University's [Disciplinary Policy](#). In the event of an external complaint, the University may decide to share the findings of the investigation with the employing organisation.

## 6. Appeals

- 6.1 Appeals on the grounds of procedural irregularity or new evidence not previously considered may be submitted to the Pro-Vice Chancellor Research and Innovation within 10 working days of the outcome having been communicated.
- 6.2 If there are grounds for appeal, an Appeal Panel will be appointed by Pro-Vice Chancellor Research and Innovation. The Appeal Panel should consist of a minimum of three senior academics who were not involved in the original investigation.
- 6.3 The purpose of the Appeal Panel is to re-assess the evidence alongside any new evidence provided. The Appeal Panel may decide to uphold the original decision or recommend an alternative outcome.
- 6.4 In the event that a case is referred to be considered under the University Disciplinary Policy, the Respondent and Complainant have a statutory right to appeal any outcome under the [Disciplinary Policy](#).

## 7. Support available to colleagues

- 7.1 Complainants and Respondents may wish to seek support from a colleague or Trade Union representative. To support colleague wellbeing, the University also provides the following services:
- [Just Ask](#) - a confidential peer support service for University colleagues who are feeling stressed at work. The service is managed by the Colleague Health and Wellbeing Team and made-up of trained volunteers who can provide a listening ear and effective support for stress related issues as well as signposting to professional help.
  - [Employee Assistance Programme](#) – a 24-hour confidential helpline and online web portal to provide support to University colleagues through any of life's issues or problems.

## 8. Timescales

- 8.1 Every effort will be made to investigate allegations of research misconduct in the shortest possible timescale necessary to ensure a full and fair investigation. This will vary according to the time required to investigate a specific allegation. However, indicative timescales are provided below for information:
- **Stage 1** – 10 working days following receipt of the allegation.
  - **Stage 2** – 40 working days following the appointment of a Lead Investigator / Screening Panel.
  - **Stage 3** – 40 to 50 working days following the appointment of a Formal Investigation Panel.
  - **Appeals** – 30 working days following the appointment of an Appeal Panel.
- 8.2 Depending on the nature and complexity of the allegation, reasonable adjustments to the timescales identified within the procedure may be implemented by the Named Person or Lead Investigator. In such cases, this will be communicated as appropriate to relevant parties.
- 8.3 All colleagues are expected to co-operate fully with the investigation to ensure a timely resolution to proceedings.

**Appendix 1** – Flow chart illustrating procedure

**Appendix 2** – Reporting Allegations of Research Misconduct Form

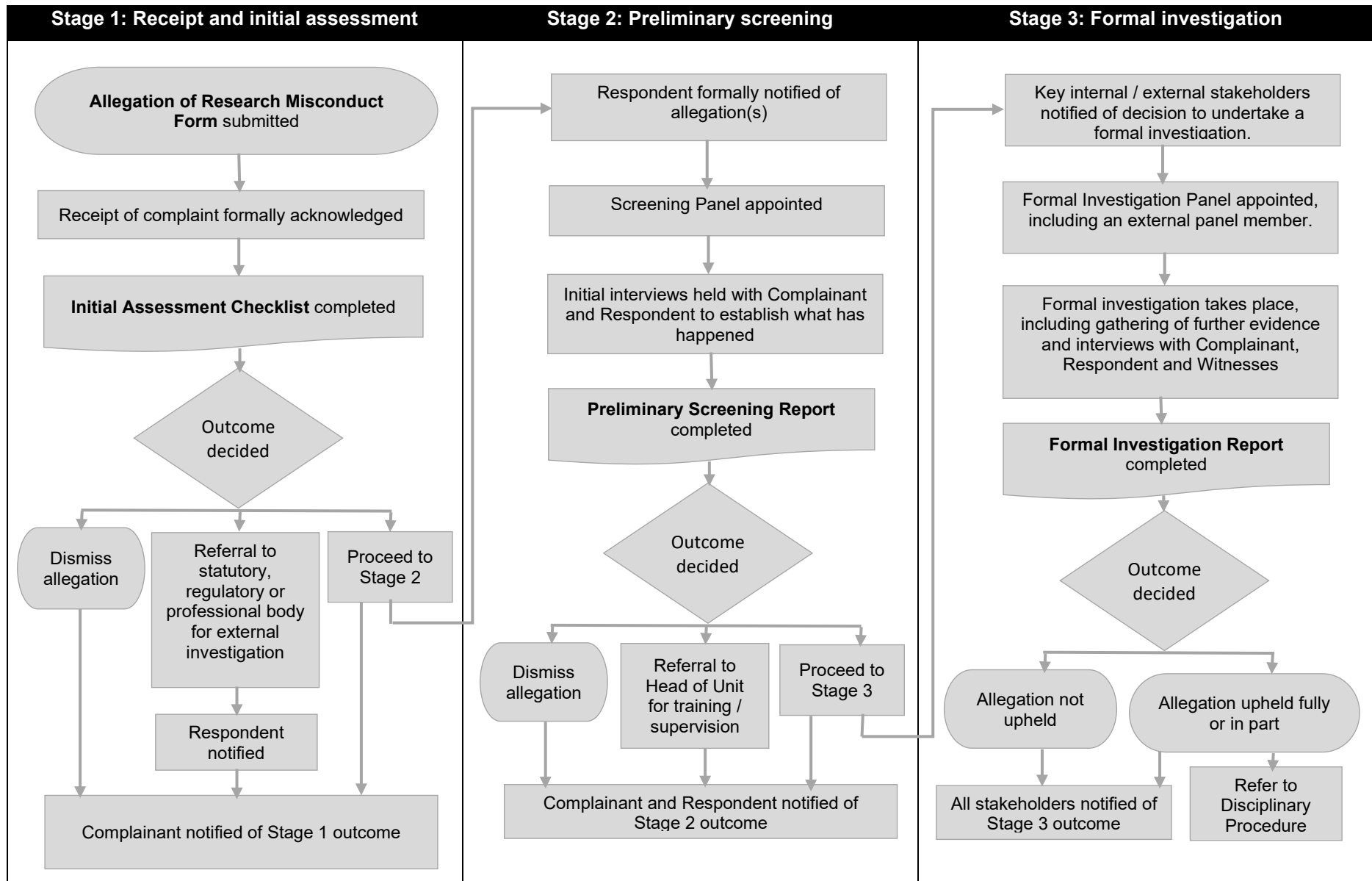
**Appendix 3**- Compliance with funder specific requirements

**Approved by:**

**University Research and Innovation Committee:**

**University Executive Board:**

Appendix 1 – Flow chart illustrating procedure



**Appendix 2 – Reporting Allegations of Research Misconduct Form**

**STRICTLY CONFIDENTIAL**

**Reporting Allegations of Research Misconduct Form**

Please refer to the University's Policy on Investigating Allegations of Research Misconduct before completing this form <<insert link when available>>.

**Summary of allegation(s)**

Name(s) of Complainant(s)	
Email address(es) of complainant(s)	
Employment status of complainant(s)	
Name(s) of respondent(s)	
Employment status of respondent(s)	
Relationship between complainant(s) and respondent(s)	
Funding details relating to the complaint (if known/applicable)	
Details of third parties who may have a vested interest in the complaint (partner organisations, commercial /clinical partners, etc.)	
Brief background to the research (provide here any details you think may be relevant, e.g. involvement of research participants, use of animal testing, risk level of the project)	

Please list below all the issues of potential research misconduct in chronological order and attach supporting evidence / identify where supporting evidence may be obtained.

Ref	Date	Allegation	Supporting evidence
1			
2			
3			

**Declaration**

I/We declare that the information I/we have provided is true and accurate. I/we make this complaint in good faith and without malice. I/we understand that to make a frivolous or malicious allegation may be considered a serious disciplinary matter. I/we also understand that victimisation of anyone involved in a complaint of research misconduct may be considered a serious disciplinary offence.

Signed .....  
 Print name .....  
 Date .....

Completed forms should be forwarded to the Research Integrity and Compliance Manager at: [research.integrity@ncl.ac.uk](mailto:research.integrity@ncl.ac.uk).

### **Appendix 3- Compliance with funder specific requirements**

The University is committed to ensuring that all research misconduct concerns are managed in full compliance with the requirements of the relevant research funder(s). Where a funder has published its own procedures, expectations, or reporting obligations relating to research misconduct, these will be adhered to in addition to this Procedure.

This may include, where applicable, following the specific requirements of funders such as, but not limited to:

- Public Health Service (PHS) of the U.S. Department of Health and Human Services (including compliance with the *PHS Policies on Research Misconduct*), which sets out prescribed steps for notification, inquiry, investigation, timelines, record retention, and reporting to the Office of Research Integrity (ORI).
- UK Research and Innovation (UKRI), which requires timely reporting of allegations, regular updates during investigations, and submission of final outcomes in accordance with UKRI guidance.
- Charitable, industry, or international funders whose award terms include specific obligations relating to the handling, escalation, or reporting of misconduct concerns.

Where a funder's requirements differ from, add to, or conflict with this Procedure, the University will incorporate the funder's mandatory requirements into the handling of the case. The Responsible Officer will advise on the applicable processes, ensure that required notifications are made, and maintain appropriate communication with the funder throughout the investigation.

Researchers and relevant staff must cooperate with any additional steps required to meet a funder's conditions, including providing information necessary for funder reporting or audit purposes.