



Code of Policy and Procedures for Investigating Allegations of Misconduct in Research

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1 Standards of Professional Behaviour in Research

- 1.1 All researchers and students at the University of Glasgow have a duty to society, to their profession, to the University and to research funders to conduct their research in the most conscientious and responsible manner possible. It is therefore essential that all researchers are aware of their responsibility and observe these standards at all times while carrying out their work, as described in the Code of Good Practice in Research¹.
- 1.2 Research misconduct is least likely to arise in an environment where good, open research practice (e.g. documentation of results, peer review of research, regular discussion, and seminars) is encouraged and where there is adequate supervision at all relevant levels. It is the responsibility of Heads of School and Research Institute Directors to clearly convey the standards, protocols, and ethics for research in their domains and to ensure that adherence to those standards is a matter of course.
- 1.3 All employees and students carrying out research for, or within, the University should be made familiar with, and be expected to comply with, the University's policies governing research conduct. Employees and, where relevant, students should be made aware of policies and procedures involving grants and contracts, intellectual property management, consultancy, and commercialisation activities², and comply with the standards of practice set out in guidelines published by funders, journals, publishers, scientific societies, and other relevant professional bodies. The Heads of School or Research Institute Directors should also bring to the attention of any employee or student carrying out research for the relevant School or Institute any specific standards and ethics that may be applicable in that School or Institute.

2 Definition of Misconduct in Research

- 2.1 Any practice or conduct of employees or students that deviates from professional academic standards or from ethical or regulatory requirements relevant to a discipline for planning, conducting, and reporting research may constitute research misconduct. Violation of University policy is likely to render any member of staff liable to the University's Disciplinary Procedures, and students liable to the Student Code of Conduct within the University Calendar².

¹ The University's Research and Knowledge Exchange policies can be found at: <https://www.gla.ac.uk/research/strategy/>

² The University's Disciplinary Procedures are available on the Human Resources web pages:

<http://www.gla.ac.uk/services/humanresources/mgrs-admin/employee/disciplinary>.

The procedure outlines the sanctions possible up to and including dismissal.

The Student Conduct procedures are available on the Senate Office web pages:

<https://www.gla.ac.uk/myglasgow/senateoffice/policies/unireqs/regulations2019-20/feesandgeneral/studentsupportandconductmatters/>

What is research misconduct?

- 2.2 Research misconduct includes but is not limited to the doing, planning, or attempting of any of the following while proposing, carrying out or reporting the results of research:
- 2.2.1 Falsification or fabrication of data, including the intentionally misleading or deliberately false reporting of research information;
 - 2.2.2 Misrepresentation of data, including the invention of data and the omission from analysis and publication of inconvenient data;
 - 2.2.3 Failure to follow good practice for the proper preservation, management and sharing of primary data, artefacts and material;
 - 2.2.4 Unacknowledged appropriation of the work of others, including plagiarism, the abuse of confidentiality with respect to unpublished materials, or misappropriation of results, physical materials or other resources;
 - 2.2.5 Misrepresentation of involvement in a research project; for example, the failure to include legitimate author(s) on outputs, or granting authorship where none is warranted;
 - 2.2.6 Failure to declare conflicts of interest;
 - 2.2.7 Failure to follow accepted procedures, legal or ethical requirements, or to exercise due care in carrying out responsibilities for avoiding unreasonable harm or risk to humans, other vertebrates, cephalopods or the environment;
 - 2.2.8 Failure to follow existing guidance on good practice in research, including proper handling of privileged or private information collected on individuals during the research;
 - 2.2.9 Falsification of credentials;
 - 2.2.10 Misconduct in research can include acts of omission as well as acts of commission. It excludes genuine errors that are not due to negligence, differences in interpretation or judgment in evaluating research methods or results, or misconduct unrelated to research processes.
- 2.3 The basis for reaching a conclusion that an individual is responsible for misconduct in research relies on a judgement that, on a balance of probabilities, there was an intention to commit the misconduct and/or recklessness in the conduct of any aspect of the research project.
- 2.4 Activities that, outside formal investigation procedures, attempt directly or indirectly to influence the course of a misconduct investigation constitute staff misconduct, and allegations will be investigated via the University's Disciplinary Procedures, or the Student Code of Conduct².
- 2.5 The setting of standards of professional behaviour in research is not intended to compromise the freedom of academic staff to question and test received wisdom and to put forward new ideas and controversial or unpopular opinions.

3 Scope of the Policy

- 3.1 This policy applies to:
- 3.1.1 All individuals carrying out research for the University including, without limitation, all **University employees**, irrespective of whether their current place of work is on or outside University premises.
 - 3.1.2 All **visiting researchers** of the University, irrespective of whether they are employed by the University, including persons with honorary positions conducting research within, or on behalf of, the University.
 - 3.1.3 **Matriculated postgraduate research (PGR) students.**
 - 3.1.4 **Visiting PGR students undertaking research** associated with the University.
- 3.2 After investigation into alleged misconduct by any person who is **not an employee of the University**, The Principal will determine the nature of any further action to be taken in relation to the findings, which may involve liaison with the employing or host institution.
- 3.3 Any disciplinary proceedings against a matriculated PGR student in respect of alleged research misconduct would be dealt with in accordance with the provisions of the Student Code of Conduct as contained in the University Calendar. However, if the student is also an employee and the alleged misconduct relates to their employed role then the University's Staff Disciplinary Procedures will take precedence over the Student Code of Conduct. Consideration may be given to invoke the Staff Disciplinary Procedures even where the matter relates solely to the individual's work as a student; however, this would then follow any action taken under the Student Code of Conduct. The procedures for *investigating* research misconduct involving PGRs are the same as those for staff.
- 3.4 It is intended that any action carried out in terms of this procedure will be sufficient to comply with the preliminary and investigation stages required by the University's Disciplinary² and Student Conduct Procedures².

4 Misconduct Investigation Procedure

For ease of reference, the procedures detailed in this section are summarised in the flowcharts in **Sections 7 & 8** of this document.

4.1 Key Features

- 4.1.1 The University is committed to ensuring that all allegations of research misconduct are investigated thoroughly, fairly, and expeditiously, and with care and sensitivity.
- 4.1.2 As described in detail in **Section 4.2.1**, a concern about research conduct should, in the first instance, be raised and discussed with the relevant Research Integrity Adviser or Champion within the School/Institute or College.
- 4.1.3 In some circumstances it is necessary to raise a concern directly at University level. On these occasions, concerns should be communicated to the Clerk of Senate, who is the person named by the University to have responsibility for receiving allegations of research misconduct. This role is referred to as the 'Named Person' in the rest

of this document. The Named Person is responsible for initiating and supervising the procedure for investigating concerns or allegations (see also **Section 4.3.1.1** and **Section 4.3.2.3**); maintaining records; reporting on the investigations; and taking decisions at key stages of the process. In the handling of allegations, the Named Person will normally act only after consultation with the Integrity Council.

- 4.1.4 Individuals involved in carrying out the investigation procedure must at all times bear in mind the five principles of the procedure, namely: Fairness, Confidentiality, Integrity, Prevention of Detriment, and Balance.
- 4.1.5 All possible steps will be taken to protect the confidentiality of the person(s) making the allegation of research misconduct (the Complainant(s)) and of the researcher(s) against whom an allegation of research misconduct has been made (the 'Respondent(s)'). Unless the Complainant(s) indicates a preference to be named, the identity of the Complainant(s) or the Respondent(s) will not be made known to any third party unless it is deemed necessary, e.g. in order to carry out the investigation. The decision as to whether the identities need to be known more widely will be taken by the Integrity Council. Any disclosure to a third party of the identity of Complainant(s) or Respondent(s), or of any other details of the investigation, should be made on a confidential basis. Breaching this confidentiality may lead to disciplinary action.
- 4.1.6 Reasonable steps must also be taken to ensure that the Respondent(s) and no other party suffer due to unconfirmed or unproven allegations. Individuals who are handling a concern should communicate the relevant information to College-based Human Resources (HR) staff, who will offer support to Respondent(s), Complainant(s), and other parties, as required. The University's Whistleblowing Policy can be accessed via the links provided in **Section 6**.
- 4.1.7 Investigations of research misconduct may cross institutional boundaries, such as when individuals (staff members or students) move between institutions, or a researcher or project is based at multiple institutions. Where the University of Glasgow is in receipt of an allegation of research misconduct that crosses the boundaries of Russell Group member institutions, the University of Glasgow will follow the procedure set out in the Russell Group Statement of Cooperation³. The University of Glasgow will also aim to follow the principles of this procedure when handling cross institutional investigations involving institutions outside the Russell Group.

4.2 Raising a Concern about Research Conduct

4.2.1 Allegations raised by a member of the University:

- 4.2.1.1 Any member of the University who has concerns about a research conduct issue or may be considering making an allegation of research misconduct should in the first instance seek advice from a Research Integrity Adviser⁴ in their School or Institute.

Research Integrity Advisers will, following consultation with a College

³ <https://russellgroup.ac.uk/policy/policy-documents/research-integrity-statement-of-cooperation/>

⁴ <https://www.gla.ac.uk/myglasgow/ris/researchpolicies/researchintegrity/advisers/>

Research Integrity Champion, undertake a preliminary assessment of the concerns and advise the individual on how best to proceed in accordance with the procedures outlined below and summarised in the flowcharts (**Sections 7&8**). Where appropriate, an attempt should initially be made to resolve the issue informally via the Integrity Advisers or Champions in the School/Institute or College.

- 4.2.1.2 In the event that the outcome of an informal approach is not satisfactory or if such an approach is believed to be inappropriate, a formal allegation should be raised with the College Research Integrity Champion, who will notify the Named Person of the allegation as soon as possible, using the contact details below:

Clerk of Senate
Senate Office
Gilbert Scott Building
University of Glasgow
G12 8QQ
UK

Email⁵: research-integrity@glasgow.ac.uk

- 4.2.1.3 If, for any reason, the individual believes that it is inappropriate for the allegation to be made to the relevant Integrity Adviser or Integrity Champion, a formal allegation can be raised directly with the Named Person, including an explanation of the reasons.

4.2.2 **Allegations raised by person or organisations external to the University**

- 4.2.2.1 Any person or organisation external to the University wishing to report suspected research misconduct should contact the Named Person using the details in **Section 4.2.1.3** above. Any member of staff or student in receipt of an allegation of research misconduct should inform the Named Person, who will work with the local Adviser or Champion towards an informal resolution, if appropriate.

- 4.2.2.2 Every allegation will be given serious consideration. However, in the event that an allegation is found to be without basis and made with malicious intent, the University may consider initiating disciplinary or conduct proceedings against the Complainant(s).

4.3 **Preliminary Procedures to Determine whether a Formal Investigation is Warranted**

4.3.1 **Informal resolution**

- 4.3.1.1 **Informal resolution in the School/Institute:** Where the situation is not considered to be serious in nature, local resolution, or mediation via the Integrity Advisers and/or Champions should be attempted before starting the procedure. Integrity Advisers and/or Champions in receipt of a concern or allegation should, before embarking on resolution or detailed fact-finding, summarise the nature of the case (confidentially) to the Named Person via research-integrity@glasgow.ac.uk, in order to discuss subsequent steps and, where relevant, receive advice and administrative support. The Named Person may delegate this responsibility to their senior support team. Cases should nevertheless be recorded locally and reported to the Named Person at the agreed frequency. See also the Flowchart in **Section 7**.

⁵ This mailbox is accessed by the Executive Director of Research and Innovation Services and the R&I administrative lead.

- 4.3.1.2 **Informal resolution by the Named Person:** Where it is not possible to resolve the matter locally in the College, the case should be referred by the College Integrity Champion to the Named Person.
- 4.3.1.3 The Named Person will inform the Integrity Council about the receipt of the concern. The case would be handled by the Named Person supported by Research and Innovation Services (R&I).
- 4.3.1.4 The Named Person will attempt to resolve the matter informally in the first instance. If this approach does not prove to be successful, they should follow the steps in the procedure below (see the Flowchart in **Section 8**).

4.3.2 **Pre-screening stage**

The purpose of the pre-screening stage is to assess whether the allegation relates to research misconduct.

- 4.3.2.1 The Named Person will assess the accusation against the definitions of research misconduct provided in **Section 2**. If the accusation relates to research misconduct the Named Person shall ask the Complainant(s) to submit in writing a detailed statement in support of the allegation indicating: the precise allegation(s), the substantiating evidence, and what informal steps, if any, have already been taken to resolve the issue.
- 4.3.2.2 The Named Person may, at their discretion, choose to evaluate anonymous allegations, depending on the seriousness of the issues, their credibility, and the feasibility of confirming the allegation with credible sources. Such allegations must be submitted in writing, while respecting the anonymity of the Complainant(s).
- 4.3.2.3 Following receipt of the formal allegation, the Named Person will consult on the allegation with the 'Integrity Council'. This Council is of fixed composition and comprises four senior members of staff: the Clerk of Senate, the Executive Director of Research and Innovation Services, the Chair of the University Ethics Committee, and the Deputy Director of HR. The role of the Integrity Council is to bring expertise and impartial advice at key decision-making stages; due to its senior composition, it also has the authority to take decisions on any reputational risk to the institution.
- 4.3.2.4 The Named Person must notify the Respondent(s) of the allegation, in writing. At the same time, the Respondent(s) should be given a copy of this Code of Policy and Procedures for Investigating Allegations of Misconduct in Research. Where the allegation is made against a research group, notification will be made to the Principal Investigator in the first instance. Efforts will be made at this step in the process, and at all subsequent steps, to identify which group members are not subject to the investigation.
- 4.3.2.5 At this stage the Integrity Council will, after any appropriate consultation, decide whether an allegation should be dismissed without investigation or whether it should be investigated further. The Integrity Council may ask the Respondent(s) to assist it in reaching a decision.
- 4.3.2.6 The Integrity Council operates regardless of undertakes the role of the Named Person. However, where a conflict of interests exists between a Named Person and the case, the affected Named Person would not be part of the Integrity Council and they would be replaced in this role by another functional Vice Principal (referred to

as NP2).

- 4.3.2.7 At this stage, the Respondent(s) will be notified in writing by the Named Person of the allegation and informed that it is to be investigated under this procedure. Where the outcome of the pre-screening stage is to proceed to the Screening Stage (**Section 4.3.3**), both the allegation and decision will also be communicated to the relevant Head(s) of College and the Head(s) of College HR.
- 4.3.2.8 The Integrity Council shall, assisted by others where appropriate, identify any external funding sources for the research that is the subject of the allegation, any external collaborators, and any actions required to prevent harm, e.g. to patients. Depending on the allegation, the Integrity Council may decide to take further actions, such as requesting the temporary barring of the Respondent(s) from part, or all, of the premises of the University, or refusing to endorse any new applications for funding by the researcher(s) involved until the investigation has been completed. Decisions to contact any external parties will be taken only after an assessment of the allegation by the Integrity Council. The relevant College authority will be contacted on all these occasions.
- 4.3.2.9 The pre-screening stage should normally be completed within a maximum of 10 working days from the receipt of the allegations. Any delay should be explained to all parties in writing.

4.3.3 **Screening stage**

The aim of the screening stage is to determine whether, on the basis of initial evidence, the case should proceed to a Formal Investigation. Note that this stage does *not* determine whether misconduct occurred or who was responsible if so.

- 4.3.3.1 The Named Person shall, as soon as possible after receiving an allegation, appoint a Screening Panel consisting of three individuals who are deemed to have no conflict of interest in the case and have expertise to evaluate the appropriate research concerns. Where feasible, the Screening Panel shall consist of one staff member from the College (or, in the absence of a related College, the relevant administrative centre) in which the research activity in question has been conducted and two staff members from elsewhere within the University or outside it⁶.
- 4.3.3.2 The Screening Panel should specifically limit its role to evaluating the available facts, to determine whether there is sufficient evidence of potential research misconduct to proceed with a formal investigation. The Screening Panel should keep proper records of its proceedings. The Respondent(s) and the Complainant(s) concerned shall be notified by the Named Person of the members of the Screening Panel.
- 4.3.3.3 The Screening Panel will examine relevant research records and materials. As part of its deliberations, the Screening Panel must also interview the Complainant(s) and Respondent(s) whenever possible. When the Respondent(s) is interviewed by the Panel, he or she should be informed that he or she may be accompanied by a member of staff or a representative of a Trade Union or, in the

⁶ An external appointment would be made in the case where relevant expertise is not available internally or where the relevant expertise has a conflict of interest. The appointment of an external panellist would also be justified when the researcher(s) against whom an allegation(s) has been made is a previous UofG employee or student but is now employed by a different organisation.

case of a student, an SRC representative.

- 4.3.3.4 The Screening Panel shall complete its initial investigation and submit its report in writing to the Named Person.
- 4.3.3.5 The remit of the Screening Panel is to establish whether the allegations are:
 - a. Mistaken, frivolous or malicious, and therefore can be dismissed;
 - b. Serious enough to proceed to a formal investigation;
 - c. Not serious enough to proceed to a formal investigation but could be addressed through education and training or other non-disciplinary approach;
- 4.3.3.6 The report should state the evidence that was reviewed and make a conclusion based on the options a–c above. As soon as possible after receiving the report, the Named Person will share the report with the Integrity Council, the Complainant(s), and the Respondent(s). The Named Person will then take the necessary steps to respond to the recommendation of Screening Panel.
- 4.3.3.7 Where the Screening Panel recommends that the procedure should progress to the Formal Investigation stage, the Named Person will additionally inform the following individuals: The Principal, the relevant Head(s) of College, the Head(s) of HR of the relevant College(s), and the relevant Head of School or Research Institute Director.
- 4.3.3.8 The Screening Panel should normally aim to complete its work within 30 working days of being convened.

4.4 **Formal Investigation**

The purpose of the Formal Investigation is to gather evidence relating to the investigation and to examine and evaluate all relevant facts to determine whether there are sufficient grounds to formally invoke the University's Disciplinary Procedures or Student Code of Conduct. In following the procedure below the Named Person will act in consultation with the Integrity Council.

- 4.4.1 **In respect of University employees or students:** The Named Person shall notify any bodies that provide funding related to the research under investigation, only where necessary in the terms of the funding conditions. The Named Person should also notify any other body related to the research concerned only in the event that the University is contractually obliged to notify that body about the ongoing investigation. The Named Person should also ensure that Respondent(s) are not appointed as supervisor for research students during an ongoing investigation. At the initial stages of the investigation, such bodies should be informed that the allegations have not yet been fully investigated and that the University does not expect any funding body to suspend the grant or contract while the investigation is ongoing.
- 4.4.2 Where the alleged misconduct is in respect of research carried out for the University by a person not employed by, or matriculated at, the University, the purpose of the Formal Investigation is to allow The Principal to determine whether any further action should be taken.

- 4.4.3 However, in all cases, it is essential to keep circulation of details of the allegations and investigation as limited as possible. Any such information must only be disclosed subject to an undertaking of confidentiality from the recipient.
- 4.4.4 Within 30 days of receipt of the report of the Screening Panel, the Named Person will appoint a formal Investigation Panel. The composition of this panel should be distinct from the Screening Panel but also consist of one staff member from the College (or, in the absence of a related College, the relevant administrative centre) in which the research activity in question has been conducted, one staff member from elsewhere within the University and one member who is external to the University⁷ no member of the Integrity Council shall serve on the Panel. The Panel must keep written records of the proceedings and will be provided with a clerk by R&I. The Named Person shall inform the Respondent(s) and Complainant(s) in writing of the confirmed membership of the Panel and of the scope of the intended investigation.
- 4.4.5 In carrying out the Formal Investigation the Investigation Panel will not work to a prescribed timetable: the Panel should conduct the investigation as quickly as possible without compromising the principles of the procedure.
- 4.4.6 The Panel shall determine its own detailed procedure. However, as part of this procedure it will:
- 4.4.6.1 interview, where possible, the Respondent(s) and any other parties that it deems relevant, including the Complainant(s) and other members of the research group.
 - 4.4.6.2 widen the scope of its investigation if it considers that necessary, subject to keeping the Respondent(s) informed, in writing, of the increased scope of the investigation.
 - 4.4.6.3 require the Respondent(s) — and, if it judges it necessary, other members of the University — to produce files, notebooks, raw data, algorithms, and other records; and
 - 4.4.6.4 seek evidence from other parties.
- The individual concerned must be given a full opportunity to comment on all the evidence gathered by the Investigation Panel before the report is finalised. Where the Respondent(s) is interviewed by the Panel, he or she should be informed that he or she may be accompanied by a member of staff or a representative of a Trade Union or, in the case of a student, an SRC representative.
- 4.4.7 The Investigation Panel shall submit a report in writing to the Named Person. The report shall generally describe the investigative process, indicating whether it finds there are sufficient grounds for proceeding with the allegation under staff or student disciplinary/conduct procedures. The Panel will make a recommendation about whether it has found that there are such grounds: the allegations shall be declared as being a) upheld; b) upheld in part; or c) not upheld. In addition, the Panel can make recommendations on the future operation of these procedures.
- 4.4.8 The conclusions of the Panel will be shared with The Principal, the relevant Head of College, the Head of HR of the relevant College,

⁷ An external appointment is now a requirement of the revised [Concordat to Support Research Integrity](#) for all formal investigations.

the relevant Head of School or Research Institute Director, the Complainant(s), and the Respondent(s). In cases where the allegation is upheld (or upheld in part) this communication will take place after the disciplinary process has been completed.

- 4.4.9 If all or any part of the allegations are upheld, the Integrity Council should then decide whether the matter should be referred to the University's Disciplinary Process for other formal actions.
- 4.4.10 Reasonable steps must be taken to ensure that the Respondent(s) and no other party suffer due to unconfirmed or unproven allegations. Where allegations have not been upheld (in full or in part), the Named Person will communicate the relevant information to College-based HR, who will work with the College Research Integrity Champion to offer support to Respondent(s), Complainant(s), and other parties, as required. The University's Whistleblowing Policy can be accessed via the links provided in **Section 6**.
- 4.4.11 The time required to undertake a thorough review will depend on the complexity of the allegation. At all stages, those involved in investigating an allegation will do so as quickly as possible and will ensure that the Named Person is informed as the investigation progresses, particularly where delays are experienced. The Named Person will then advise the Complainant(s) and Respondent(s) of the delay.

Questions relating to the reports of both the Screening and Investigation Panels can only be raised with the Chair of either panel over matters of fact. Other than for the correction of factual errors, the Respondent(s) cannot appeal against the reports of either stage of the procedure. The Respondent(s) has the statutory right of appeal should the matter be referred to his/her employer's disciplinary process.

4.5 **Subsequent Action and Relationship with Disciplinary Procedures for Academic Staff**

The investigation carried out in terms of this procedure will be sufficient to meet the investigation required into misconduct under the Disciplinary Procedures. Thereafter, the Disciplinary Procedures should be followed in relation to all University employees.

- 4.5.1 The Principal, in conjunction with the Named Person, will determine the nature of any further action to be taken regarding investigated misconduct in relation to any research carried out for the University by any individual not employed by the University. This may include advising the employer of the individual concerned of the findings of the investigation. The Principal may also consider the suspension or withdrawal of any honorary contract. Where no action is to be taken in relation to persons not employed by the University, the Named Person will take all appropriate steps to inform all parties previously notified of the alleged misconduct of this outcome.
- 4.5.2 After completion of the Disciplinary Procedures, the hearing manager of the disciplinary process may, in discussion with the Integrity Council, recommend measures in addition to those that may be taken by way of the University's disciplinary process. Examples of potential actions that an organisation may consider include:

- 4.5.2.1 conveying the outcome of the Disciplinary Proceedings to any professional body (e.g. the General Medical Council), any relevant grant-awarding bodies or any other public body with any interest, the editors of any journals which have published articles by the person against whom the allegation has been upheld or any other body which, in the opinion of the University, is likely to be affected by the research misconduct in question. All such disclosure must be limited to misconduct upheld in relation to research relevant to such bodies or published by such journals.
- 4.5.2.2 recommending that the Senate, where misconduct has been established and the research concerned contributes to or contributed to a degree or other academic award of the University, review whether the award should be revoked or withheld; and
- 4.5.2.3 requesting that any publications arising from the research concerned are retracted or corrected, as appropriate.
- 4.5.3 In the event that the Panel considers that a publication should be retracted but not all the authors consent, the University, via the Named Person, may make a direct request to the journal editor concerned to retract the paper. Further guidance on retraction policy is available from R&I and from The Committee on Publication Ethics (COPE)⁸. The timescales set out in this procedure are not binding upon the University and can be extended where reasonably required. The Respondent(s) will be notified in writing of any such extension and the reason for it. Where any of the University personnel named as having responsibilities under this procedure are absent or unavailable, their responsibilities may be delegated in their absence. The delegation of duties would be agreed by R&I with The Principal's office.

5 Reporting and Record Keeping

- 5.1 The University Audit Committee is aware of these procedures and receives an annual report on any issues that have arisen, including brief anonymised details of upheld cases.
- 5.2 An annual Statement will be published on the Research Integrity pages of the University of Glasgow website in November each year, reporting data from the previous academic year. The wording of this statement will be approved by the University's Senior Management Group (SMG) each year in September/October. The statement will include, in tabulated format, the number of formal investigations, their outcome and whether the allegation(s) was made against staff or student. It will also describe the activities undertaken to comply with the Concordat to Support Research Integrity.
- 5.3 At the conclusion of the proceedings, records will be kept by HR for 10 years. Access to the archive will be limited to appropriate members of HR, the Integrity Council, and their nominated alternatives.

6 Resources

- **UofG Web pages on Research Integrity:**
<https://www.gla.ac.uk/myglasgow/ris/researchpolicies/researchintegrity/>

⁸ <http://publicationethics.org/resources/guidelines>

- **UofG Policies:**
 - **Code of Good Practice in Research**
 - **Good Management of Research Data**

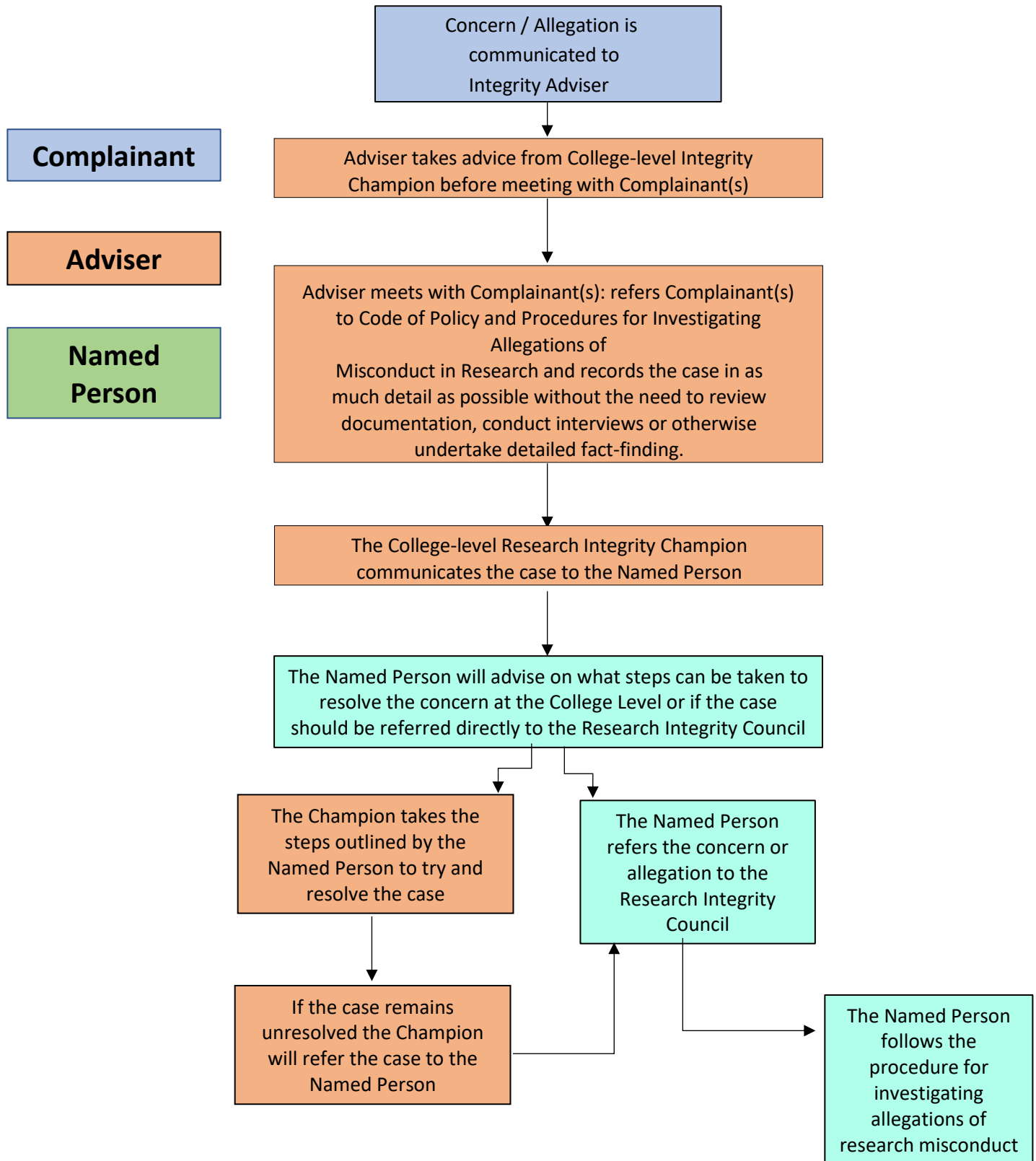
<http://www.gla.ac.uk/research/aims/ourpolicies>
- **UK Research Integrity Office (UK RIO) Procedure for the Investigation of Misconduct in Research:**

<http://ukrio.org/publications/misconduct-investigation-procedure/>
- **Universities UK Concordat to Support Research Integrity:**

<https://www.universitiesuk.ac.uk/policy-and-analysis/reports/Pages/the-concordat-for-research-integrity.aspx>
- **UofG Whistleblowing Policy:**

<http://www.gla.ac.uk/services/humanresources/mgrs-admin/employee/whistleblowing>

7. Procedure followed by the School / Research Institute / College for Investigating Allegations of Research Misconduct



Contact details of Research Integrity Advisers and Research Integrity Champions are available at:

<https://www.gla.ac.uk/myglasgow/ris/researchpolicies/researchintegrity/advisers/>

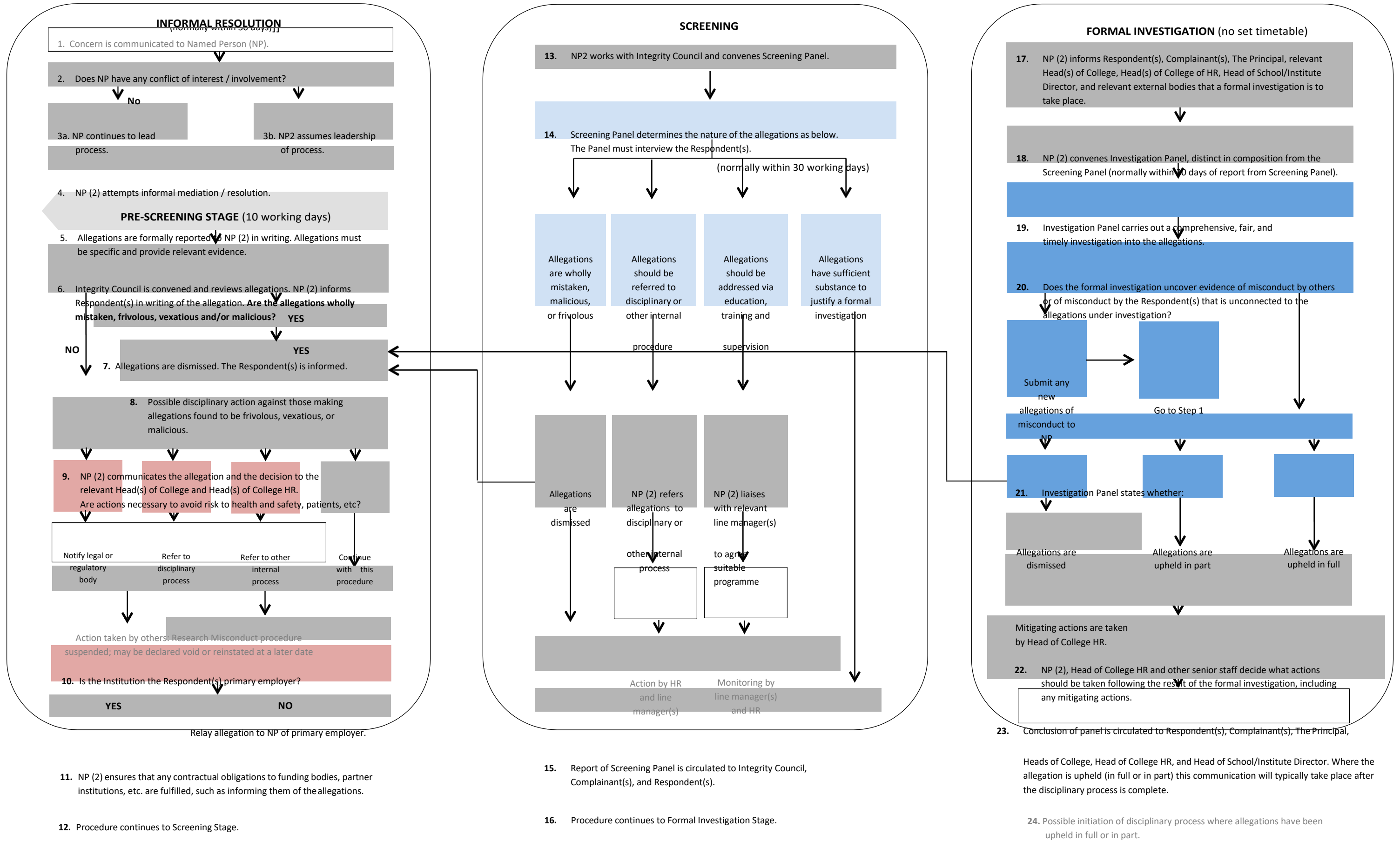
UofG Policies relating to Good Practice in Research, Misconduct investigation, and Research Data Management:

<https://www.gla.ac.uk/research/strategy/ourpolicies/>

This Flowchart complements **Section 4.3** of the Code; further guidance on how Advisers and Champions should handle queries, concerns, or allegations relating to research practice can be found at: <https://www.gla.ac.uk/myglasgow/ris/researchpolicies/researchintegrity/advisers/>. At any time, Advisers, and Champions can contact research-integrity@glasgow.ac.uk for discussion and advice.

Misconduct Policy V5 (14 December 2020)

8. Procedure followed by the Named Person for Investigating Allegations of Research Misconduct



NP = Clerk of Senate
NP2 = (A functional Vice Principal not already serving on the integrity council)
Contact the Clerk of Senate and the R&I administrative lead: research-integrity@glasgow.ac.uk
Integrity Council: Clerk of Senate, Executive Director of R&I, Chair of the University Ethics Committee, Deputy Director of HR








Links
Code of Good Practice in Research: <https://www.gla.ac.uk/research/strategy/ourpolicies/>
Code of Policy and Procedures for Investigating Allegations of Misconduct in Research:
<https://www.gla.ac.uk/myglasgow/ris/researchpolicies/researchintegrity/misconduct/>
UofG Whistleblowing Policy: <http://www.gla.ac.uk/services/humanresources/mgrs-admin/employee/whistleblowing/>

Misconduct policy v5 (14 December 2020)

The Named Person and all other individuals involved in carrying out this process must at all times observe the Principles of this Procedure.

These are:
Fairness, Confidentiality, Integrity, Prevention of Detriment, and Balance

Action to be taken by:

	Complainant(s)		Formal Investigation Panel
	Named Person (2), in consultation with Integrity Council		Others
	Screening Panel: one member from Respondent's own College, two members from outside own College (including external to UofG)		NP (2) in conjunction with Head of College and Head of College HR
	Integrity Adviser		