MRC POLICY AND PROCEDURE FOR INVESTIGATING ALLEGATIONS OF RESEARCH MISCONDUCT

Management Guidance

This document provides additional guidance for managers, employees, and the MRC HR team in the handling of allegations of misconduct in research. It includes the MRC's investigation procedure which is contractual. The additional guidance which is in shaded boxes is not intended to be legally binding and does not form part of the MRC's policy and procedure for investigating allegations of misconduct in research.

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Policy Statement

The Medical Research Council (MRC) expects that all of the research that it supports exhibits impeccable research integrity and adheres to the highest achievable standards of conduct.

These expectations are set out in the RCUK Policy and Guidelines on Governance of Good Research Conduct and in the MRC document "Good Research Practice: Principles and Guidelines".

Individual MRC research establishments may also need to draw up supplementary guidelines to take account of local working contexts; these guidelines are required to incorporate the standards defined by the MRC.

The MRC takes all reported allegations of research misconduct very seriously and requires that they are investigated fully and that the outcome of the investigation is reported as appropriate.

This policy applies to all MRC employees of a fixed term and permanent nature, students, visiting researchers, recipients of MRC grants or training awards, fellows and any other persons working within the MRC's establishments and teams ("workers"). The use of this term is purely for ease of reference and does not in any way confer employment rights on any such category of person where the same do not exist under statute.

The principles of the policy will be applied as far as is reasonably practicable to ex-employees, where a complaint is received alleging misconduct, which took place while the individual was an employee of the MRC, liaising with the current employer and other former employers as appropriate. Any issues raised about non-employees at MRC establishments (e.g. visiting workers) will be referred to the relevant employer.

The procedures outlined in this document are designed to reflect the need for expert knowledge to resolve complaints of misconduct and have been agreed with the Trade Union Side.

Where allegations of research misconduct are made by an individual or body external to the MRC, that individual or body will be made aware of the MRC procedure under this Research Misconduct Policy and of the MRC's expectation that they will comply with its requirements. Complaints relating to students will normally be investigated by the relevant university in cooperation with the MRC.

Whether a worker is deemed to be a worker or employee is not always clear under employment legislation. In cases where managers have any doubt as to whether the policy for investigation allegations of misconduct in research should apply, advice should be sought from the Retained HR team.

1. Principles

1.1 The MRC is committed to ensuring that investigations of alleged misconduct are carried out thoroughly and sensitively, in a timely manner, and under a presumption of innocence.

1.2 The time-scales will normally be regarded as maximum limits and all parties should work to ensure prompt progression of the procedure.

1.3 This procedure will be made available to workers accused of research misconduct ("Respondents"), who will be informed in writing of the detail of the allegation and will be given the opportunity to respond before any decision is made.

1.4 Respondents will have the right to be accompanied by an MRC work colleague or represented by a recognised trade union representative at interviews and meetings held under the procedure.

1.5 Where a Respondent resigns from, or otherwise leaves, the MRC's employment, the complaint may nevertheless be investigated as far as possible according to this procedure.

1.6 The MRC will take disciplinary action against any individual found to be attempting to influence, victimise or intimidate the individual making the allegation of misconduct (the "Complainant") or witnesses.

1.7 The MRC is committed to protecting its workers from frivolous, vexatious and malicious accusations and will take appropriate action against any individual(s) responsible for such allegations.

1.8 Individuals are expected to co-operate in the review of allegations and the conduct of screening and investigations. They have an obligation to provide relevant evidence to the Director of the MRC establishment in which the Complainant works or such other person who, in the Director's absence, is designated to receive and enquire on the Medical Research Council's behalf into allegations of misconduct (the "Director").

1.9 All those involved in the process are required to maintain confidentiality.

1.10 The MRC reserves the right to conceal the identity of any witnesses or the Complainant if it deems it necessary and appropriate to do so, in which case witness statements may be anonymised. The MRC recognizes that witness statements will only be anonymised in exceptional circumstances and that such statements may weaken the case if further action is taken against the Respondent. Witnesses should be made aware that should the case proceed to a hearing, their statement will be divulged to the Respondent. Where the case does not proceed to a hearing, witness statements will be kept confidential although their content may be referred to within the investigatory report.

The particular difficulties that Respondents face in defending themselves against anonymous allegations and that Directors may face in investigating anonymous allegations will be considered very carefully at the Preliminary Action stage before proceeding to the formal assessment.

2. Definition of research misconduct

2.1 The MRC endorses the definitions of research misconduct and other unacceptable research behaviour identified in the RCUK Policy and Guidelines on the Governance of Good Research Conduct (revised February 2013). Unacceptable conduct includes fabrication, falsification, plagiarism, misrepresentation, mismanagement or inadequate preservation of data and/or primary materials, and breach of duty of care. The full definitions agreed by RCUK are set out in Appendix B.

3. Overview of Misconduct procedure

3.1 The MRC's research misconduct procedure involves four defined stages. These are:

- **Stage 1**: Preliminary action – to determine whether the allegation falls within the RCUK definition of misconduct and the scope of the research misconduct procedure.
- **Stage 2**: Screening – to determine whether the allegation warrants a formal investigation.
- **Stage 3**: Formal investigation – to examine and evaluate all the relevant facts to determine whether misconduct has been committed, and if so, the responsible person and the seriousness of the misconduct.
- **Stage 4**: Appeal against the decision and/or sanctions resulting from the completion of the investigation into the misconduct. Appeals will normally be heard by a more senior manager than the person who made the original decision.

3.2 A brief summary of the MRC's research misconduct procedure is attached in Appendix A.

Workers may need additional assistance to enable them to comply with the procedure: for example, they may require adjustments (under the Equality Act 2010) such as requiring assistance in accessing a room or to have information reformatted.

Workers may have other requirements: for example, caring commitments; the MRC is obliged to cater for such needs in compliance with statutory legislation.

Wherever possible, reasonable requests should be treated favorably in the implementation of this policy. For further advice or clarification, managers should seek the advice of their Retained HR team.

4. Reporting allegations of research misconduct

4.1 All workers are required to report observed, suspected or apparent misconduct to their Director in accordance with this policy.

4.2 If an individual is unsure whether a suspected incident constitutes misconduct they should discuss this with the Director informally (see definitions in Appendix B).

4.3 Any allegation that cannot be handled by the Director, for instance where a Director may be the subject of the allegation, or for some other reason may not be perceived

to be impartial, should be referred to the MRC Chief Executive Officer (CEO) (or nominated representative).

5. Stage 1: Preliminary action

5.1 Determining the nature of the allegation

5.1.1 An initial approach to the Director might be anonymous but to take forward the allegations the Complainant should make a formal written submission (or some other permanent format as required). When the Director receives an allegation, they need to determine if the allegation falls within the RCUK definition of misconduct and also within the scope of this procedure.

> A nominated scientific deputy will be responsible for determining the nature of the allegation if the Director is unavailable.
>
> The Director may decide that another procedure is more appropriate, e.g. the MRC Disciplinary Procedure.
>
> Advice on handling multiple allegations from anonymous sources relating to published data is available from the Research Integrity lead in the Corporate Affairs Group in Head Office.

5.1.2 The Director will confirm receipt of communications from the Complainant throughout the process.

5.1.3 A Complainant may be an employee of the MRC, a person connected with the MRC or an individual or body external to the MRC.

5.2 Informing the Respondent

5.2.1 The Director must inform the Respondent of the substance of the allegation in writing, and invite them to respond.

5.2.2 The Respondent shall confirm receipt and provide a response in writing within five working days of receipt, or such longer period as may be agreed by the Director.

5.3 Consideration of the Response

5.3.1 The outcome of any Preliminary Action should be reported as required, regardless of the outcome, to comply with internal reporting/monitoring requirements. Information on the nature of such allegations may be requested for monitoring purposes.

5.3.2 Finding that Screening is not warranted

5.3.2.1 If the Director is satisfied with the Respondent's response and/or decides that the allegations are mistaken, frivolous, vexatious and /or malicious, the allegations will then be dismissed. The Director will record their justification for that decision and inform the Complainant and Respondent of this outcome in writing. The Complainant should be given an opportunity to respond if they believe that they have been misunderstood or key evidence overlooked. Reasonable action to safeguard the reputation of the Respondent and of the organisation should be considered (see 11). (See section 12 for information on handling malicious complaints.)

5.3.3 Finding that Screening is warranted

5.3.3.1 If the Director is not satisfied with the Respondent's response or believes that reputations of any of the parties (including the MRC) remain in jeopardy, the Director will proceed to Stage 2 Screening. This should be done within 10 working days of the receipt of the response.

5.3.3.2 The Director will take all reasonable steps to secure the necessary evidence, consider the potential risks and take steps to remove or minimise any risk. Risks may relate to the health, safety and security of workers, research participants, or other persons, the welfare of animals or negative environmental consequences. Immediate action must be taken to ensure that any such potential or actual danger, illegal activity or risk is prevented/ eliminated.

5.3.3.3 If necessary the Director may take the decision to suspend the Respondent on full pay pending the outcome of the Screening / Formal Investigation. In taking such actions it should be made clear to all parties that the actions taken are not to be regarded as an indication of guilt or a disciplinary sanction.

5.3.3.4 Where suspension is being considered, the Director should refer to the Retained HR team for advice.

Suspension will be taken in line with the following principles, as set down in the MRC Disciplinary procedure:

a) a worker will be suspended from work on full pay and contractual benefits for the minimum period necessary;
b) a thorough investigation should be carried out by the manager as swiftly as possible;
c) the suspension period will be kept to a minimum and will be regularly reviewed, but will not normally exceed 10 days.

5.3.3.5 The Director should inform the Chief Science Officer of the allegation and the initiation of the screening phase in writing as soon as reasonably practicable.

6. Stage 2: Screening

6.1 Purpose

6.1.1 The purpose of the Screening is to determine whether there is prima facie evidence of research misconduct by gathering information and determining whether an allegation or apparent instance of misconduct warrants a Formal Investigation (Stage 3).

The purpose of the Screening is not to reach a final conclusion as to whether misconduct occurred or who was responsible.

6.2 Notification Requirements

6.2.1 The Director will notify both the Respondent and the Complainant of the Screening in writing as soon as reasonably practicable. The Respondent must confirm receipt in writing.

> The Director should also remind both the Respondent and the Complainant of their obligation to co-operate in the Screening and to observe confidentiality requirements.

6.3 Appointment of the Screening Committee

6.3.1 The Director will appoint the Screening Committee consisting of two individuals who do not have conflicts of interest in the case and have appropriate expertise to evaluate the scientific issues.

6.3.2 The Director will notify the Respondent of the proposed Committee membership in writing as soon as reasonably practicable.

6.3.3 The Respondent has five working days to submit an objection to the persons appointed to the Committee.

6.3.4 If the Respondent submits a written objection to any of the persons appointed to the Committee, the Director may decide to replace the challenged person with a qualified substitute.

6.3.5 If the Director does not replace the challenged person(s), the reasons will be notified to the respondent in writing.

6.3.6 The date the Committee is officially appointed will be either:

- after the five working days if the Respondent has not submitted a written objection, or
- the date on which the Director responds to the respondent's objections,

> The Screening Committee will identify which member is to act as Chair.

6.4 Screening Committee Terms of Reference

6.4.1 The Screening Committee should specifically limit its scope to that of evaluating the facts only to determine whether there is sufficient evidence of research misconduct to warrant an investigation.

6.5 Screening process

6.5.1 Screening will normally involve the Committee interviewing the Complainant, the Respondent and key witnesses, and examining relevant research records and materials.

At this stage, the Screening Committee will send the Respondent copies of relevant research records and materials obtained that are being used in the investigation.

6.5.2 The Respondent will have the right to be accompanied by an MRC colleague or represented by a recognised trade union representative at the interview.

6.6 Time limit for completing the screening report

6.6.1 The Screening Committee will complete the screening and submit its report to the Director in writing no more than 40 working days following its initiation.

The initiation is defined as the date the Committee is appointed. (as in 6.3.6)

If the Director approves an extension of this time limit, the reason for the extension will be entered in to the records of the inquiry and the report.

The Respondent and the Complainant will also be notified of the extension.

6.7 Findings of the Screening Committee

6.7.1 The Screening Committee must determine whether the allegations are sufficiently serious and have sufficient substance to justify a Formal Investigation or whether they may be addressed through education / training, or through some other non-disciplinary approach. Allegations not taken to the Formal Investigation stage may include those which have substance, but due to lack of intent to deceive, or relatively minor nature, are more appropriately addressed without the need for Formal Investigation. These conclusions shall be set out in the written report.

6.8 Comments by parties on draft report

6.8.1 The Screening Committee will send the Respondent and the Complainant a copy of the draft report and recommendations for them to comment on factual accuracy. Where inaccuracies are identified, these will be amended subject to approval from the Committee. If the Committee does not agree, comments will be noted.

6.8.2 Comments from the Complainant or Respondent must be submitted to the Screening Committee within 20 working days of receipt of the report.

6.8.3 The Committee should then forward its final report and recommendations to the Director, the Complainant and the Respondent.

Any comments submitted from either the Respondent or Complainant will be attached as an addendum to the report.

6.9 Decision by Director

6.9.1 The Director will decide either to accept or reject the recommendations of the Screening Committee.

6.9.2 The Complainant and Respondent will be informed in writing of the outcome of the Screening process within five working days of the Director making their decision. The Director should inform the Chief Science Officer of the outcome at the earliest opportunity.

6.9.3 Where the Director accepts recommendations that the procedure should progress to a Formal Investigation, the Director should take immediate steps to set up an Investigation Committee.

6.9.4 Where the Director accepts recommendations that the allegation is dismissed reasonable action to safeguard the reputation of the Respondent and of the organisation should be considered (see 11).

7. Stage 3: Formal investigation

7.1 Purpose

7.1.1 The purpose of the Formal Investigation is to examine and evaluate all relevant facts to determine whether research misconduct has been committed, and if so, the responsible person and the seriousness of the misconduct.

7.2 Notification requirements

7.2.1 The Director will notify both the Respondent and the Complainant of the investigation in writing as soon as reasonably practicable. The Respondent must confirm receipt in writing.

> The Director will remind the Respondent of their obligation to co-operate in the formal Investigation and to observe the confidentiality requirements.

7.3 Charge to Investigation Committee

7.3.1 The Director will define the subject matter of the investigation in writing to the Investigation Committee and will attach a copy of the Screening report.

7.4 Appointment of Investigation Committee

7.4.1 The Director will appoint an Investigation Committee consisting of at least three persons, who have not previously been involved and who have appropriate knowledge/experience to evaluate the scientific issues and who have relevant knowledge of investigating procedures.

7.4.2 The Director will notify the Respondent of the proposed Investigation Committee membership in writing as soon as reasonably practicable.

7.4.3 The Respondent has five working days to submit an objection to the persons appointed to the Investigation Committee.

7.4.4 If the Respondent submits a written objection to any of the persons appointed to the Investigation Committee, the Director may decide to replace the challenged person with a qualified substitute, and will notify the Respondent of that replacement in writing.

7.4.5 If the Director does not replace the challenged person, the reasons will be notified to the respondent in writing.

7.4.6 The date the Investigation Committee is officially appointed will be either:

- after the five working days if the Respondent has not submitted a written objection, or
- the date on which the Director responds to the respondent's objections.

> Those on the Investigation Committee should not have any conflicts of interest with the Respondent, Complainant or the case in question, and they must have the necessary expertise to examine the evidence, interview the witnesses, and to conduct the investigation.

7.5 Investigation process

7.5.1 The Investigation Committee will be appointed and the process initiated as soon as possible, and normally within 20 working days of the completion of the Screening process.

7.5.2 The investigation will normally include examination of all documentation including, but not necessarily limited to, relevant research data, materials, proposals, publications, correspondence, memoranda, and notes of telephone calls. The Screening report will also be reviewed as part of the investigation.

7.5.3 The Respondent will be interviewed as part of the investigation process.

7.5.4 The Respondent will have the right to be accompanied by a work colleague or represented by a recognised trade union representative at the interview.

7.5.5 Whenever possible, interviews should be conducted of all individuals involved in the allegation, and other individuals who might have information regarding key aspects of the allegations. The Respondent should be asked to name any relevant witnesses.

7.5.6 Written notes will be made of the interviews; these are not meant to be verbatim but will be an accurate reflection of the points discussed, will form the official record, and will be included as part of the Investigation Report. Each individual will have an opportunity to comment on, and sign, the notes to ensure factual accuracy, but this should not delay the investigation process. Any disagreements will be noted.

7.5.7 An investigation should normally be completed within 65 working days of its initiation.

> The initiation is defined as the appointment of the Investigation Committee. (as in 7.4.6)
>
> The time limit includes conducting the investigation, preparing the report of findings, making the report available for comment by the Respondent, and submitting the report of the Director.

7.6 Investigation report contents

7.6.1 The final report must state how the investigation was conducted, describe how and from whom information relevant to the investigation was obtained, state the findings, and explain the basis for the findings, and an accurate agreed summary of the views of any individual alleged to have engaged in misconduct (including the written notes of

any interviews conducted – see 7.5.6).

7.6.2 The Investigation Committee will also recommend, as appropriate, whether professional bodies or regulators, research funders/sponsors and other interested parties including collaborators of the Respondent in the work, should be notified of the outcome of the case. Where a distortion or inaccuracy in the published research record is found, all necessary steps should be taken to notify all relevant parties and to correct the published record. Such notification should be encouraged to protect the reputation of the MRC. However, save in exceptional circumstances (e.g. where a paper was in the process of being published), such notification would not normally happen until all steps of the process had been completed.

7.7 Comments by Respondents

7.7.1 The Investigation Committee will send the Respondent a copy of the report and the evidence they have considered within five working days of the completion of the report.

7.7.2 The Respondent then has the opportunity to submit any comments on the report. These must be submitted to the Investigation Committee within 20 working days of receipt of the report.

> The Respondent's comments will be attached as an addendum to the Investigation report.

7.7.3 The Investigation Committee will send a copy of the investigation report, including comments from the respondent, to the Director.

7.8 Investigation Hearing

7.8.1 The Director will decide either to set up a Hearing Panel to consider the formal allegations against the worker and decide, where appropriate, what sanction(s) should apply or to dismiss the allegations.

7.8.2 The Respondent will be informed in writing of the Director's decision to accept or dismiss the allegation within five working days of the Director making their decision. The Director should inform the Chief Science Officer of the decision at the earliest opportunity.

7.8.3 Where an allegation is dismissed the Complainant should also be informed. Reasonable action to safeguard the reputation of the Respondent and of the organisation should be considered (see 11).

7.8.4 Where the Director initiates an Investigation Hearing they should take immediate steps to set up a Panel of at least three members (to include the Director). In some cases use of external panel members should be considered.

7.8.5 The Director will notify the Respondent of the proposed Investigation Hearing Panel membership in writing as soon as reasonably practicable.

7.8.6 The Respondent has five working days to submit an objection to the persons appointed to the Investigation Hearing Panel.

7.8.7 If the Respondent submits a written objection to any of the persons appointed to the Investigation Hearing Panel the Director may decide to replace the challenged person with a qualified substitute, and will notify the Respondent of that replacement in writing.

7.8.8 If the Director does not replace the challenged person, the reasons will be notified to the respondent in writing.

7.8.9 The date the Investigation Hearing Panel is officially appointed will be either:

- after the five working days if the Respondent has not submitted a written objection, or
- the date on which the Director responds to the respondent's objections.
- the Director should act as Chairperson and the Panel will deliver a majority decision.

7.8.10 The Respondent will be invited to attend the hearing within 15 working days of the Director's decision to set up a Panel. In the letter of invitation, the Respondent shall be reminded of the allegations made against them and will be provided with any supporting evidence upon which the Panel intends to rely and that termination of their employment/appointment may be a recommendation resulting from the hearing.

7.8.11 The Respondent will have the right to be accompanied by a work colleague or represented by a recognised trade union representative. The respondent has the right to request a postponement of up five working days if their chosen representative is not available to attend on the original date/time.

7.8.12 After the hearing, the Panel will decide whether the allegations are upheld and if so what sanctions or administrative actions are to be implemented in line with 7.9 below.

7.8.13 The Chair will write to the Respondent within five working days to notify them of the Panel's decision, including the reasons for the investigation, any sanction(s) (including, where appropriate, how long they will last), the likely consequences of further misconduct, the right of appeal and the Nominated Person to whom the appeal should be submitted.

7.8.14 The Director will send a copy of the investigation report and a summary of the outcome of the Hearing, including any evidence heard, to the Chief Science Officer within five working days of the decision being made.

7.9 Sanctions

7.9.1 Where following the Hearing it is determined that the alleged misconduct is substantiated by the findings, it is the responsibility of the Director to impose any sanction(s) determined by the Panel.

7.9.2 Actions which may be implemented by the Director comprise one or more of:

a) removal from the particular project
b) final written warning
c) special monitoring of future work
d) requirements to undertake specified training
e) removal of eligibility for pay progression for one year
f) withdrawal of funding for programme
g) down-banding of appointment.

h) recommendation of termination of employment (see 7.10)

7.9.3 A recommendation of termination of employment will be dealt with in line with 7.10 below.

7.10 Termination of employment

7.10.1 The Respondent will be informed that a recommendation has been made that they are to be dismissed. This may be with or without notice. At this time the Respondent will be invited to a formal meeting with the Chief Science Officer.

7.10.2 In the letter of invitation, the Respondent shall be reminded of the allegations made against him/her and will be provided with any supporting evidence upon which the Chief Science Officer intends to rely and that termination of his/her employment/appointment may result from the formal meeting.

7.10.3 The Respondent will have the right to be accompanied by an MRC colleague or represented by a recognised trade union representative at the meeting.

7.10.4 The Respondent will be able to submit written evidence to the Chief Science Officer before a decision is taken. This must be done within five working days of receipt of the written notification from the Director.

7.10.5 The Chief Science Officer shall arrange a date, time and venue of the meeting.

7.10.6 If the Respondent or his/her chosen representative is unable to attend, the Respondent can make a request to change the date of the meeting to an alternative date within five working days of the date proposed by the MRC.

7.10.7 If after the meeting, the Chief Science Officer accepts the recommendation for dismissal, he/she will inform the Respondent in writing of the reason for dismissal, the date on which employment will terminate with or without notice as the case may be and the Respondent's right to appeal (including arrangements for such an appeal).

8. Stage 4: Appeal

8.1 Initiation

8.1.1 The Respondent may appeal against the decision to substantiate the allegation or the sanction by writing to the Chief Operating Officer within seven working days of receiving notification of the outcome.

8.1.2 The Respondent's letter should include a written statement stating clearly the basis for appeal.

8.2 Appointment of the Appeal Panel

8.2.1 The Chief Operating Officer will convene an Appeal Panel consisting of two or more persons, none of whom were a member of the Screening or Investigation Committee or the Hearing Panel. The Panel may be made up of people from outside the MRC.

8.2.2 The Chief Operating Officer will notify the Respondent of the proposed Appeal Panel membership in writing as soon as reasonably practicable.

8.2.3 The Respondent has five working days to submit an objection to the persons appointed to the Appeal Panel.

8.2.4 If the Respondent submits a written objection to any of the persons appointed to the Appeal Panel, the Chief Operating Officer may decide to replace the challenged person with a qualified substitute.

8.2.5 If the Chief Operating Officer does not replace the challenged person, the reasons will be notified to the Respondent in writing.

8.2.6 The date the Appeal Panel is officially appointed will be either:

- after the five working days if the Respondent has not submitted a written objection, or
- the date on which the nominated person responds to the respondent's objections.

8.3 Appeal Panel

8.3.1 The purpose of an Appeal Panel is to consider/review the appeal submitted by the Respondent against the decision and/or sanctions resulting from completion of the investigation into an allegation of research misconduct.

8.3.2 The Panel will prepare an Appeal Report for the Chief Executive Officer stating their conclusions and sanctions that should be imposed. The Respondent has no further right of internal appeal against the conclusions, the Chief Executive's decision and/or sanctions.

8.4 Appeal Process

8.4.1 The appeal process will normally be initiated within 15 working days of the receipt of an appeal by the Respondent.

8.4.2 The purpose of the appeal is to:

a) Review all of the evidence and determine whether the decision and any sanction(s) applied was fair and reasonable in all the circumstances; and
b) determine whether the procedure was followed correctly.

8.4.3 The Respondent will be invited to attend a meeting to give oral evidence. The Respondent may submit any relevant additional supplementary material in support of their appeal.

8.4.4 The Respondent will have the right to be accompanied by an MRC work colleague or represented by a recognised trade union representative at the Appeal hearing.

8.5 Time limit for completing appeal

8.5.1 An Appeal Report shall be submitted to the Chief Executive of the MRC, normally within 65 working days of the date the appeal was raised.

8.5.2 The Appeal Panel will also recommend, as appropriate, whether professional bodies or regulators, research funders/sponsors and other interested parties including collaborators, should be notified of the outcome of the case. Where a distortion or inaccuracy in the published research record is found, all necessary steps should be

taken to notify all relevant parties and to correct the published record. Such notification should be encouraged to protect the reputation of the MRC.

The initiation is defined as the appointment of the Appeal Panel

The time limit includes conducting the investigation, preparing the report of findings, making the report available for comment by subjects of the appeal, and submitting the report.

The Appeal Report must state how the appeal was conducted, describe how and from whom further information was obtained relevant to the appeal, state the findings, and explain the basis for the findings.

8.6 Decision by Chief Executive of the MRC

8.6.1 The Chief Executive of the MRC will decide, on the basis of the Appeal Report, whether to endorse, amend or overturn the conclusions of the investigation and/or resultant sanctions imposed on the Respondent.

8.6.2 The Chief Executive of the MRC will notify the Respondent in writing of the outcome of the Appeal Panel and will provide a copy of the Appeal Report and evidence considered by the Appeal Panel.

8.6.3 The Chief Executive of the MRC may recommend additional action to be taken (in the event that an earlier decision is amended or overturned) to report and implement the final decision.

8.6.4 The decision of the Chief Executive of the MRC shall be final with no further right of internal appeal.

9. Specific provisions

9.1 Complainants / Witnesses

9.1.1 The Complainant is responsible for making allegations in good faith, maintaining confidentiality, and co-operating with the Screening or Formal Investigation. An allegation is made in good faith where the Complainant honestly believes that research misconduct may have occurred. A Complainant who recklessly disregards evidence that disproves an allegation has not made the allegation in good faith.

9.1.2 Complainants must accept that they may be called upon to establish their allegations within the framework and safeguards of this procedure.

9.1.3 The Complainant shall be informed of the results of the Screening and Formal Investigation, and to be protected from victimisation. The Complainant will have an opportunity to present evidence before the Screening Committee and may also be asked to present evidence to the Investigation Committee as a witness,

9.1.4 Complaints may be covered by the Public Interest Disclosure Act 1998 which ensures that the Complainant can raise bona fide concerns confidentially and without fear of suffering any detriment using the MRC Whistleblowing policy.

At any time, a worker may have confidential discussions and consultation about concerns of possible misconduct with the Director and seek advice about appropriate procedures to report allegations.

9.2 Director

9.2.1 The Director has responsibility for monitoring how members of staff behave towards individuals who bring allegations of research misconduct or who co-operate in screening or investigations, and for taking action as appropriate.

The Director will make diligent efforts to protect the positions and reputations of those persons who, in good faith, make allegations. The Director will ensure that those making an allegation in good faith or co-operating in a screening or investigation into an allegation of misconduct are not to be retaliated against in their employment.

9.2.2 The Director will have primary responsibility for ensuring adherence to the procedures in this document.

9.2.3 The Director will normally write to the Complainant and/or witnesses requesting that they do not make statements about the Respondent outside of the inquiry/investigation process while this is proceeding. The Director should advise that legal action (e.g. defamation, libel etc.) and/or disciplinary action may follow should they publicise their allegations before the outcome of the screening/investigation/appeal process is known.

Details of the agreed procedure will be drawn to the attention of the Complainant and Respondent by the Director at the commencement of proceedings and each party will have drawn to their attention their rights and responsibilities under the procedure.

9.2.4 The Director will appoint Screening and Investigation Committees, a secretariat for each committee and all other involved persons to comply with these procedures.

The secretariat will be responsible for maintaining a record of all documents and evidence, and for the confidentiality and security of the record and documentary evidence.

9.3 Chief Executive

9.3.1 Any allegations that cannot be handled by the Director (e.g. where the Director may be the subject of the allegation, or for some other reason may not be perceived to be impartial), should be referred to the Chief Executive or nominated Director.

9.3.2 The Chief Executive (or nominated Director) will be responsible for arranging the investigation of any complaints against Directors or members of their personal research teams, or against members of External Scientific Staff.

9.4 Respondent

9.4.1 The Respondent will be provided with a copy of this procedure and will be informed in writing of the detail of the allegation(s) following sequestering of relevant material, will receive copies of or have access to all material relevant to the allegation and its consideration at Screening, Investigation, Hearing and Appeal stages and will be notified in writing of the final decisions and resulting actions.

9.4.2 The Respondent shall also have the opportunity to provide documentation in support of their defence (including witness statements), to be interviewed by and present evidence to the Screening and Investigation Committees and the Hearing and Appeal Panels, to review the Screening and Investigation reports and to be accompanied.

9.4.3 The Respondent is able to request a postponement of up to five working days where their chosen representative is not available to attend on the agreed date or time.

> Screenings and investigations will be conducted in a manner that will ensure fair treatment to the Respondent of the screening or investigation and confidentiality, to the extent possible consistent with protecting worker and public health and safety and with carrying out the screening or investigation.

9.4.4 The Respondent is responsible for maintaining confidentiality and co-operating with the conduct of a screening or investigation.

10. Post investigation reporting and arrangements

10.1 No appeal has been submitted

10.1.1 When the Respondent does not submit an appeal following the final decision being made, the Director will notify both the Respondent and Complainant in writing within 20 working days.

10.1.2 The Director will also will recommend to the Chief Science Officer whether professional societies, editors of journals in which falsified reports may have been published, collaborators of the Respondent in the work, or other concerned parties, should be notified of the outcome of the case.

10.1.3 The Chief Science Officer is responsible for ensuring compliance with any notification requirements of funding or sponsoring agencies and informing the Council of the outcome of the investigation.

10.2 Appeal has been submitted and heard

10.2.1 The Chief Executive of the MRC will recommend additional action to be taken (in the event that an earlier decision is amended or overturned) to report and implement the final decision.

10.2.2 In all cases the Chief Executive (or nominee) is responsible for ensuring compliance with any notification requirements of funding or sponsoring agencies and informing the Council or appropriate governing body of the outcome of the investigation.

11. Safeguarding reputations

11.1 The MRC will take all reasonable action to safeguard the reputation of the Respondent and of the organisation.

11.2 If the Respondent is not found guilty of research misconduct:

- The Director will consult with the Respondent to ensure that appropriate publicity is given to this outcome where considered necessary.
- The Director will take steps to ensure that all reference to the matter is expunged from the Respondent's personnel file.
- All persons who have been interviewed or otherwise informed of the allegations will be notified in writing that the allegations have been found to be without foundation.
- Where investigation of any allegation has significantly disrupted an MRC research programme this will be taken into account at the subsequent review of that work.

11.3 In notifying and in producing material on proven cases, information relating to third-parties should be handled sensitively to safeguard the reputations of any individuals who may have been affected but who were not themselves proven to be guilty of research misconduct.

12. Malicious allegations

12.1 Where the outcome of a Preliminary Action, Screening, Investigation or Appeal stage indicates that an allegation has not been made in good faith, the MRC will:

- pursue disciplinary action against the Complainant where they are employed by the MRC, and
- pursue action as appropriate against an external Complainant. Allegations not made in good faith may include frivolous, vexatious and malicious allegations.
- take action to safeguard reputations as necessary.

13. Reporting and recording allegations

13.1 Directors are responsible for reporting all allegations where a Formal Investigation has been recommended and all malicious allegations to the Chief Science Officer. The Chief Science Officer will in turn inform the Head of Corporate Governance and Policy.

13.2 A record on each case will be retained by the Corporate Affairs Group. Cases will be reported to senior management on a regular basis (usually annually) in an anonymised form. Information on the number and areas or allegations/investigations and proven cases may also be reported publicly.

14. Employee support

14.1 The MRC recognises that involvement in an allegation of misconduct can be stressful and upsetting for all parties involved. Employees may seek support through the Employee Assistance Programme, Lifestyle Action.

15. Links to other documents and resources

- MRC Disciplinary procedure
- MRC Code of Conduct
- Regulatory Support Centre
- Principles of Good Research Practice Guidelines (Ethics Series)
- MRC Whistleblowing policy

16 Effective date

16.1 This policy is effective from 10 November 2014.

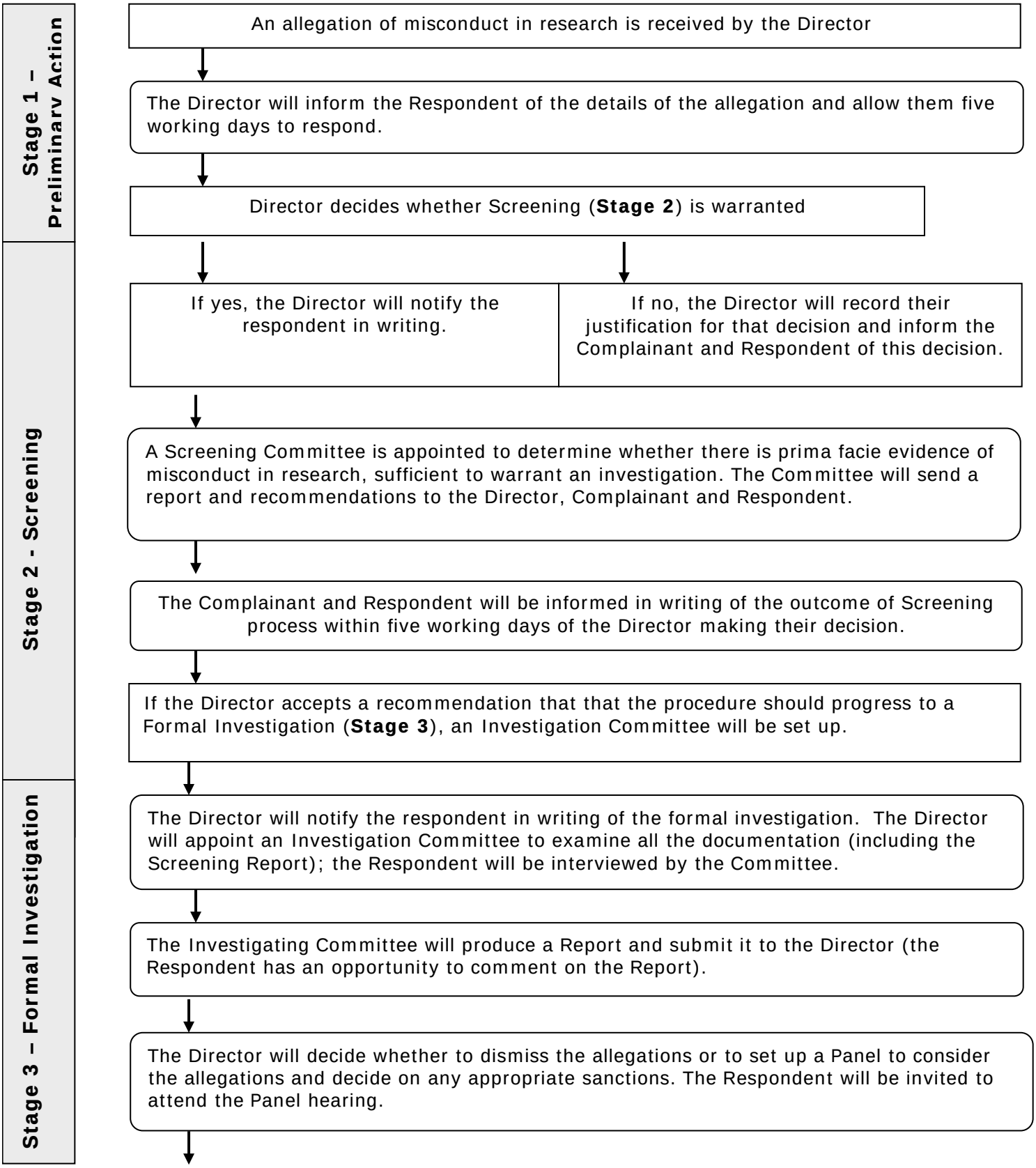
17. Review date

17.1 This policy will be regularly reviewed to incorporate any legislation changes and will be formally reviewed October 2017.

18. Amendment history

Version	Date	Comments/Changes

Appendix A – Summary of the stages involved in the management of an allegation of research misconduct.



Stage 4 – Appeal

The Respondent may appeal against these sanctions or administrative actions within five working days of receiving the notification of the outcome of the investigation.

The CEO will appoint an Appeal Panel who will examine the documentation called into question by the Respondent. The Respondent will be invited to attend a meeting to give oral evidence and may also submit any relevant additional supplementary material in support of their appeal.

The CEO will decide whether to endorse, amend or overturn the conclusions of the investigation and the resultant sanctions. This decision is final and there is no further right of Appeal.

Appendix B- Definitions of misconduct

The MRC endorses the definitions of research misconduct and other unacceptable research behaviour identified in the RCUK Policy and Guidelines on Governance of Good Research Conduct (February 2013). Unacceptable conduct includes the following:

Fabrication
The creation of false data or other aspects of research, including documentation and participant consent.

Falsification
The inappropriate manipulation and/or selection of data, imagery and/or consents.

Plagiarism
The misappropriation or use of others' ideas, intellectual property or work (written or otherwise), without acknowledgement or permission.

Misrepresentation, including:

- misrepresentation of data, for example suppression of relevant findings and/or data, or knowingly, recklessly or by gross negligence, presenting a flawed interpretation of data;
- undisclosed duplication of publication, including undisclosed duplicate submission of manuscripts for publication;
- misrepresentation of interests, including failure to declare material interests either of the researcher or of the funders of the research;
- misrepresentation of qualifications and/or experience, including claiming or implying qualifications or experience which are not held;
- misrepresentation of involvement, such as inappropriate claims to authorship and/or attribution of work where there has been no significant contribution, or the denial of authorship where an author has made a significant contribution.

Breach of duty of care, whether deliberately, recklessly or by gross negligence:

- disclosing improperly the identity of individuals or groups involved in research without their consent, or other breach of confidentiality;
- placing any of those involved in research in danger, whether as subjects, participants or associated individuals, without their prior consent, and without appropriate safeguards even with consent; this includes reputational danger where that can be anticipated;
- not taking all reasonable care to ensure that the risks and dangers, the broad objectives and the sponsors of the research are known to participants or their legal representatives, to ensure appropriate informed consent is obtained properly, explicitly and transparently;
- not observing legal and reasonable ethical requirements or obligations of care for animal subjects, human organs or tissue used in research, or for the protection of the environment;
- improper conduct in peer review of research proposals or results (including 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 peer review purposes.

Improper dealing with allegations of misconduct

- failing to address possible infringements including attempts to cover up misconduct or reprisals against whistleblowers.

- failing to deal appropriately with malicious allegations, which should be handled formally as breaches of good conduct.

Appendix C - Glossary

Allegation means a written statement or other documented account providing evidence of possible research misconduct.

Appeal means any formal response by the respondent to the upholding of an allegation of research misconduct by an investigation committee and/or the resulting imposition of sanctions.

Appeal panel consists of three or more persons.

Complainant means a person who makes an allegation of research misconduct. This may be an employee of the MRC, a visitor to an MRC team or an individual or body external to the MRC.

Conflict of interest means the real or apparent interference of one person's interest with another, where potential bias may occur due to prior or existing personal or professional relationships.

Director is normally the Director of the MRC establishment in which the subject of the complainant works or such other person who, in the director's absence, is designated to receive and enquire on the MRC's behalf into allegations of research misconduct. The title Director is therefore used throughout the procedure to indicate this role.

Good faith allegation means an allegation of research misconduct made by a complainant who honestly believes that misconduct may have occurred. A complainant who recklessly disregards evidence that disproves an allegation has not made the allegation in good faith.

Investigation means the formal examination and evaluation of all relevant facts to determine if misconduct has occurred and, if so, the responsible person and the seriousness of the misconduct.

Investigation committee appointed by the Director and consisting of at least three persons.

Preliminary action means the immediate evaluation by the Director of an allegation of research misconduct to determine whether the allegation falls within the scope of the definition of misconduct and whether there is sufficient evidence to warrant screening.

Respondent means the person against whom an allegation of research misconduct is directed, or the person who is the subject of the inquiry or investigation. There can be more than one respondent in any inquiry or investigation.

Screening means information gathering and initial fact-finding to determine whether an allegation or apparent instance of research misconduct warrants an investigation.

Screening committee is appointed by the director and consists of two individuals who have appropriate expertise to evaluate the scientific issues.

Victimisation means any response that adversely affects the employment or other status of a complainant who, in good faith, has made an allegation of research misconduct or who has co-operated in good faith with an investigation of such allegation.