

## PROCEDURES FOR INQUIRING INTO ALLEGATIONS OF RESEARCH MISCONDUCT

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### SCHOOL POLICY

The London School of Hygiene & Tropical Medicine (LSHTM) expects that all research undertaken by members of staff, by students, on School premises or using School facilities, conform to the highest standards of research practice. To this end, LSHTM has developed a policy on Good Research Practice, approved by Senate which must be complied with.

This procedure is relevant to all research conducted by LSHTM. For clarity, wherever LSHTM is written, this collectively includes the Faculties and MRC Units. These are specifically: MRC/UVRI and LSHTM Uganda Research Unit (MRCU), the MRC Unit The Gambia at LSHTM (MRCG), Faculty of Epidemiology and Population Health (EPH), Faculty of Infectious and Tropical Diseases (ITD), and Faculty of Public Health and Policy (PHP).

This document contains LSHTM's procedures for the investigation of allegations of research misconduct. This document outlines the procedures that are to be followed when an allegation of misconduct in research is made against any member of academic staff or against any person who is authorised to undertake research at LSHTM, including honorary members of staff. Allegations of misconduct against students will follow the LSHTM Academic Manual, Chapter 7: General Academic Regulations (specifically section 7.2: Academic Integrity (Assessment Irregularities) Policy). The MRC Units may have their own procedures for investigating allegations of research misconduct; these will conform to this procedure as well as the Good Research Practice policy.

LSHTM will take full responsibility for investigating allegations of misconduct against any of its staff, however, where staff have dual roles, LSHTM may refer the allegation to the substantive employer, or home institution in the case of visiting researchers. Where it is appropriate to do so, LSHTM may notify and liaise with the third party institution in relation to the investigation procedures, as outlined in this document. LSHTM may devolve responsibility for an investigation into misconduct to a third party body (eg regulatory authority, professional body, or to the police in a criminal investigation, if appropriate).

LSHTM considers any allegation of research misconduct to be a matter of great concern and will investigate any such allegation fully. Given its international reputation and status, LSHTM has a responsibility to the scientific community and to the public at large and therefore, where appropriate, will make public the outcome of any such investigation.

All employees, students, visitors and collaborators have a duty to report misconduct in the conducting of research, where they have good reasons to believe it is occurring.

An allegation of research misconduct must conform to Paragraph 14(1) of LSHTM's Statute Concerning Academic Staff since it constitutes 'an allegation that conduct or performance may constitute good cause for dismissal or removal from office'.

This procedure is based on the UK Research Integrity Office's "Procedure for the Investigation of Misconduct in Research" (2008).

## **DEFINITION OF MISCONDUCT**

Research misconduct is defined as, including but not limited to, the intentional and/or reckless negligence in terms of fabrication, falsification, plagiarism, failure to meet ethical, legal and professional obligations, failure to obtain appropriate permissions to start or conduct the research, or deception in proposing, carrying out or reporting results of research, misrepresentation of data, involvement of self and interests, qualifications, and publishing history, and deliberate, dangerous or negligent deviations from accepted practice in a research project. It includes failure to follow established protocol or conditions set out in ethics committee/regulatory authority approval, if this failure results in unreasonable risk or harm to humans, other vertebrates or the environment and facilitating of misconduct in research by collusion in, or concealment of, such actions by other. It does not include honest error or honest differences in the design, execution, interpretation or judgement in evaluating research methods or results or misconduct unrelated to the research process.

Further information is provided in the Good Research Practice policy.

## Glossary

**Complainant:** a person who makes an allegation of research misconduct

**Respondent:** the person against whom an allegation of research misconduct is directed, or the person who is the subject of the inquiry or investigation

**Designated Officer:** the Secretary & Registrar, or in their absence, the Chief Operating Officer

## GENERAL PRINCIPLES FOR THE INVESTIGATION OF ALLEGATIONS OF RESEARCH MISCONDUCT

1. Allegations of research misconduct may be brought to the attention of LSHTM internally or externally by an individual or by an organisation. Further information is provided in the whistleblowing policy.
2. It is the responsibility of any employee of LSHTM, who receives, or is informed of, an allegation of research misconduct by another member of staff, to ensure that the appropriate person is informed so that they can investigate fully. In the first instance, the matter should be referred and discussed with the LSHTM Secretary & Registrar, as per the Whistleblowing policy. In the Secretary's absence, the Chief Operating Officer will receive all allegations and act as the Designated Officer. If it is then considered appropriate, the matter can be formally forwarded, in strict confidence, for a 'preliminary assessment'. In addition to the Designated Officer, nominated staff may be asked to attend meetings and/or to aid in any investigations. These include senior staff in Human Resources, Research Operations, Research Governance and Integrity Office and/or staff in Finance, depending on the allegations made.
3. LSHTM will ensure that, as far as possible, the proceedings of any investigation are treated as confidential. However, where there is a conflict between the need for confidentiality and the need to seek the truth, the latter must prevail.
4. LSHTM, the Respondent and the Complainant, may seek legal advice on any aspect of the proceedings at any stage.
5. If other investigations are taking place in parallel, eg a criminal investigation, the LSHTM investigation may defer and await its completion.

## PRELIMINARY ASSESSMENT

6. Formal notification of an allegation should be made in writing and sent in strict confidence to the 'Designated Officer'. The 'Designated Officer' for these purposes is the Secretary and Registrar.
7. The purpose of the preliminary assessment is to determine if there is evidence of research misconduct and NOT to reach a final conclusion as to whether misconduct has occurred or who was responsible.

8. If the allegation is initially brought to the attention of a Head of Department, Dean of Faculty / Director of MRC Unit, they should notify the Designated Officer, who will be responsible for taking the matter forward.
  - Should the Complainant wish to discuss the process informally prior to formal notification to the Designated Officer, they may contact the Head of Research Governance and Integrity (HRGI). The HRGI will inform the Designated Officer about the discussion, which may be escalated from an informal discussion to the formal preliminary assessment/pre-screening stage by either the Designated Officer or the HRGI. This includes in situations when the allegations are of a serious nature, even if the Complainant does not wish to proceed through a formal route.
  - Minor infractions may be handled through training, mentoring and guidance.
9. The Designated Officer will confirm in writing receipt of the allegation to the Complainant, or their representative, and detail the procedures that will be followed.
10. The Designated Officer will review the nature of the allegations, and where they concern situations that require immediate remedial action to prevent harm or further harm to a study participant, member of staff or student, or suffering to animals, the Designated Officer will take immediate action to ensure that any such potential or actual risk is prevented or eliminated.
  - **Note: taking this action are not to be regarded as disciplinary action, and does not indicate that the allegation made is true.**
  - **Where an allegation is required to be made to a statutory body by law, this will take precedence over this procedure.**
11. The Designated Officer will inform the Respondent that an allegation has been made against them in a confidential meeting, with a member of Human Resources in attendance. The Respondent may be accompanied with a colleague or trade union representative if they wish.
  - A summary of the allegations will be provided to the Respondent in writing at the meeting, as well as a copy of these procedures.
12. The Designated Officer will inform the Director of LSHTM, Deputy Director & Provost, Director of Human Resources, and Chief Operating Officer, as well as the Head of Research Governance and Integrity of the allegation and ensuing investigation. They will be informed of the identity of the Respondent, identity of the Complainant, details of all sources of funding, collaborators' details and any other details that the Designated Officer deems appropriate.
  - The Designated Officer will emphasise to all parties that the allegation is to be investigated, and is at this point, unproven. All information is to be kept confidential.
13. To enable the Designated Officer to deal fairly with any such allegation brought to his or her attention, he or she shall institute such investigations or inquiries as appear to him or her to be necessary. This may include asking for advice from experts both within and outside LSHTM.
  - A review of the Respondent's contractual obligations will be undertaken. Specific Sponsors and funding agencies may have their own requirements to follow when investigating allegations of research misconduct.
14. The Designated Officer, at their discretion and with all relevant and available information from all concerned departments (eg HR), may not proceed with the pre-screening stage. This may be due a grievance procedure that is progressing where it is advised to wait for the resolution of the grievance before progressing with the pre-screening stage. The grievance

process is fully managed by HR and in some situations, that procedure and this one may run in parallel. Details of this decision will be fully documented and noted in the database maintained by the Head of Research Governance and Integrity's database.

## PRE-SCREENING STAGE

15. The Designated Officer will instruct that individual or individuals not to alter or delete any relevant records for the duration of the investigation, and will secure all relevant documentation and evidence. This may include:

- Securing all relevant records, materials and locations associated with the work
- Liaising with Human Resources and relevant line management to:
  - request the temporary suspension of the Respondent on full pay
  - request the temporary barring of the Respondent from the premises
  - request the temporary restriction on the Respondent from contacting some or all members of staff

It should be noted that these measures may not be required in all situations, but where there is a clear risk to individuals or that evidence might be destroyed. The Designated Officer will document his/her reasons for undertaking any of these measures. It should be stressed that this does not denote any suspicion of guilt or be construed as disciplinary procedures; these measures are to allow a full and fair investigation into the allegations.

16. The Designated Officer may wish to consult with the UK Research Integrity Office (UKRIO) for advice and guidance.

17. Once initiated, the procedure will progress to the natural end-point irrespective of:

- The Complainant withdrawing the allegation
- The Respondent admitting the alleged misconduct
- The Respondent or Complainant resigning their post

18. The Designated Officer should carry out, or nominate an appropriate member of staff (eg the Head of Research Governance and Integrity (HRGI) or appropriately trained staff within the Units) to carry out an initial investigation of the allegations to determine whether they are mistaken, frivolous, vexatious and/or malicious. The HRGI has been trained in the investigations of research misconduct, and as they are not a staff member in any Faculty or Unit, is considered independent and therefore impartial. Trained staff within the Units, for example within Human Resources, may contact the HRGI for advice or to help with any investigation, if required.

19. If the Designated Officer finds that the complaint is frivolous, then it is the responsibility of the Designated Officer to inform the Complainant and the Respondent of this finding, as well as all parties who had been informed of the allegation initially (ie those named in paragraph 11).

- The Designated Officer may recommend that disciplinary action be taken against the Complainant should they have made frivolous, vexatious and/or malicious accusations of misconduct in research. However, if these were made in good faith, they will not be penalised and may require support from LSHTM.

20. If the Complainant does not agree with the decision of the Designated Officer that an allegation is without foundation, an appeal may be made via the Designated Officer to the Chair of Council and to the Director of LSHTM. The allegation will then move to the Screening stage. If the Designated Officer does not dispose of the allegation then he or she shall treat

the allegation as disclosing a sufficient reason for proceeding further with the Screening stage, and, if he or she sees fit, may suspend the accused on full pay pending a final decision. If no comment is received within 28 days, the Designated Officer may proceed as if the employee had denied the allegation in its entirety.

21. The preliminary and pre-screening stages should be completed within a maximum of **10 working days** from the receipt of the allegations.
22. Allegations of misconduct may be required to be notified to funding bodies, or other parties through contractual agreements. The Designated Officer, or their delegate (eg the Head of Research Governance and Integrity) will confirm any obligation whether LSHTM has any financial or contractual obligations to report allegations of misconduct.

## SCREENING STAGE

23. If the allegations are not discounted at the preliminary and pre-screening stages, the Designated Officer should convene a Screening Panel (see Annex 2 for full Terms of Reference for the Screening Panel). The screening stage is intended to determine whether there is prima facie evidence of misconduct in research.
24. Where the Designated Officer proceeds further, he or she shall write to the Respondent inviting comment in writing.
25. The Screening Panel will further determine whether the allegations of research misconduct:
  - Are mistaken, frivolous, vexatious and/or malicious (this step is to review the details provided during the pre-screening stage); or
  - Should be referred directly to LSHTM's disciplinary process where sufficient evidence exists, or where the Respondent admits the misconduct; or
  - Have some substance but due to a lack of intent to deceive or due to their relatively minor nature, should be addressed through education and training, rather than progress through the Formal Investigation stage; or
  - Are sufficiently serious and have sufficient substance to justify a Formal Investigation
26. The Screening Panel will consist of at least three senior members of staff selected by the Designated Officer in conjunction with the Research Governance Committee, and may include members of the Research Governance Committee. The Designated Officer will not sit on the Screening Panel. A Chair will be elected amongst the members of the Screening Panel.
27. The Screening Panel should normally aim to complete its work within **30 working days** of being convened.
28. The Chair should then forward the final version of the Screening Panel's report to the Respondent and the Complainant (and their representatives by agreement), as well as to the Designated Officer.
29. When the allegations are considered mistaken, frivolous, vexatious and/or malicious, they will be dismissed. The Designated Officer should then take such steps, as are appropriate in the light of seriousness of the allegations, to sustain the reputation of the Respondent and the relevant research project(s). In addition, the Designated Officer should consider recommending to the appropriate authorities that action be taken under LSHTM's disciplinary process against anyone who is found to have made frivolous, vexatious and/or

malicious allegations of misconduct in research. Those who have made allegations in good faith should not be penalised and might require support.

30. When there is clear evidence of an infringement that might contravene LSHTM's disciplinary code, the Designated Officer should refer to the Policy and Procedures on Discipline and Performance.
  - The Designated Officer will consult the Director of Human Resources on the full and accurate transfer of all case information to the disciplinary process. A full written record should be kept of the decision to transfer to the disciplinary process.
  
31. When the allegations have some substance, but due to a lack of clear intent to deceive or due to their relatively minor nature, the matter should be addressed through LSHTM's competency, education and training mechanisms, or other non-disciplinary processes, rather than through the Formal Investigation stage.
  - The investigation using this procedure would conclude at this point.
  - The Designated Officer should take steps to establish a programme of training or supervision in conjunction with the Respondent and his/her line manager. This programme should include measures to address the needs of staff working with the Respondent.
  
32. When the Screening Panel considers that the allegations are sufficiently serious and have sufficient substance to warrant recommending a Formal Investigation, the Designated Officer should take immediate steps to set up a Formal Investigation. The Designated Officer will inform the Research Governance Committee that a Formal Investigation will be set up.

## FORMAL INVESTIGATION

**Note: the Formal Investigation is designed to ensure the full and fair exploration of the allegations in the context of research and is not intended to replace or subsume any existing disciplinary process. The outcome of the Formal Investigation might be to recommend a transfer to LSHTM's Disciplinary process.**

32. Where the Screening Panel recommends that the allegation is to be formally investigated by LSHTM, the Designated Officer will inform Council ('Council') via email for their information, and will appoint an Investigation Panel. This should be done immediately upon the Screening Panel's recommendation.
  
33. The Designated Officer will inform the following that, in agreement with Council, a formal Investigation Panel (see Annex 3 for full Terms of Reference for the Investigation Panel) has been called:
  - Respondent (and his/her representative by agreement);
  - Complainant (and his/her representative by agreement);
  - Deputy Director & Provost of LSHTM;
  - Director of Human Resources
  - Chief Operating Officer
  - Research Governance Committee; and
  - The Designated Officer of any partner organisation with which either the Respondent and/or Complainant has an honorary contract, and through him/her, the Heads of Organisation, Human Resources

At this stage, the Designated Officer may wish to consult UKRIO for advice and guidance particularly regarding the nomination of members from outside LSHTM to the Formal Investigation.

34. The Designated Officer should then convene the Formal Investigation Panel. The Investigation Panel should be constituted as in paragraph 33 and work in accordance with the Terms of Reference (Annex 3). The Investigation Panel should examine the evidence collected during the Screening Panel's investigation following the original allegations and investigate further as required.
35. During the Formal Investigation, the Investigation Panel must interview the Respondent and Complainant. The role of the Investigation Panel is to review all the relevant evidence and conclude whether the allegations of misconduct in research are:
  - upheld in full;
  - upheld in part; or
  - not upheld.
36. The standard of proof used by the Investigation Panel is that of "on the balance of probabilities".
37. The Investigation Panel may conclude that allegations are not upheld for reasons of being mistaken, frivolous, vexatious and/or malicious.
38. Should any evidence of misconduct be brought to light during the course of the Formal Investigation that suggests:
  - further, distinct instances of misconduct in research by the Respondent, unconnected to the allegations under investigation; or
  - misconduct in research by another person or persons,
 then the Investigation Panel should submit these new allegations of misconduct in research to the Designated Officer in writing, along with all supporting evidence, for consideration under the initial steps of the Procedure.
39. The Investigation Panel must be appointed within 30 working days of the submission of the Screening Panel's report recommending a Formal Investigation. In carrying out the Formal Investigation the Investigation Panel will not work to a prescribed timetable. The Investigation Panel should conduct the investigation as quickly as possible without compromising its principles.
40. The Chair of the Investigation Panel should report the progress made by the Investigation Panel, by reference to criteria agreed by the Panel in advance, to the Designated Officer on a monthly basis. The Designated Officer, or their delegate (eg the Head of Research Governance and Integrity) should also then provide appropriate information on the progress of the investigation to other interested parties, eg funders or regulatory authorities.
41. The Investigation Panel should provide a draft report of its findings to the Designated Officer, who should forward it to the Respondent and the Complainant (and their representatives by agreement) for comment on the factual accuracy of the report. Only when the report contains errors of fact and matters that have bearing on the facts as indicated by the Respondent and/or the Complainant, and accepted by the Investigation Panel, should the Chair modify the report. The Chair should judge the validity of such



comments and seek the agreement of the Panel before making amendments to the Panel's report.

42. The Investigation Panel should then produce a final report that:
- summarises the conduct of the investigation;
  - states whether the allegations of misconduct in research have been upheld in whole or in part, giving the reasons for its decision and recording any differing views;
  - makes recommendations in relation to any matters relating to any other misconduct identified during the investigation; and
  - addresses any procedural matters that the investigation has brought to light within LSHTM and relevant partner organisations and/or funding bodies.

**Note: In addition to reaching a conclusion over the nature of the allegations, the Investigation Panel may make recommendations with respect to:**

**a. whether the allegations should be referred to LSHTM's disciplinary process;**

**b. whether any action will be required to correct the record of research;**

**c. whether organisational matters should be addressed by LSHTM through a review of the management of research; and**

**d. other matters that should be investigated.**

43. The report should be sent to the Designated Officer who will store these separate to HR and registry records for a minimum of 10 years (typically these will be stored in the Research Governance and Integrity Office). See paragraph 80 for further details.
44. If all or any part of the allegations are upheld, the Designated Officer, the Director of Human Resources and the Deputy Director & Provost should then decide whether the matter should be referred to LSHTM's disciplinary process or for other formal actions
45. The Designated Officer, or a delegated (for example the Head of Research Governance and Integrity) should inform the following of the conclusion of the Formal Investigation:
- the Respondent and the Complainant (and their representatives by agreement);
  - The Director / Deputy Director & Provost of LSHTM
  - Chief Operating Officer,
  - the Director of Human Resources,
  - the Dean(s) of the relevant Faculties / Director(s) of the MRC Unit(s) as well as the Head(s) of the relevant Department(s) and any other relevant members of staff;
  - If the Respondent and/or the Complainant are employed on joint clinical/honorary contracts, the Designated Officer, the Director of Human Resources and the Head of Research of the other organisation(s);
  - Where appropriate, the responsible person within any relevant partner organisations, funding bodies and/or regulatory or professional bodies;

Additionally, the Designated Officer may wish to inform UKRIO of the conclusion of the Formal Investigation, if the UKRIO were informed at any stage during the process.

46. Should the allegations proceed to LSHTM's disciplinary process, the report of the Investigation Panel should form the basis of the evidence that the Disciplinary Tribunal receives. All the information collected and brought to light through this procedure should

be transferred to the disciplinary process. The Tribunal will receive all information on the case in a meeting with the Chair of the Investigation Panel and the Designated Officer, to ensure that all relevant material is transferred.

47. Where allegations have **not** been upheld (in full or in part), the Designated Officer should take such steps as are appropriate, given the seriousness of the allegations, to support the reputation of the Respondent and any relevant research project(s).
48. As with the Screening Process, where the Investigation Panel concludes the allegations are frivolous, vexatious and/or malicious, the Designated Officer should consider recommending to the appropriate authorities that action be taken under LSHTM's disciplinary process against anyone who is found to have made frivolous, vexatious and/or malicious allegations of misconduct in research.
49. It is not intended that the Procedure should be used as part of any disciplinary or regulatory process. Information gathered in the course of an investigation may become relevant to, and disclosed in, any such disciplinary or regulatory process.
50. 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. The Respondent should not have the option of appealing against the reports of either stage of the Procedure. The Respondent has the statutory right of appeal should the matter be referred to his/her employer's disciplinary process.
51. The respondent is/are entitled to be represented by another person whether such person be legally qualified or not, in connection with and at any hearing of allegations by a Investigation Panel.
52. An allegation shall not be determined without an oral hearing at which the Complainant and any person appointed by him/her/them to represent him/her/them are entitled to be present.
53. The Respondent and any person representing him/her/them may call witnesses and may question witnesses upon the evidence on which the allegation is based.
54. Full and sufficient provision shall be made for postponements, adjournments, dismissal of the allegations, and remission of the allegation to the Designated Officer for further consideration and for the correction of accidental errors.
55. Full and sufficient provision shall be made for appropriate time limits for each stage (including the hearing) to the intent that any allegation shall be heard and determined by the Investigation Panel as soon as reasonably practicable. In any event, the investigation by the Investigation Panel will be initiated within 30 days of the appointment of the Investigation Panel and will be ideally be completed within 90 days thereafter.
56. Allegations of misconduct, without necessarily being proven or upheld by the Investigation Panel, may be required to be notified to funding bodies, eg US funders require compliance with 42CFR93, subpart C. The Head of Research Governance and Integrity will undertake these notifications and retain all records.
57. It will be the responsibility of the Chair of the Investigation Panel to ensure that the requirements in Annex 3 have been followed.

58. The Research Governance Committee will be informed of the result of the Investigation Panel and the Formal Investigation.

## SANCTIONS

59. Where the Investigation Panel concludes that the allegations are upheld in full or part, there may be a requirement to consider action in addition to any that might be recommended through LSHTM's Disciplinary process. The Designated Officer should consider the use of the recommendations set out in any case where misconduct in research has been investigated.
60. Where an allegation is found to be proven, and the Investigation Panel recommends dismissal or removal from office, but in no other case, the Appropriate Officer shall decide whether or not to dismiss the employee. The Appropriate Officer is the Deputy Director & Provost.
61. If the respondent has collaborated with, (or had formal contractual arrangements with) members of staff from another institution on the matter in question, the Director or nominee will inform the head of that other institution of LSHTM's investigation and later of its findings.
62. In addition to any normal disciplinary consequences, the Designated Officer may recommend further action including:
- informing the editors of all journals in which the respondent has published articles, the status of such articles depending on the outcome of the investigation and, where appropriate, providing notices of retraction or confirmation;
  - where appropriate, in the case a clinical qualified individual informing the General Medical Council or other interested bodies;
  - where appropriate, inform regulatory authorities. For example: the MHRA should the misconduct concern a clinical trial of an investigational medicinal product, or the Human Tissue Authority where the misconduct concerns human tissue research
  - where the member of staff is supported by outside funds, informing the funding organisation.
63. Actions that could be taken to deal with the allegations are as follows: destruction of all data related to the project (if for example, the misconduct centred on failure to obtain appropriate permissions including all applicable ethical approvals); removal from the particular project; final written warning; special monitoring of future work; or termination of employment. LSHTM has a duty to protect the scientific integrity of the research project, protect participants in our research and to provide details of any proven research misconduct to funders and other required bodies, as per all contractual arrangements. This may include reporting any action to regulatory and statutory bodies, research participants, funders or other professional bodies.
64. To remedy situations of misconduct, steps taken by LSHTM subsequent to the Investigation Panel, include: retraction of publication, issue correction, publish the corrected data, or all of the above.

65. Where the Investigation Panel finds that the allegation is not proven, and is of a frivolous, mischievous or malicious nature, its findings are to be reported to the Designated Officer for action under the normal disciplinary procedures.

## **APPEAL**

66. An employee against whom an allegation of misconduct has been upheld may not appeal against that decision of the Screening Panel, nor of the formal Investigation Panel. Appeals may be made during the disciplinary Tribunal, in accordance with the procedures in Part V of the Charter.

## **RESTORATION OF REPUTATION**

67. Where an allegation is dismissed, LSHTM will take all necessary steps to ensure that the reputation of the research worker involved is preserved.
68. Similarly, where a complaint that has been dismissed was made in good faith, LSHTM will take all necessary steps to protect the position of the complainant.

## **ANNUAL STATEMENT**

69. The Research Governance and Integrity Office (RGIO) is responsible for publishing an annual statement on their internet page on investigations into research misconduct, as per the ORI (Office of Research Integrity in the USA) and the Concordat on Research Integrity requirements. This includes filing the Assurance of Compliance with the HHS ORI, and the Annual Report on Possible Research Misconduct. The RGIO are committed to ensuring all research is conducted in compliance with the Good Research Practice policy.
70. The RGIO, on behalf of the Research Governance Committee, will also submit an annual report on activities to the Audit Committee.

## **RECORDING ALLEGATIONS OF RESEARCH MISCONDUCT**

71. The Research Governance and Integrity Office will maintain a register for all allegations of research misconduct, as well as proven cases. Records will be kept for at least 10 years, including those where there was found to be no case to answer. Such records will be stored separately from an employee's personnel file.

## REFERENCES

### **Policy on Good Research Practice**

Good Research Practice Policy (2019):

[www.lshtm.ac.uk/research/researchgovernanceandintegrity/researchgovernance/index.html](http://www.lshtm.ac.uk/research/researchgovernanceandintegrity/researchgovernance/index.html)

**LSHTM Royal Charter:** [https://www.lshtm.ac.uk/sites/default/files/LSHTM\\_Charter.pdf](https://www.lshtm.ac.uk/sites/default/files/LSHTM_Charter.pdf)

### **Disciplinary Policies and Procedures for Staff**

Policy and Procedures on Discipline and Performance for Academic staff:

[https://www.lshtm.ac.uk/sites/default/files/Disciplinary\\_and\\_Performance\\_Academic\\_Policy\\_Procedure.pdf](https://www.lshtm.ac.uk/sites/default/files/Disciplinary_and_Performance_Academic_Policy_Procedure.pdf)

Disciplinary and Dismissals Policy and Procedure for Professional Support Staff:

[https://www.lshtm.ac.uk/sites/default/files/Disciplinary\\_and\\_Dismissal\\_PSP\\_Policy\\_Procedure.pdf](https://www.lshtm.ac.uk/sites/default/files/Disciplinary_and_Dismissal_PSP_Policy_Procedure.pdf)

### **Associated LSHTM Policies and Procedures for Students**

MSc Project Handbook:

[www.lshtm.ac.uk/edu/taughtcourses/handbooks\\_regs\\_pols/index.html](http://www.lshtm.ac.uk/edu/taughtcourses/handbooks_regs_pols/index.html)

Research Degrees Handbook: <https://www.lshtm.ac.uk/aboutus/organisation/academic-quality-and-standards/academic-regulations>

Academic Manual, Chapter 7: General Academic Regulations (specifically section 7.2: Academic Integrity (Assessment Irregularities) Policy:

<https://www.lshtm.ac.uk/aboutus/organisation/academic-quality-and-standards/academic-regulations>

### **Whistleblowing**

Whistleblowing policy:

[https://www.lshtm.ac.uk/sites/default/files/whistleblowing\\_policy.pdf](https://www.lshtm.ac.uk/sites/default/files/whistleblowing_policy.pdf)

## **External**

Medical Research Council (2014) Good Research Practice:

[www.mrc.ac.uk/research/policies-and-resources-for-mrc-researchers/good-research-practice/](http://www.mrc.ac.uk/research/policies-and-resources-for-mrc-researchers/good-research-practice/)

Medical Research Council (2014) Policy and Procedure for Inquiring into Allegations of Scientific Misconduct:

[www.mrc.ac.uk/documents/pdf/mrc-policy-on-research-misconduct/](http://www.mrc.ac.uk/documents/pdf/mrc-policy-on-research-misconduct/)

OECD Global Science Forum (2009) Investigating Research Misconduct Allegations in International Collaborative Research Projects, available at:

[www.oecd.org/sti/sci-tech/42770261.pdf](http://www.oecd.org/sti/sci-tech/42770261.pdf)

RCUK Policy and Code of Conduct on the Governance of Good Research Conduct (2011)

Integrity, Clarity and Good Management, available at:



UKRIO (2008) Procedure for the Investigation of Misconduct in Research, available at:  
<http://ukrio.org/wp-content/uploads/UKRIO-Procedure-for-the-Investigation-of-Misconduct-in-Research.pdf>

<b>Document Control</b>	
Applicable to	All staff
Procedure owner	Research Governance Committee
Date reviewed by Research Governance Committee	12 February 2020
Date approved by Senate	
Date document to be reviewed	

<b>Procedure Chronology</b>		
<i>Version</i>	<i>Date</i>	<i>Reason for change</i>
2.0	19/12/2016	Senate-approved version
2.1	24/04/2017	Clarification that procedure applies to academic staff only, as per the Research Governance Committee recommendations
2.2	14/01/2020	Updates to links and to procedures following publication of the Concordat to Support Research Integrity in October 2019. Approved by Research Governance Committee 12Feb2020

## **Annex 1: Process flow-chart**

1. Preliminary Assessment
  - Designated Officer decides whether there is a case to answer based on available information
  - Designated Officer will take immediate action to ensure that any such potential or actual risk is prevented or eliminated
  - Designated Officer, or delegate, will meet with Respondent with a member of Human Resources in attendance
  - The Designated Officer will inform the Director of LSHTM, Deputy Director & Provost, Director of Human Resources, Chief Operating Officer, as well as the Head of Research Governance and Integrity
  
2. Pre-screening Stage
  - Designated Officer to carry out, or nominate an appropriate member of staff (eg the Head of Research Governance and Integrity) to carry out an initial investigation of the allegations
  - Investigation to take no more than 10 days
  - If case to answer, moves to screening stage. Otherwise Respondent and Complainant informed there is no case.
  - Appeals possible
  
3. Screening Stage
  - To determine whether there is prima facie evidence of misconduct
  - Convene screening panel
  
4. Formal Investigation
  - Convene formal investigation panel

## Annex 2: Terms of Reference for Screening Panel

The Screening Stage is intended to determine whether there is prima facie evidence of misconduct in research. The Screening Panel will be convened to investigate allegations of misconduct in research, which have passed through initial review by the Designated Officer and are therefore considered as:

- not encompassing breaches of the law or areas within the domain of the relevant regulatory authority (as no screening panel will need to be convened);
- not encompassing breaches of LSHTM's regulations such as might require the implementation of the disciplinary process (as no screening panel will need to be convened);
- constituting research activity for which LSHTM is the Sponsor or for which LSHTM has primary responsibility;
- involving a Respondent where LSHTM is the primary employer or where it has primary responsibility, agreed with other employing organisations; and
- having substance, in that it is not considered at this stage, to be mistaken, frivolous, vexatious and/or malicious

### Terms of Reference

1. Members appointed to the Screening Panel by the Research Governance Committee should:
  - elect a Chair; and
  - make a declaration that they:
    - will abide by the Procedure as it affects the work of the Screening Panel;
    - will work within the Terms of Reference for the Screening Panel;
    - have declared any links to the research and/or the individuals involved in the allegations or any interests which might conflict with the Procedure; and
    - will maintain the confidentiality of the proceedings throughout the work of the Panel and afterwards, unless formally sanctioned by LSHTM or otherwise required to by law
  
2. The Screening Panel should:
  - maintain a record of evidence sought and received, and conclusions reached;
  - conduct an assessment of the evidence including interviewing the Respondent and Complainant and other staff whom the Panel consider relevant to the investigation;
  - provide a draft report to LSHTM's Designated Officer, who will forward it to the Respondent and the Complainant (and their representatives by agreement) for comment on the factual accuracy of the report;
  - Only when the report includes errors of fact, as indicated by the Respondent and/or the Complainant, should the Screening Panel modify the report. The Chair should judge the validity of such comments and seek the agreement of the Panel before making amendments to the Panel's report.
  - Produce a final report which considers the allegations of misconduct in research and reaches one of the conclusions below; and
  - aim to complete its work within **30 working days**
  
3. In concluding its work, the Panel should make a recommendation that the allegations of misconduct in research:
  - should be referred directly to LSHTM's disciplinary process;



- are sufficiently serious and has sufficient substance to justify a Formal Investigation;
  - have some substance but due to a lack of intent to deceive or due to their relatively minor nature, should be addressed through education and training or other non-disciplinary approach rather than through the next stage of the Procedure; or
  - are mistaken, frivolous, vexatious and/or malicious.
4. The Report Should be sent to the Designated Officer
  5. Once it has completed the report and reached a conclusion, the work of the Screening Panel is complete and it should be disbanded and members should take no part in any further investigation of the matter or make any comment on the continuing investigation, unless formally sanctioned by LSHTM or otherwise required to by law. They should also remember that all information concerning the case was given to them in confidence.

### **Composition of the Screening Panel**

6. The Screening Panel should consist of at least three senior members of staff selected by the Research Governance Committee in conjunction with the Designated Officer. Members of the Screening Panel may include members of the Research Governance Committee.
7. In selecting the Panel members, the Designated Officer and Research Governance Committee should consider:
  - the subject matter of the allegations, including whether it would be advantageous for members of the Panel to possess any specialised knowledge or investigative skill;
  - any conflicts of interest that might arise;
  - any links with any of the persons involved (Respondents or Complainants); and
  - any personal connections with the subject matter of the allegations.
8. Members of the Screening Panel should sign a declaration confirming that they will;
  - abide by the conditions and provisions of the Procedure as it affects the work of the Screening Panel;
  - work within the Terms of Reference for the Screening Panel (detailed above);
  - respect the confidentiality of the proceedings;
  - adhere to the Procedure; and
  - undertake the work of the Panel within the timetable of 30 working days from being convened.
9. The Designated Officer must not be a member nor seek to influence the work, of the Screening Panel.
10. It may be necessary to select members from outside LSHTM should the allegations involve senior staff and/or that are judged to be especially serious, complex or controversial and which may particularly benefit from the presence of someone external to LSHTM. There would be advantage in the review of allegations that involve staff on joint clinical/honorary contracts for there to be on the Screening Panel an appropriate member of staff from the other employing Organisation(s).

11. Both Respondent and Complainant may raise with the Designated Officer concerns that they may have about those chosen to serve on the Screening Panel but neither has a right of veto over those nominated.
12. The Designated Officer may choose to consult UKRIO so as to nominate member(s) from their Register of Advisers to sit as member(s) of the Screening Panel.
13. Once convened, the membership of the Screening Panel should not be added to. Members unable to continue should not be replaced. In the event that the Chair stands down or the membership falls below three, the Designated Officer should take steps to recruit additional members or re-start the Screening process

### **Work of the Screening Panel**

14. The Screening Panel may call expert witnesses to give advice if necessary and as appropriate but such witnesses do not become members of the Screening Panel. The Screening Panel may also seek guidance from UKRIO and its Advisers.
15. All contributions to the process of screening should be recorded and maintained for subsequent use.
16. The Chair has the responsibility to ensure maintenance of a record of all proceedings.
17. To perform its function, the Screening Panel should:
  - review the submission and supporting evidence provided by the Complainant;
  - review the evidence and supporting documentation from the Respondent who should be given the opportunity to respond to the allegations, set out his/her case and to present evidence;
  - review any background information relevant to the allegations; and
  - interview the Respondent, the Complainant and other individuals who might provide relevant information to assist the Panel

### **Findings of the Screening Panel**

18. The Screening Panel should consider the evidence and determine whether the allegations:
  - should be referred directly to the Organisation's disciplinary process or other internal process; or,
  - are sufficiently serious and has sufficient substance to justify a Formal Investigation; or,
  - have some substance but due to a lack of intent to deceive or due to their relatively minor nature, should be addressed through education and training or other non-disciplinary approach rather than through the next stage of the Procedure or other Formal Proceedings; or
  - are mistaken, frivolous, vexatious and/or malicious.
19. The Screening Panel's draft report will be made available to the Respondent and the Complainant for them to comment on the factual accuracy of the report. Only where the report includes errors of fact as indicated by the Respondent and/or the Complainant should the Screening Panel modify the report. The Chair should determine the truth of the

comments made and seek the agreement of the majority of Panel members before making amendments of substance to the Panel's report.

20. The Panel should then inform all relevant parties of its conclusion (including representatives of the Respondent and the Complainant by agreement) and the reasons for reaching that conclusion in a final report (see Terms of Reference, above).
21. The work of the Screening Panel is then concluded and the Panel is disbanded. Members of the disbanded Screening Panel should not make any comment on the continuing investigation, unless formally sanctioned by LSHTM or otherwise required to by law. They should also remember that all information concerning the case was given to them in confidence.
22. Any queries or request for comment should be referred to the Designated Officer
23. Those who have contributed to the disbanded Screening Panel should have no further involvement in the Procedure, unless formally asked to clarify a point in their written report, at a subsequent part of the investigation.
24. Involvement in either the Screening or the Investigation Panel rules out participation in any disciplinary process.

### Annex 3: Terms of Reference for the Investigation Panel

The Investigation Panel should be convened to investigate allegations of misconduct in research which have passed through the screening stage and are therefore considered to be sufficiently serious and of sufficient substance to justify a Formal Investigation.

#### Terms of Reference of the Investigational Panel

1. Members appointed to the Investigation Panel should:
  - elect a Chair;
  - declare that they:
    - will adhere to the Procedure as it affects the work of the Investigation Panel;
    - will work within the Terms of Reference for the Investigation Panel;
    - have declared any links to the research and/or the individuals involved in the allegations or any interests which might conflict with the Procedure; and
    - will respect the confidentiality of the proceedings throughout the work of the Panel and afterwards, unless formally sanctioned by LSHTM or otherwise required to by law.
  
2. The Investigation Panel should:
  - receive all relevant information from the Screening Panel as background for the investigation;
  - set a date for the investigation, which should be conducted as quickly as possible without compromising the Procedure;
  - maintain a record of evidence sought and received, and conclusions reached;
  - conduct an assessment of the evidence;
  - hear the Complainant and such other individuals as the Panel consider relevant to the investigation;
  - hold a Formal Hearing, to hear the Respondent's response to the allegations made;
  - consider the allegations of misconduct in research and reach a conclusion on the allegations with the standard of proof used to reach that decision being "on the balance of probabilities";
  - provide a draft report to the Organisation's Named Person, who should forward it to the Respondent and the Complainant (and their representatives by agreement) for comment on the factual accuracy of the report;
  - Only when the report includes errors of fact, as indicated by the Respondent and/or the Complainant, should the Investigation Panel modify the report. The Chair should judge the validity of such comments and seek the agreement of the Panel before making amendments to the Panel's report.
  - report any further, distinct, instances of misconduct in research by the Respondent which may be disclosed, unconnected to the allegations under investigation and/or misconduct in research by another person or persons, to the Designated Officer in writing, along with supporting evidence; and
  - aim to reach a unanimous decision, failing which a majority decision will be acceptable

**Note: The Investigation Panel may conclude that allegations are upheld in part as well as concluding that they are upheld in full**

3. The work of the Investigation Panel will include:

- taking evidence and explanations from all parties involved in an independent manner. Both parties will be expected to produce such evidence as they have, in whatever form it might exist;
- examining any witnesses who are considered necessary to the investigation. This will include the complainant and the respondent, as well as key witnesses;
- documentation including but not limited to: relevant research data; laboratory notebooks; computer files; other materials including e mails; proposals; publications; correspondence; memoranda; and notes of telephone calls, will be assessed as to the strength of each piece of evidence;
- forming conclusions on the substance of the allegation, putting these to the complainant and respondent with supporting evidence and then considering such further evidence or explanations as may be forthcoming.

The deliberations of the panel may be conducted on the basis of both written and oral evidence. A record is to be kept of any interviews and, as far as possible, the record is to be agreed with the interviewee.

4. The Investigation Panel should then produce a final report that:

- summarises the conduct of the investigation;
- states whether the allegations of misconduct in research have been upheld in whole or in part, giving the reasons for its decision and recording any differing views;
- makes recommendations in relation to any matters relating to any other misconduct identified during the investigation; and
- addresses any procedural matters that the investigation has brought to light within LSHTM and relevant partner organisations and/or funding bodies.

**Note: In addition to reaching a conclusion over the nature of the allegations, the Investigation Panel may make recommendations with respect to:**

- a. whether the allegations should be referred to LSHTM's relevant disciplinary process;**
- b. whether any action will be required to correct the record of research;**
- c. whether organisational matters should be addressed by LSHTM through a review of the management of research; and**
- d. other matters that should be investigated.**

5. The Report should be sent to the Designated Officer.

6. Once it has completed the report and reached a conclusion, the work of the Investigation Panel is complete and it should be disbanded and members take no part in any further investigation of the matter, unless formally asked to clarify a point in their written report at a subsequent investigation. As the matter may then give rise to disciplinary or other action, members of the disbanded Investigation Panel should not make any comment on the matter in question, unless formally sanctioned by LSHTM or otherwise required to by law. They should also remember that all information concerning the case was given to them in confidence.

## Composition of the Investigation Panel

7. The Investigation Panel should consist of at least three, and always an uneven number of, senior members of staff selected by the Designated Officer in conjunction with the Research Governance Committee with relevant skills and experience to serve on such a Panel.
8. In selecting members of the Investigation Panel, the Designated Officer should consider:
  - the subject matter of the allegations, including whether it would be advantageous for members of the Panel to possess any specialised knowledge or investigative skill;
  - any potential conflicts of interest
  - any potential links with any of the persons involved (Respondents or Complainants), or personal connections with the subject matter of the allegations; and
  - whether a nominee was involved in the Screening Panel, as this excludes such a person from serving on the Investigation Panel.
9. It is a requirement that one or more members of the Investigation Panel be selected from outside LSHTM.
10. The Designated Officer may choose to consult UKRIO to nominate member(s) from the Register of Advisers to sit as member(s) of the Investigation Panel.
11. At least two members of the Panel should have experience in the area of research in which the alleged misconduct has taken place, although they should not be members of the Department concerned. Where allegations concern highly specialised areas of research the Investigation Panel should have at least one member with specialised knowledge of the field.
12. The Designated Officer must not be a member nor seek to influence the work of the Investigation Panel.
13. The Designated Officer, in conjunction with the Research Governance Committee should nominate members of the Investigation Panel for approval by the Director/Deputy Director & Provost. The Director/ Deputy Director & Provost may veto nominations for the Investigation Panel, recording the reason for the veto in writing and communicating it to all parties.
14. Both the Respondent and the Complainant may raise with the Named Person any concerns that they may have about those chosen to serve on the Investigation Panel, but do not have a right of veto over those selected. The Complainant and Respondent will have the opportunity to object (for appropriate reasons) to the members of the Investigation Panel, eg for conflicts of interest. This will be noted in writing, and the Chair will make a decision to its validity.
15. The members of the Investigation Panel should sign a declaration confirming that they will:
  - abide by the Procedure as it affects the work of the Investigation Panel;
  - work within the Terms of Reference for the Investigation Panel (detailed above);
  - respect the confidentiality of the proceedings; and

- adhere to the Procedure).
16. Once convened, the membership of the Investigation Panel should not be changed or added to. Members who are not able to continue should not be replaced. In the event that the Chair stands down or the membership falls below three, the Designated Officer should take steps to recruit additional members or re-start the Formal Investigation process.

### Work of the Investigation Panel

17. The Investigation Panel may call expert witnesses to give advice, if necessary and as appropriate. Such witnesses do not become members of the Investigation Panel. The Investigation Panel may also seek guidance from UKRIO and its Advisers.
18. The Chair is responsible for keeping a full record of the evidence received and of the proceedings.
19. To perform its task, the Investigation Panel should review:
- the submission(s) and supporting evidence provided by the Complainant;
  - the response(s) and supporting evidence from the Respondent who should be given the opportunity to respond to the allegations made and to present evidence;
  - background information relevant to the allegations; and
  - any interviews conducted with the Respondent, the Complainant, and other staff who may provide relevant information to assist the Investigation Panel.
20. The Panel must hold a Formal Hearing during which:
- the Respondent must be given the opportunity to set out his/her case and respond to the allegations made against him/her. He/she will also be allowed to ask questions, to present evidence, call witnesses and raise points about any information given by any witness (including the Complainant), regardless of who has called the witness in question; and
  - the Complainant and other staff may be invited to provide evidence when members of the Panel consider that it may have relevance to the investigation.

**Note:**

- **those interviewed by the Investigation Panel may be accompanied by a fellow employee or a trade union representative;**
  - **furthermore, some employees may have additional contractual rights to be accompanied by persons other than those listed above, for example, a partner, spouse or legal representative; and**
  - **LSHTM may not be in a position to compel those with information to attend, or to provide that information to the Panel.**
21. Although not working to a prescribed timetable, the Panel should set a date for the completion of the investigation, which should be as soon as is practical without compromising the Procedure.
22. The Chair of the Investigation Panel should report progress in writing, by reference to the plans agreed by the Panel, to the Named Person during investigations. If it is believed that the investigation should take more than one calendar month, reports should be made on

a monthly basis. If it is believed that the investigation will last for one calendar month or less, reports should be made on a bi-weekly basis.

23. The Investigation Panel's draft report should be made available to the Respondent and the Complainant (and their representatives by agreement) for comment on its factual accuracy. Only when the report includes error of fact as indicated by either Respondent and/or Complainant should the Investigation Panel modify the report. The Chair should determine the truth of such comments and seek the agreement of the majority of the Panel, before making amendments of substance to the Panel's report.

### **Findings of the Investigation Panel**

24. The role of the Investigation Panel is to consider the allegations of misconduct in research and reach a conclusion about those allegations. The standard of proof used by the Investigation Panel is that of "on the balance of probabilities".
25. A majority decision is acceptable, though a unanimous decision is desirable.
26. It is acceptable for the Investigation Panel to conclude that allegations are upheld in part rather than in full.
27. Once the Investigation Panel has reached a conclusion it should produce a final report that:
- summarises the investigation;
  - states whether the allegations of misconduct have been upheld in full or in part, giving the reasons for its decision and recording any differing views;
  - makes informal recommendations to resolve any issues relating to any misconduct it has found and to address any procedural matters which the investigation has brought to light within the Organisation and relevant partner organisations and/or funding bodies; and
  - reports other matters that should be investigated.
28. The report should be sent to the Designated Officer. The Designated Officer should inform the following of the conclusion of the Formal Investigation:
- the Respondent and the Complainant (and their representatives by agreement);
  - the Research Governance Committee
  - the Director/Deputy Director & Provost, the Chief Operating Officer, the Director of Human Resources, Director of MRC Unit / Dean of Faculty and Head of Department, and any other relevant members of staff;
  - if the Respondent and/or the Complainant are employed on joint clinical/honorary contracts, the Designated Officer, the Director of Human Resources and the Chief Operating Officer of the other employing organisation(s);
  - where appropriate, the Designated Officer, or their delegate (eg the Head of Research Governance and Integrity) should notify any relevant partner organisations, funding bodies and/or regulatory or professional bodies; and
  - additionally, the Designated Officer may wish to inform UKRIO of the conclusion of the Formal Investigation





29. The work of the Investigation Panel is then concluded and the Panel should be disbanded. As the matter may then give rise to disciplinary or other action, members of the disbanded Investigation Panel should not make any comment on the matter in question, unless formally sanctioned by the Organisation or otherwise required to by law. They should also remember that all information concerning the case was given to them in confidence.
30. Any queries or requests for comment addressed to members of the Investigation Panel should be referred to the Designated Officer.
31. Those who have contributed to the disbanded Investigation Panel should have no further involvement in the Procedure, unless formally asked to clarify a point in their written report at a subsequent investigation.
32. Involvement in either the Screening or the Investigation Panel rules out participation in any disciplinary process.