

Queen Mary University of London and Barts Health NHS Trust

Joint Principles for the Investigation of Alleged Research Misconduct

Introduction

1. Queen Mary and Barts Health are both committed to the highest standards of integrity and probity in the conduct of research and our procedures are aligned to those established by the United Kingdom Research Integrity Office (UKRIO). These principles cover the process of communication between the partners about allegations of research misconduct in relation to any present member of staff at the University or the Trust in respect of research undertaken while employed by either organisation.
2. These principles apply to all staff, employed by either the University, the Trust, or another partner, involved in any aspect of a research collaboration. Their purpose is to enable those within or outside either organisation to raise concerns or make complaints of research misconduct when they have reasonable grounds to do so. In relation to this, the partner organisations have a duty of care to both respondents and complainants in research misconduct investigations.
3. Queen Mary and Barts Health are separate legal entities with their own organisational structures and policiesⁱ. The purpose of this document is to set out the common principles that both partners will adhere to in dealing with allegations of research misconduct.

The Common Principles:

4. The partners have adopted the definition specified by the *Concordat to Support Research Integrity*. This conceives of research misconduct as '*behaviours or actions that fall short of the standards of ethics, research and scholarship required to ensure that the integrity of research is upheld*'. The forms these might take are summarised as follows:
 - i. Fabrication: the making up of results, data, or any other information presented on documentation.
 - ii. Falsification: the inappropriate manipulation of research data, processes, and other materials.

- iii. Plagiarism: the appropriation of the intellectual property or work of others without their knowledge or permission.
 - iv. Failure to meet legal, ethical, and professional obligations: This might be deviation from the formal protocols and regulations governing research, leading to risks of harm to people or the environment. Examples include ethics approvals and disciplinary codes of conduct. Other examples include misuse of personal data and improper conduct in peer review.
 - v. Misrepresentation: This is applicable to research data, authorship, and declarations of conflicts of interests by researchers and funders.
 - vi. Improper dealing with allegations of misconduct: This includes failure to investigate alleged research misconduct and reprisals against whistle-blowers or others making a public interest disclosure in accordance with the relevant policies of their substantive employer.
6. While this document uses a definition of *research misconduct* specified by the *Concordat to Support Research Integrity*, it is not concerned with research integrity more broadly. The promotion of good research practice is supported by other policies and procedures within both organisations.
 7. Honest errors, which are clearly unintended and acknowledged, and differences in interpretation do not amount to research misconduct.
 8. With regards to allegations of research misconduct, the substantive employer will be the investigating organisation. This is unless it is agreed between both partners that the other should assume responsibility.
 9. Both organisations are committed to learning lessons from investigations of alleged research misconduct involving their joint studies.
 10. In accordance with the Concordat, both organisations are committed to a robust and transparent approach to investigating allegations in research misconduct, that is also fair and timely.
 11. Both organisations will communicate with the other about allegations of research misconduct involving their joint studies, and any subsequent investigation.

Review

12. The Joint Clinical Research Board may review these principles following the conclusion of an investigation if any procedural or other problems were experienced during an investigation, or if there is a change to best practice or national guidance in respect of public interest disclosures.

13. The Joint Principles will be reviewed every 3 years. Any changes will require approvals from the appropriate governance bodies within both organisations.

Operational guidance for the Joint Principles for the Investigation of Alleged Research Misconduct:

1. This document provides guidance for the two partners in operating the Joint Principles when dealing with allegations about research activity in which they both have an interest.
2. Either organisation might receive an allegation of research misconduct. These will be investigated in accordance with their own procedures.
3. Research projects involving the partner organisation might be understood to constitute collaborative research projects. These encompass the involvement of staff and/or the use of premises.
4. Many research projects are conducted collaboratively between the University and the Trust. Complaints of research misconduct will mostly be investigated by the organisation that is the employer, although there may be exceptions for this should both partners consider it necessary. For example, a researcher employed by the University may be involved in a clinical research project at the Trust. Given the expertise required to examine a complaint of research integrity, the Trust might be deemed to be the organisation most competent to investigate. However, this would only be with the agreement of the University.

In practice:

5. The submission of an allegation about a collaborative activity, to either partner, will precipitate a triaging process between them. This is to determine who has the substantive interest and, therefore, who should investigate. The triage will be conducted by the designated Research Integrity Officer at each organisation in the first instance. They will advise their Named Persons of their determination.
6. The Named Persons will be the Vice Principal for Research and Innovation at Queen Mary and the Chief Medical Officer at Barts Health. Should this change, the policy will be amended accordingly. The Named Persons are ultimately responsible for deciding whether a complaint should be investigated and what course of action should be subsequently recommended.
7. The designated Research Integrity Officers might be the Research Integrity and Assurance Officer at Queen Mary and the Director of Research & Development at Barts Health.

8. Upon submission of an allegation to the Named Person, the designated Research Integrity Officer will be asked to screen for potential joint research interests. This will entail an initial assessment as to who has the substantive interest.
9. Should a joint interest be perceived, the designated Research Integrity Officer will notify their counterpart in the partner organisation and provide them with their assessment. This will include their view as to who should investigate and whether the complaint has sufficient substance to be actionable.
10. The designated Research Integrity Officers will take responsibility for notifying the Named Persons in their organisations.
11. Should the designated Research Integrity Officers reach immediate agreement as to who has the substantive interest, the complaints process will continue accordingly. In cases in which it is agreed that the partner organisation has the substantive interest, responsibility for investigating the complaint will be transferred to them. The complainant will be notified of this.
12. If the designated Research Integrity Officers are unable to reach agreement at the initial stage, they will refer the matter to the Named Persons within their organisation. The Named Person will consider the matter with a view to reaching agreement with their counterpart. However, any ensuing discussion will be predicated on the understanding that the substantive employer will be the investigating organisation unless otherwise agreed.
13. The investigating organisation should address any concerns raised, at the triage stage, by the partner organisation in their ensuing processes.
14. In relation to the above, either partner will reserve the right to take any action they think necessary to protect their interests and to mitigate reputational risks, even if they are not the investigating organisation.
15. All subsequent decisions will be communicated to the partner by the designated research integrity officer in the investigating organisation.
16. Should a decision be reached not to proceed to formal investigation, the partner organisation may choose to instigate one of their own in accordance with their procedures. The complainant will be notified accordingly.

After the investigation:

17. Should misconduct be found, both partners are committed to subsequent action being proportionate. Measures taken to protect the safety of current

and future research participants and staff should be distinguished from any disciplinary action that may be deemed necessary.

18. In cases in which the investigating organisation is not the substantive employer of the respondent, they will issue the partner with a final report. This may include recommendations for sanctions, including those of a disciplinary nature, or appropriate follow-up action. However, it is incumbent upon the partner to decide whether to implement these.
19. With regards to subsequent disciplinary or follow-up action, both organisations are committed to respecting the final decisions of the partner that is the substantive employer. However, this does not preclude them from taking action, within their own organisation, to protect their interests and mitigate risks.
20. The final report of the investigating organisation may also include recommendations for changes to policies and procedures within either organisation, or both. Both partners are committed to deliberating on the final report and learning lessons from investigations. Consideration should also be given to the impact on the careers of other staff, particularly junior colleagues, who may have sought to prevent the misconduct but might still be considered party to it. The partners should also separately consider any action necessary to protect the safety of current and future research participants. Any research delivered, or directed, by the respondent will be especially relevant. However, this should be separate to any disciplinary processes arising from the outcome of the investigation.

ⁱ These joint principles and operational guidance apply to investigations conducted in accordance with the [Queen Mary University of London Research Misconduct Policy](#) (see pages 3 to 13), approved by its Senate in October 2022, and with the [procedures used by Barts Health](#) (see pages 1 to 3) to investigate allegations of research misconduct: