

Procedure

Misconduct and fraud: good research practice

1 Scope

Trust-wide: for use by staff when undertaking research activity.

This procedure should be read in conjunction with the Trust's misconduct and fraud: good research practice [policy](#).

2 Aim

To ensure:

- the safety of those involved with research;
- that there is fairness and equity in the conduct of research taking place in the Trust.

To provide guidance for the implementation of the Trust's misconduct and fraud: good research practice [policy](#).

To ensure that complaints of alleged research misconduct and fraud are handled with fairness and equity.

3 Operational framework

In view of the strong interdependence and positive working relationships of service delivery units (SDUs) and academic departments, individuals who wish to make a complaint may use one of the following channels:

- SDU director,
- head of the academic department,
- Research and Development (R&D) director,
- medical director, or
- through recommended channels for raising concerns (see the Trust's [raising concerns \('whistleblowing'\)](#) procedure).

The Trust and its research partners wish to ensure that a culture of openness is fostered and that there exists a research environment that supports the raising of legitimate concerns. However, where it is found that the complaint is made on malicious or vexatious grounds, disciplinary action will be considered through the individual's employer's procedure.

The documentation arising from this procedure and associated policy will comply with the guidance of the *Data Protection Act 1998*.

There are a number of distinct stages in which complaints of an alleged case of research misconduct and fraud will be dealt with. These stages are set out below.

4 Informal stage

A complaint or concern is raised by an individual to one of:

- SDU director,
- head of department,
- R&D director,
- medical director, or
- any appropriate person identified through the local policy for raising concerns: see the Trust's [raising concerns \('whistleblowing'\)](#) procedure.

This complaint or concern may be resolved informally without a need for referral to the formal stages, if appropriate. If there is any doubt as to the seriousness of the matter, then the medical director or the R&D director must be consulted.

5 Formal stage

5.1 Stage 1: Raising the complaint / concern

5.1.1 Process

The R&D director or medical director receives communication of complaint.

5.1.2 Action

1. Complainant to provide a detailed written statement in support of the allegation.
2. Researcher to be informed by the medical director that an anonymised complaint / concern has been made and that an assessment panel will be set up to review the complaint / concern.

5.2 Stage 2: Assessment

5.2.1 Process

An Assessment Panel should be set up consisting of two members *as a minimum*.

1. R&D director, SDU director or a nominee of the medical director.
2. a representative of the lead employer (eg University, Medical Research Council etc).

The Assessment Panel to inform the medical director of its findings within seven days of receipt of the complaint, under one of the following headings:

- i. No case to answer.

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- ii. No case, but malicious intent.
- iii. Minor concern.
- iv. Major concern.

5.2.2 Action

The following actions should then be taken:

- i. **No case:** the researcher and complainant to be informed.
- ii. **No case, but malicious intent:** the researcher to be informed. The relevant human resources (HR) departments to be informed and for relevant action to be taken in respect of the complainant.
- iii. **Minor concern:** the panel to recommend actions for resolution of the concern for the medical director to consider and authorise if appropriate. Medical director to then communicate with necessary parties.
- iv. **Major Concern:** to proceed to **Stage 3** of the process.

5.3 Stage 3: Formal investigation

5.3.1 Process

An Investigation Team to be appointed consisting of **two members as a minimum:**

- 1. R&D director, SDU director or a nominee of the medical director.
- 2. a representative of the lead employer (eg University, Medical Research Council etc).

5.3.2 Action

- 1. Researcher to be advised of the detail of the complaint in order to prepare.
- 2. Researcher to be given written notice of requirement to assist fully in the formal investigation process.
- 3. Researcher to be informed of the membership of the Investigation Team.
- 4. A written report of the findings to be prepared by the Investigation Team and presented to the medical director.

5.4 Stage 4: Outcomes of investigation

5.4.1 Process

Medical Director to receive a report of the findings and recommendations of the Investigation Team.

5.4.2 Action

Medical director to recommend one or more of the following and to communicate recommendation(s) to the relevant parties:

- a) Implementation of all or some of the Investigation Team's recommendations.

- b) Referral to lead employer recommending action under appropriate disciplinary procedures.
- c) Report to the Research Governance Committee.
- d) Report to an external regulatory body.

6 Stage 5 – Appeal process

There is no right of appeal in respect of recommendations (a), (c) and (d).

Where disciplinary action (b) has been invoked, the researcher would have access to a right of appeal through his or her lead employer's disciplinary procedure.

If no disciplinary action has been invoked and the researcher wishes to appeal against the process of the investigation, then an appeal should be submitted under the lead employer's appropriate appeals or grievance procedure.

7 Procedural notes

The Regius Professor of Physic to nominate University Panel members.

Individuals are to be advised of their right to representation during the above processes.

Where appropriate, the overall aim of the procedure is to try and solve concerns at an informal level. There may be occasions, however, when a formal investigation may be required.

Anonymity and confidentiality of both the complainant and the researcher are vital to the proper conclusion of all cases. Anonymity and confidentiality should be maintained as long as possible. Information will be exchanged for the proper conduct and conclusion of any case and disclosure of any information will be to those individuals who 'need to know.'

The Trust may on occasion seek the involvement of an external adviser.

8 Reporting

The levels of reporting will be governed by four main criteria:

- the outcome of the particular stage of the review process,
- the main employer status,
- the conditions set by funding body,
- the regulations set by professional body.

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9 Documentation

- Comprehensive and careful notes should be taken at each stage of the review process.
- All notes should be stored in a safe and secure environment during the process and to be filed in the Medical Director's Office once the matter is concluded.
- All documentation should be handled in accordance with the provisions of the *Data Protection Act 1998*.
- Any one of the following may grant access rights to these notes:
 - R&D director,
 - medical director,
 - chief executive.

10 Monitoring compliance with and the effectiveness of the procedure

Any reports of misconduct and/or fraud will be reviewed as per the policy. The effectiveness of this procedure will be monitored by those involved with the review process as and when they occur. The format of the monitoring will be undertaken as a review and any results will be reported to the Research Governance Committee.

Equality and diversity statement

This document complies with the Cambridge University Hospitals NHS Foundation Trust service equality and diversity statement.

Disclaimer

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