Record Retention Policy (to follow)

1. Definitions

"Research Misconduct" Research misconduct can take many forms, including:

fabrication; falsification; plagiarism; failure to meet legal, ethical and professional obligations; misrepresentation; and dealing with allegations of misconduct inappropriately. Honest errors and differences in, e.g., research methodology or interpretations, do not constitute research misconduct.

See Section 5 for further detail.

"Employee" Institute employees on Institute or Babraham Institute

Enterprise Ltd (BIE) terms and conditions, Institute employees on BBSRC or other terms and conditions, and Research Fellows on Institute terms and conditions.

"Staff" Employees and Babraham Institute registered PhD students.

"Associate" Research Fellows (honorary), Honorary Members of Faculty,

visiting students, visiting researchers and workers, (including consultants and secondees), and workers provided by a

third party / contractors.

"Complainant" The person who has reported research misconduct using

this policy.

"Respondent" A member of staff or an associate

Workers provided by a third party / contractors

- 4.2. Anyone, including members of the public, may raise concerns relating to research misconduct under the Whistleblowing Policy (BI-COR-010). Investigations relating to research misconduct will then be managed under this Research Misconduct Policy.
- 4.3.1. If the Respondent is an Institute associate or collaborator, their employer / university will be informed following the preliminary assessment if it concludes that there may be a case to answer. The NPORI and employer / university will agree on a case-by-case basis whether the allegation will be investigated under this Research Misconduct policy or their employer / research misconduct policy.
- 4.4. If an individual suspects wrongdoing at an outside organisation, which is unrelated to an Institute associate or collaborator, they should use the internal procedures and / or =k m if necessary. The individual can also seek support and / or advice from their line manager if they are unsure how they should proceed with a complaint in an external organisation.
- 4.5. This policy is public "@

5. What is research misconduct?

5.1. The Institute uses the definition of research misconduct in the UUK Concordat to Support Research Integrity. Research misconduct can take many forms, including:

Fabrication: making up results, other outputs (e.g., artefacts) or aspects of research, including documentation and participant consent, and presenting and / or recording them as if they were real.

Falsification: inappropriately manipulating and / or selecting research processes, materials, equipment, data, imagery and / or consents.

Plagiarism: otherwise) without acknowledgement or permission.

Failure to meet: legal, ethical and professional obligations, e.g.:

Not observing legal, ethical and other requirements for human research participants, animal subjects, or human material or data, used in research, or for the protection of the environment.

⁷ https://www.plagiarism.admin.cam.ac.uk/what-academic-misconduct

⁸ https://www.studentcomplaints.admin.cam.ac.uk/student-

5.3. Honest errors and differences in, e.g., research methodology or interpretations, do not constitute research misconduct.

6. Requirements for a claim of research misconduct

6.1. Anyone wishing to raise a concern is encouraged to put their name to their allegation. Anonymous disclosures are less powerful and more difficult to investigate, but will be considered by Institute in the context of the following:

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The credibility of the concern.

Fairness to the member of staff or associate who may be the subject of the concern raised.

Whether there is a likelihood that the allegation can be confirmed using reliable sources.

All concerns will be treated in confidence and every effort will be made not to reveal tity in so far as this is consistent with the proper examination and investigation of the matter. No one should seek to identify those involved where their identity has not been disclosed as part of proper examination and investigation. If it is necessary to reveal

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7.2. The Named Person Overseeing Research Integrity (NPORI)

- 7.2.1. The Named Person Overseeing Research Integrity (NPORI) oversees research integrity at the Institute, including research misconduct. Where the NPORI has a conflict of interest or is unavailable, the Institute Director will appoint a deputy.
- 7.2.2. The NPORI or their appointed deputy has responsibility for:

Coordination of all procedures related to allegations of research misconduct by anyone carrying out research under the aegis of the Institute.

Fostering a research environment that supports responsible research (see Research Integrity Policy [to follow]).

Dissemination of policy and maintenance of records relating to misconduct in research according to the Record Retention Policy (to follow).

Overseeing the maintenance of the information record during and after the investigation.

Reporting on the investigation to relevant parties (e.g., the Complainant and funding bodies).

Appointment of Research Conduct Investigators (RCIs)

8. General principles

8.1. Confidentiality & record management

- 8.1.1. Matters related to inquiries or investigations into research misconduct will be treated confidentially, as far as it is possible, allowing for fact finding and the reporting required to funding bodies (in accordance with the grant terms and conditions) or other external bodies (required by law).
- 8.1.2. At the time of notification, and in the course of the inquiry or of any subsequent investigation, the NPORI will sequester such information as is necessary to protect the integrity of the investigation.
- 8.1.3. Where appropriate, the Respondent will be provided with copies of, or reasonably supervised access to, the research records.
- 8.1.4. All records of the Institute misconduct proceeding will be retained in accordance with the Record Retention Policy (to follow).

8.2. Reporting to external organisations

- 8.2.1. If appropriate or required, the NPORI will notify concerned parties such as funders, co-authors, collaborators, editors, licensing boards, professional societies and criminal authorities of the investigation at the appropriate time, taking care to clear the name of anyone where the allegation(s) is not upheld.
- 8.2.2. In the event that the Respondent is an associate or collaborator of the Institute, their employer or, in the case of a student, affiliated University, will be informed following the preliminary assessment if it concludes that there may be a case to answer.
- 8.2.3. If, at any point during an inquiry or subsequent investigation, it is ascertained that any of the following conditions apply, the Institute will notify the appropriate authorities and / or (in accordance with the relevant grant terms and conditions) the funding body:

The health and / or safety of the public is at risk, including an immediate need to protect human or animal subjects.

Institute resources or interests are threatened.

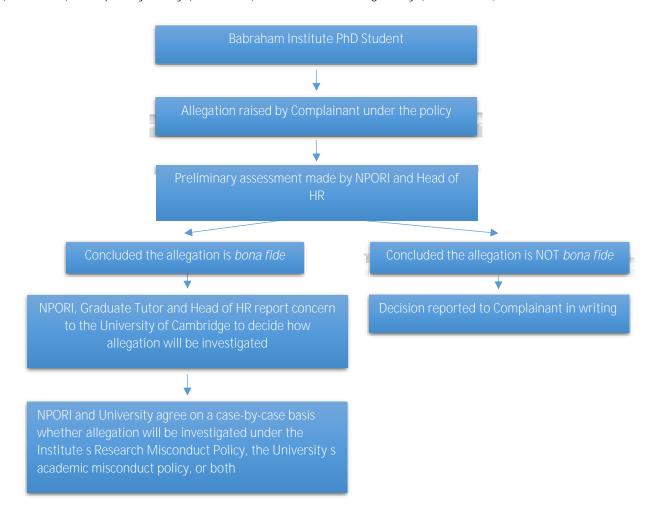
Research activities should be suspended.

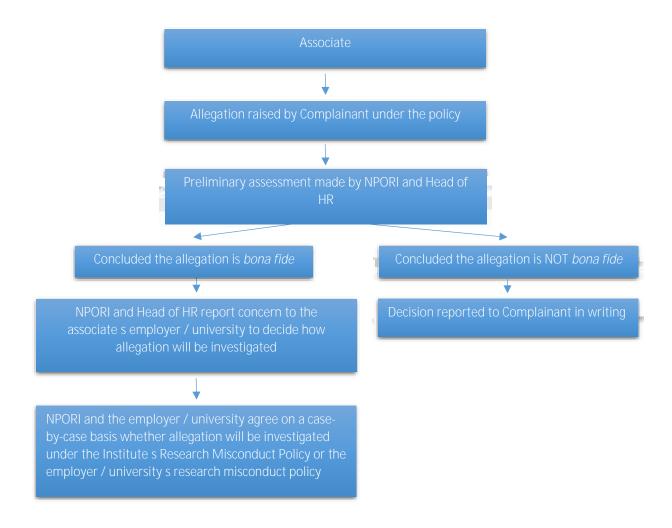
There is reasonable indication of possible violations of civil or criminal law. Action is required to protect the interests of those involved in the research misconduct proceeding.

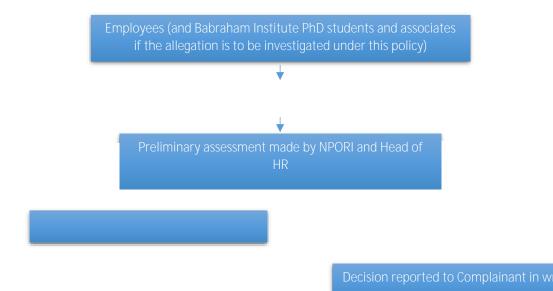
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Appendix 1 i Procedure flowchart

To be read in conjunction with this Research Misconduct Policy (BI-RES-004), the Code of Conduct (BI-HR-001), Disciplinary Policy (BI-HR-005) and Whistleblowing Policy (BI-COR-010).







Respondent has 5 working days to challenge, in writing, the Investigative Committee s membership

Chair submits written report to NPORI of results, facts, findings and recommendations. NPOR shares this with the Respondent for comment.

NPORL Chair and Head of HR decide if to proceed with disciplinary measures

Institute Disciplinary Policy will be activated and followed from the Disciplinary hearing section (7.5 stage onwards)

No further action