

## Armagh Observatory and Planetarium

# Policy on Academic Integrity in Research: Code of Practice and Procedure

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## Academic Integrity in Research: Code of Practice and Procedure

### 1. Code of Practice

Armagh Observatory and Planetarium (AOP) expects all AOP research staff including staff and students and those who are not members of AOP but who are conducting research on AOP premises (eg Visitors) or using AOP facilities or funding for their research, to observe the highest standards of ethics and integrity in the conduct of their research. In pursuance of such high standards, they must:

- a) be honest in proposing, conducting, and reporting research. They should strive to ensure the accuracy of research data and results and acknowledge the contributions of others
- b) acquaint themselves with guidance as to best research practice and standards of integrity, for example, the [Code of Practice for Research](#) published by the UK Research Integrity Office or the [Concordat to Support Research Integrity](#)
- c) comply with ethical and legal obligations as required by statutory and regulatory authorities, including seeking ethical review and approval for research as appropriate. They should ensure that any research undertaken complies with relevant AOP policy and procedures and any other agreements and/or terms and conditions relating to the project, and also allows for proper governance and transparency
- d) seek to ensure the safety, dignity, wellbeing and rights of those associated with the research
- e) effectively and transparently manage any conflicts of interest, whether actual or potential, reporting these to the appropriate authority as necessary
- f) ensure that they have the necessary skills and training for their field of research
- g) recognise their accountability to AOP and their peers for the conduct of their research
- h) having due regard to subject disciplinary norms, acknowledge that authorship of a research output should be attributed only to a researcher who has made a significant intellectual, scholarly, or practical contribution to that output and is willing to take responsibility for the contribution
- i) follow the requirements and guidance of any professional bodies in their field of research. Researchers who are members of a regulated profession must follow the requirements and guidance of the body regulating their profession.

Failure to comply with this Code of Practice and Procedures may give rise to an allegation of Misconduct in Research (as further defined in 2). Misconduct in Research may be a ground for disciplinary action, and if serious, for dismissal or expulsion.

## **2. Definition of Misconduct in Research**

Misconduct in Research for the purpose of this Code of Practice and Procedure means, but is not limited to, the doing, planning, or attempting of any of the following while proposing, carrying out or reporting the results of research:

- falsification or fabrication of data, including the intentionally misleading or deliberately false reporting of research information
- misrepresentation of data, including the invention of data and the omission from analysis and publication of inconvenient data
- failure to follow good practice for the proper preservation, management and sharing of primary data, artefacts and material
- unacknowledged appropriation of the work of others, including plagiarism, the abuse of confidentiality with respect to unpublished materials, or misappropriation of results, physical materials or other resources
- misrepresentation of involvement in a research project; for example, the failure to include legitimate author(s) on outputs, or granting authorship where none is warranted, or of credentials, including qualifications, experience, and publication history
- failure to declare conflicts of interest
- failure to follow accepted procedures, legal, professional, or ethical requirements, or to exercise due care in carrying out responsibilities for avoiding unreasonable harm or risk to humans, other vertebrates, cephalopods, or the environment
- failure to follow existing guidance on good practice in research, including proper handling of privileged, private, or confidential information collected on individuals during the research
- improper conduct in peer review of research proposals, results or manuscripts submitted for publication
- improper dealing with allegations of misconduct: failing to address infringements, or to adhere to agreed procedures in the investigation of alleged research

Misconduct in Research can include acts of omission as well as acts of commission. It excludes genuine errors that are not due to negligence, differences in interpretation or judgement in evaluating research methods or results, or misconduct unrelated to research processes. It does not include poor research.

Members of the organisation are reminded that misuse of funds (including grant and contract funding from external sponsors) is also a breach of trust possibly leading to disciplinary action and may also provide cause for criminal prosecution. However, an alleged misuse of funds is not within the scope of this Policy on Scientific Misconduct.

## **3. Responsibility**

All members of AOP have a responsibility to report any incident of Scientific Misconduct. Suspicions reported in good faith will not lead to disciplinary proceedings against the person making the complaint. In the event, however, of a complaint judged

to be mischievous or malicious, disciplinary action may be taken against the complainant.

#### **4. Confidentiality**

All complaints will be investigated in the strictest confidence that is reasonable in the circumstances. All those involved in the procedures for investigating a complaint, including witnesses, representatives and persons providing information, evidence and/or advice, have a duty to maintain confidentiality.

Those charged with considering any complaint under this Procedure must take all reasonable steps not to breach confidentiality or to reveal the identity of the complainant until a Formal Investigation is initiated. Thereafter, confidentiality will be maintained insofar as it is consistent with a fair and thorough investigation and with the right of the person or persons being investigated to be aware of the details of the matter raised.

#### **5. Procedure for Dealing with Allegations of Misconduct in Research**

This Procedure outlines the steps which should be followed when complaints of Scientific and Research Misconduct are brought against any member of AOP or against anyone who is authorised to undertake research in the organisation's facilities whose research is liable to bring the organisation into disrepute.

This procedure meets the best practice set out in the UKRI Policy and Guidelines on Governance and Good Research Conduct and best practice in the UKRIO Misconduct Investigation Procedure.

The Procedure is to be implemented without prejudice to the normal operation of the disciplinary procedure. In the event of any conflict between the implementation of this Procedure and the relevant disciplinary practice, then the latter shall prevail.

The Board of Governors treats any complaints of Scientific Misconduct seriously and is committed to ensuring that complaints of misconduct are investigated with thoroughness and vigour, bearing in mind any legal requirements.

The goal of the Policy on Scientific Misconduct is to ensure the integrity of academic activity, to achieve a rapid and equitable resolution of all charges and to ensure that all parties are treated with fairness and an attention to natural justice.

All members of the organisation are required to observe the highest standards in the conduct of their research. In pursuing such high standards, it is expected that they shall:

- a) take all due steps to acquaint themselves with available guidance as to 'best practice' in matters of research policy, finance and safety relevant to their area of research activity, as contained, for example, in the statement 'Safeguarding Good Scientific Practice' published by the Director General of the Research

Councils and the Chief Executives of the UK Research Councils in 2016 and similar documents.

- b) observe such legal and ethical requirements as are laid down by the Board of Governors or such other properly appointed bodies as are involved in their field of research;
- c) take steps to ensure the safety of those associated with the research;
- d) report any conflict of interest, whether actual or potential, to the appropriate authority and
- e) observe fairness and equity in the conduct and publication of their research.

Failure to comply with this Policy on Scientific Misconduct may give rise to a complaint of Scientific Misconduct. Such misconduct may be grounds for disciplinary action.

## **6. Procedure**

The Board of Governors is committed to ensuring that all allegations of Scientific Misconduct are investigated thoroughly, fairly, and expeditiously, and with care and sensitivity. To this end, the procedure for handling allegations of Scientific Misconduct is separated into two stages. First, an initial assessment to determine whether there is a prima facie case for investigation, and secondly a formal investigation to examine and evaluate all the relevant facts and to determine whether Scientific Misconduct has occurred.

### **6.1 Initial Investigation**

The initial allegation should be reported first to the Head of Research or, if for any reason this is not possible or appropriate, the Director of AOP. The person who receives the initial allegation is here termed 'the Reporting Officer'.

1. If the allegation of Scientific Misconduct is clearly frivolous or mistaken, or of a minor nature suitable for informal resolution (for example an inadvertent or unintentional violation of this Code of Good Practice), the Reporting Officer shall take appropriate action and terminate the investigation.
2. Otherwise, the Reporting Officer shall immediately identify any external funding sources for the research which is the subject of the enquiry, and any external collaborators who may be involved in the investigation. The Reporting Officer shall then also ask the person making the allegation to submit in writing a detailed statement in support of the allegation. The Reporting Officer may also, at his or her discretion, choose to evaluate anonymous allegations, depending on the seriousness of the issues, the credibility, and the feasibility of confirming the allegation with credible sources.
3. If the allegation is subject to criminal or civil law or would be the cause of summary dismissal or suspension under other procedures of the organisation, it should be dealt with under the appropriate mechanism. Otherwise, the Reporting Officer shall where practicable within a period of 20 days identify an Assessment Team consisting of a minimum of two members of staff who have no

conflicts of interest in the case, are unbiased, and have expertise to evaluate the appropriate research issues, to investigate the circumstances of the alleged Scientific Misconduct. (Here and elsewhere, the term 'day' is used to mean 'working day').

4. The Reporting Officer shall inform the individual against whom the allegation is made (the respondent) the membership of the proposed Assessment Team and the nature of the allegation, giving the respondent 10 days in which to appeal the choice of membership of the Assessment Team on grounds of conflicts of interest in the case, bias, or lack of relevant expertise in the appropriate research issues. If no suitable members of staff can be identified to serve on the Assessment Team, consideration may be given to appointing an Assessment Team comprising individuals from outside the organisation.
5. The Assessment Team shall identify which member is to chair the team, and specifically limit its scope to that of evaluating the facts only to determine whether there is sufficient evidence of Scientific Misconduct to warrant an investigation.
6. The respondent shall be informed in writing by the Reporting Officer of the allegations and the membership of the Assessment Team and shall be invited to respond both orally and in writing.
7. The Assessment will normally involve the Assessment Team interviewing the initiator, the respondent and key witnesses, and examining relevant research records and materials.
8. The Assessment Team shall complete the assessment and submit its report in writing to the Reporting Officer within a maximum of 30 days where practicable from the date the team is appointed. The report should state what evidence was reviewed, summarise relevant interviews and draw conclusions as to whether an investigation is warranted.
9. The respondent shall be given a copy of the report and evidence considered by the Assessment Team. Any comments that the respondent submits within 10 days will be attached as an addendum to the report.
10. The Reporting Officer shall determine from the report, and any addendum, whether to conduct a formal investigation, drop the matter, or take some other appropriate action. The initiator and respondent will be informed in writing of the decision where practicable within 20 days of the Reporting Officer receiving the report and any addendum.

## **6.2 Formal Investigation**

The purpose of the formal investigation is to examine and evaluate all relevant facts to determine whether Scientific Misconduct has been committed, and if so, the responsible person or persons, and the seriousness of the misconduct. The public

presumption of innocence should be maintained until the investigation process is complete.

If the Reporting Officer decides that a Formal Investigation shall be conducted, he or she shall notify appropriate persons including the Director and the Chair or Deputy Chair of the Management Committee, appropriate external funding bodies and other collaborators. (Several Research Councils and research charities have clauses stating that they should be notified of any cases of suspected misconduct and kept informed of developments.)

The Chair or Deputy Chair of the Management Committee, in conjunction with the Director (unless the Director is a party to the alleged scientific misconduct), shall appoint an Investigation Panel where practicable within 20 days after the decision of the Reporting Officer to proceed to this stage.

The Investigation Panel shall consist of at least three individuals who have no conflicts of interest in the case, are unbiased, and have expertise to evaluate the appropriate research issues.

The panel should have external representation in the interests of transparency (i.e. unconnected with the Board of Governors or its senior management structure), and no member of the Assessment Team may serve on the Investigation Panel. The Investigation Panel shall identify which member is to chair the Panel.

The Investigation Panel must keep meticulous records of the proceedings and will be provided with a clerk if required.

As soon as the Investigation Panel is appointed, its Chair or clerk shall notify the respondent in writing of the allegation, the membership of the Panel and of the Panel's intended procedure and invite him or her to respond to the allegation within 20 days. The Panel should interview the respondent to allow the respondent to present information and respond to the subject matter of the investigation.

The Investigation Panel shall determine its own detailed procedures. Specifically, it may:

- interview the respondent and any other parties it chooses, including the initiator;
- widen the scope of its investigation if it considers that necessary;
- require the respondent, and if it judges it necessary, other members of the organisation, to produce files, notebooks and other records;
- seek evidence from other parties.

The respondent may choose to bring a Trade Union representative or another member of the organisation to the interview.

The Investigation Panel shall submit a report in writing where practicable within 90 days of the Panel being appointed, to the Reporting Officer, the Director, and the

Chair or Deputy Chair of the Management Committee. The report shall generally describe the investigative process, indicating whether or not it finds the allegations proven, in whole or in part, and give reasons for its conclusions.

The Director (or if the Director is a party to the allegation, the Chair or Deputy Chair of the Management Committee) will convey the Panel's findings to the respondent, the initiator, the Reporting Officer, and any other person or bodies as he or she deems appropriate.

### **6.3 Appeal**

Any appeal by the respondent or the initiator against the findings of the Reporting Officer, Assessment Team or the Investigation Panel must be addressed to the Chair or Deputy Chair of the Management Committee and lodged within 30 days of the findings being made known to the person making the appeal. The Chair or Deputy Chair of the Management Committee will refer the appeal to an expert Sub-Committee of the Management Committee to reassess all the relevant evidence pertaining to the alleged Research Misconduct. The Sub-Committee, which must consist of persons who have not had a previous role in the case, may take such action as it deems necessary, including the instigation of a new Formal Investigation.

The Appeal hearing shall be held where practicable within 30 days of the receipt of the appeal from the respondent or initiator, and the result of the appeal shall be notified in writing to the appellant where practicable within 10 days of the hearing. The Sub-Committee's decision regarding the Appeal is final.

### **6.4 Subsequent Action**

If the Investigation Panel has found the alleged Research/Scientific misconduct proven, in whole or in part, and any appeal has not been upheld, the Reporting Officer, Director (if the Director is not a party to the alleged Research/Scientific Misconduct), and the Chair and Deputy Chair of the Management Committee will determine what action needs to be taken. Such action may include, for example:

- Conveying the findings of the Investigation Panel to any relevant professional body, any external funding bodies or other public body with an interest, external collaborators, and the editors of any journals which have published articles by the person against whom the allegation has been upheld; and
- Recommending the initiation of formal disciplinary proceedings under the published disciplinary procedure, or other relevant bodies' procedures where those prevail, against the individual against whom the allegation has been upheld.

If the allegation has not been upheld, the Reporting Officer, together with the Director and the Chair and Deputy Chair of the Management Committee, will take all appropriate steps to preserve the good reputation of the respondent and to protect the initiator from victimisation. If the case has received any publicity, the respondent



shall be offered the possibility of having an official statement released by the Board of Governors to the press or other relevant parties, or both. If the Investigation Panel has found that the initiator's allegation was malicious, the Reporting Officer may recommend that action be initiated under the published disciplinary procedure.

## **7. Relationship With Existing Policies**

This Code of Practice and Procedure will operate in conjunction with other AOP policies such as:

- Conflict of interest policy
- Financial Policies and Procedures
- AOP Health and Safety Policy
- Fraud Prevention and Response Policy
- Information Security Policy
- AOP Data Protection Policy
- Open Access Publications Policy
- Public interest disclosure: Whistleblowing Policy
- Harassment policy
- Grievance procedures
- Safeguarding Policy