

Document type	<i>Standard Operating Procedure</i>				
Title	Keele University Research Misconduct Procedure				
Version	4.0	Date	27 May 2022	ID	RI-SOP-01

Keele University Research Misconduct Procedure

Procedure Reference Number:		RI-SOP-01		
Author	Dr Tracy Nevatte, Director of Research Strategy Delivery			
Approver	University Senate Committee	Date		
Version Number	4.0	Version date	27 May 2022	
Implementation	This procedure will be implemented directly after its approval date.			

This procedure is the property of Keele University and the content cannot be reproduced without specific permission from the owner.

Printed versions of this document are uncontrolled and cannot be assured as the current version. Always check that the most up to date version is being used by only accessing via the web link.

The latest version of this procedure can be found at <https://www.keele.ac.uk/policyzone/>
Any superseded versions of this document need to be promptly withdrawn from use.

Document type	<i>Standard Operating Procedure</i>				
Title	Keele University Research Misconduct Procedure				
Version	4.0	Date	27 May 2022	ID	RI-SOP-01

Contents

1. Summary.....	3
2. Background.....	3
3. Roles and Responsibilities	5
4. Procedure	6
4.1. Standards.....	7
4.2. Definitions	7
4.3. Reporting an allegation of research misconduct.....	7
4.4. Receipt and recording an allegation of research misconduct	8
4.5. Screening	9
4.6. Notifications	9
4.7. Preliminary review.....	10
4.8. Informal Action (minor lapses of research conduct).....	11
4.9. Formal Action (alleged serious lapse of research conduct)	11
4.10. Closing a Case	13
5. Oversight of Allegations of Research Misconduct.....	14
6. Appeals	14
7. Conflicts of Interest and Absences	14
8. Glossary of Terms	15
9. Related Documents	15
10. Version History	15

Document type	<i>Standard Operating Procedure</i>				
Title	Keele University Research Misconduct Procedure				
Version	4.0	Date	27 May 2022	ID	RI-SOP-01

1. Summary

- 1.1. As outlined in the [Keele Research Integrity Policy](#), the university is committed to supporting rigorous and robust research and expects all staff and students to conduct research in accordance with the principles of research integrity. We are also strongly committed to embedding a positive and supportive research culture.
- 1.2. This procedure applies to all current Keele University staff members, postgraduate research students, Keele University honorary contract holders and others within Keele University who are actively involved in any research. This procedure also applies when an allegation of research misconduct is made in relation to former Keele staff and students whilst they were at the university. If allegations are made against a team of Keele staff/students that are from more than one faculty or area, the process detailed in this procedure shall be followed and include representation from all faculties/areas involved. If allegations are made against a team that includes more than one organisation, Keele will reach out to the other organisations involved and on a case-by-case basis establish if institutions wish to pursue separate processes or if a coordinated approach is more appropriate. When a coordinated approach is adopted, a lead organisation should be responsible for laying out the procedure that will be followed and ensuring that all involved are clearly informed and that the process is transparent, robust and fair.
- 1.3. The process outlined in this document is to be followed if an allegation of research misconduct has been made. When the standards, values and behaviours of research integrity are not upheld there may be harm to participants, colleagues, students, the University, the environment, the scientific process or society as a whole.

2. Background

- 2.1. Keele University is committed to supporting and conducting research to the standards set out in [The Concordat to Support Research Integrity](#). The University must have a process for dealing with allegations of research misconduct that is transparent, robust and fair, with clear accountability when things do go wrong, and appropriate actions taken to address any findings.
- 2.2. Keele University recognises the [Concordat to Support Research Integrity](#) description of research misconduct, which is actions and/or behaviours that do not meet the standards of ethics, research and scholarship required to ensure that the integrity of research is upheld.
- 2.3. There are many types of research misconduct. The main categories as defined in the [Concordat to Support Research Integrity](#) are as follows:
 - A. **Fabrication:** Making up results, outputs such as artefacts, documentation such as participant consent, or any other aspect of research and presenting or recording them as if they were real.
 - B. **Falsification:** Includes inappropriate manipulation of data, selecting research processes, materials, equipment, data, imagery and/or consents.
 - C. **Plagiarism:** Using other people's ideas, intellectual property or work (written or otherwise) without acknowledgement or permission.

Document type	<i>Standard Operating Procedure</i>				
Title	Keele University Research Misconduct Procedure				
Version	4.0	Date	27 May 2022	ID	RI-SOP-01

D. Failure to meet legal ethical and professional obligations – including:

- Not observing legal, ethical and other requirements for human research participants, animal subjects, or human organs or tissue used in research, or for the protection of the environment.
- Breach of duty of care for humans involved in research whether deliberately, recklessly or by gross negligence, including failure to obtain appropriate informed consent.
- Misuse of personal data, including inappropriate disclosures of the identity of research participants and other breaches of confidentiality.
- Improper conduct in peer review of research proposals, results or manuscripts submitted for publication. This includes failure to disclose conflicts of interest; inadequate disclosure of clearly limited competence misappropriation of the content of material; and breach of confidentiality or abuse of material provided in confidence for the purposes of peer review.

E. Misrepresentation of:

- Data, including suppression of relevant results/data or knowingly, recklessly or by gross negligence presenting a flawed interpretation of data.
- Involvement, including inappropriate claims to authorship or attribution of work and denial of authorship/attribution to persons who have made an appropriate contribution.
- Interests, including failure to declare competing interests of researchers or funders of a study
- Qualifications, experience and/or credentials.
- Publication history, through undisclosed duplication of publication, including undisclosed duplicate submission of manuscripts for publication.

F. Improper dealing with allegations of misconduct – failing to address possible infringements, such as attempts to cover up misconduct and reprisals against whistle-blowers, or failing to adhere appropriately to agreed procedures in the investigation of alleged research misconduct accepted as a condition of funding. Improper dealing with allegations of misconduct includes the inappropriate censoring of parties through the use of legal instruments, such as non-disclosure agreements.

2.4. Honest errors and differences in research methodology or interpretations, identified during any part of this procedure, are unlikely to constitute research misconduct.

Document type	<i>Standard Operating Procedure</i>				
Title	Keele University Research Misconduct Procedure				
Version	4.0	Date	27 May 2022	ID	RI-SOP-01

3. Roles and Responsibilities

3.1. **Keele University** has a responsibility, as outlined in the Concordat to Support Research Integrity, to investigate all allegations of research misconduct. This responsibility includes:

- ensuring that any person involved in investigation allegations has the appropriate knowledge, skills, experience and authority to do so;
- taking reasonable steps to ensure that the investigation is independent and avoids any potential conflicts of interest;
- ensuring that the investigation is well documented and occurs over a reasonable timeframe;
- ensuring that there are clear, well-articulated and confidential mechanisms for reporting allegations of research misconduct; and
- ensuring there are clear routes for appeal.

3.2. **All members of the University (staff and students) and persons authorised to undertake research in or on behalf of the University, or to use University facilities**, are required to report any suspected research misconduct, whether this has been witnessed or where there are reasonable grounds for suspicion.

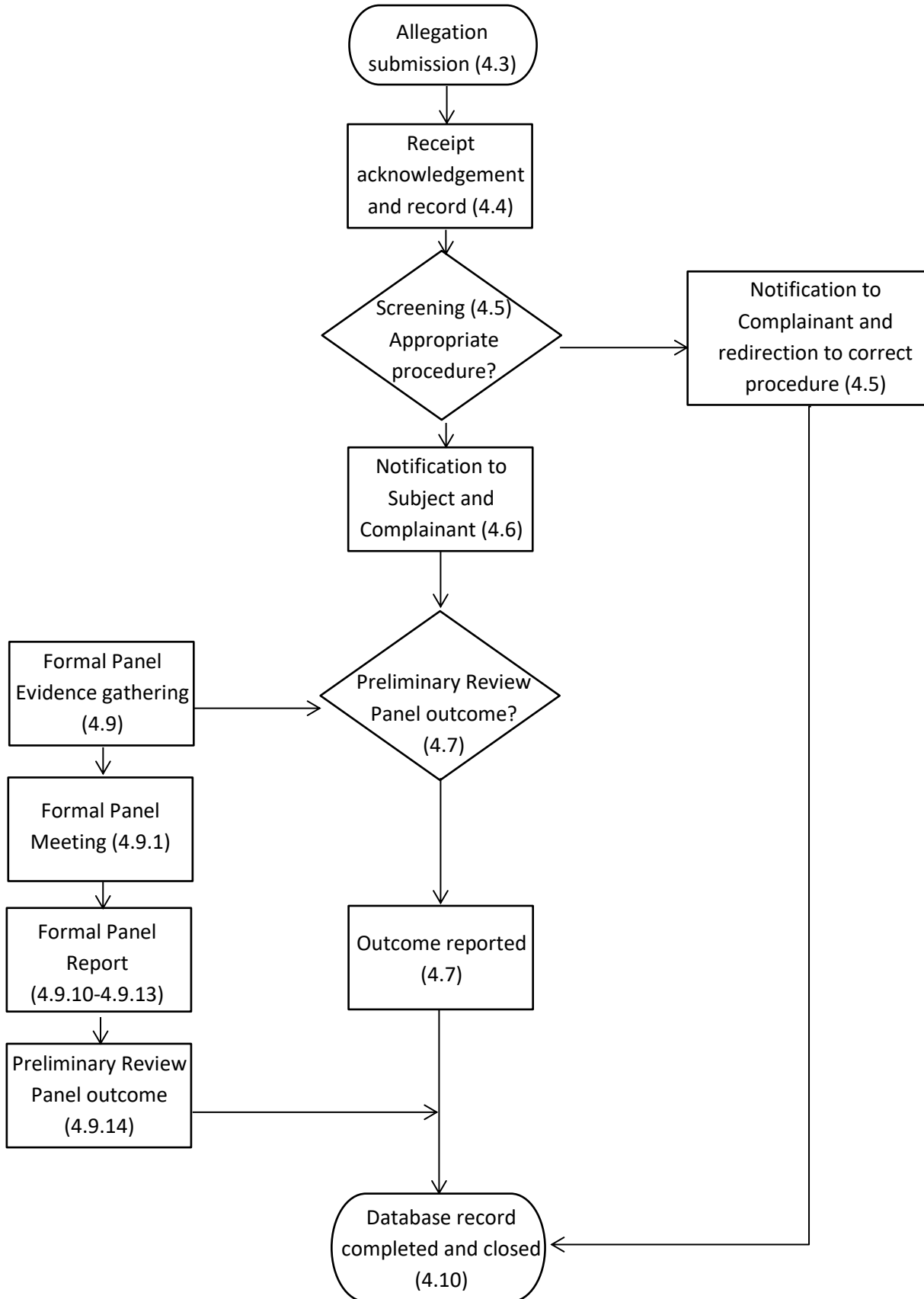
3.3. The **Research and Innovation Support (RaISe) team** are responsible for the administration of the research misconduct process, informing Human Resources of any allegations and producing reports to University Research Committee. See section 4.2.4 for details on how to raise an issue.

3.4. The **University Research Committee** are responsible for the oversight of research misconduct investigations with escalation to Senate, if required.

3.5. In accordance with [the Concordat to support Research Integrity](#), **researchers** must act with integrity when reporting allegations of research misconduct or if they take part in an investigation. They must also engage with any outcomes of the formal misconduct investigation to address the issues raised. Researchers must report any instances of research misconduct to funders, professional, statutory and regulatory bodies, as appropriate. At any stage during the research misconduct investigation all researchers and professional services staff must declare any conflicts of interest and management strategies adopted to address the conflict.

Document type	<i>Standard Operating Procedure</i>				
Title	Keele University Research Misconduct Procedure				
Version	4.0	Date	27 May 2022	ID	RI-SOP-01

4. Procedure



Document type	<i>Standard Operating Procedure</i>				
Title	Keele University Research Misconduct Procedure				
Version	4.0	Date	27 May 2022	ID	RI-SOP-01

4.1. Standards

4.1.1. The burden of proof is borne by whoever is making an assertion: e.g., the burden of proof resides with the Complainant to provide evidence and facts to corroborate their allegation.

4.1.2. **All parties** involved in these procedures must ensure that they maintain strict confidentiality within and outside the University.

4.1.3. **All parties** are expected to engage constructively throughout the process.

4.1.4. Research misconduct must not be confused with academic misconduct which for all students, undergraduate and postgraduate, is managed through the [Student Academic Misconduct Code of Practice](#). Academic misconduct refers to inappropriate actions and behaviour whilst attaining an academic qualification. If a student commits research misconduct, the procedure outlined in this document will be followed and the Student Academic Misconduct Code of Practice will also be followed and the Academic Services team will support the academic misconduct process.

4.1.5. The Director of Research Strategy Delivery is responsible for informing funders, publishers and third-party organisations for example, the substantive employer of an individual operating under a Keele honorary contract, throughout the proceedings until section 4.9 is complete. If a student or member of staff is part-time considerations will be made as to whether there are other employers of the individual that should be notified.

4.1.6. The RaISe admin team will inform Human Resources of any allegations, proceedings and final reports relating to staff.

4.1.7. The RaISe admin team will inform the relevant Academic Conduct Officer of any allegations, proceedings and findings of any investigations relating to students.

4.2. Definitions

4.2.1. **Complainant** – individual making the allegation of research misconduct.

4.2.2. **Subject** – individual(s) against whom the allegation of research misconduct is made.

4.3. Reporting an allegation of research misconduct

4.3.1 The Complainant can submit an allegation of research misconduct in writing, via email, to research.integrity@keele.ac.uk or by contacting one of the Faculty Research Integrity Champions, see 4.1.5. Contact details can be found on the Research Integrity webpages of

Document type	<i>Standard Operating Procedure</i>				
Title	Keele University Research Misconduct Procedure				
Version	4.0	Date	27 May 2022	ID	RI-SOP-01

the Keele University website. If the allegation is submitted via the Faculty Research Integrity Champion they must submit the allegation using the research.integrity@keele.ac.uk email so that the allegation can be recorded for administrative and oversight purposes.

- 4.3.2 A complaint or allegation of research misconduct can be made by any member of Keele University, staff, worker or student, or by an external third party (e.g., research participants, research funder, NHS organisation, charity etc.). If an issue is identified without an actual Complainant, e.g. through monitoring activities an appropriate lead should be identified through discussion with the Director of Research Strategy Delivery.
- 4.3.3 In accordance with the University's [Procedure for Handling Allegations by Members of Staff Concerning Malpractice in the Administration and Governance of the University](#) ('Whistleblowing Procedure'), the University encourages members of staff to raise concerns which they believe indicate malpractice or wrongdoing within the organisation. The University will ensure that any member of staff raising a concern under this procedure is protected from any victimisation or unfavourable treatment.
- 4.3.4 These matters can be difficult for all involved and staff are reminded that they can access support through occupational health to access The Listening Centre. Students can contact the Student Union ASK service for independent advice, the [Counselling Service](#) on campus for support or [Student Experience and Support Officer](#), [Student Assistance Programme](#), or if there's a conflict of interest, we may suggest suitable external support.
- 4.3.5 If a Complainant wishes to remain anonymous, the relevant [Faculty Research Integrity Champion](#), shall act as an anonymity 'buffer' and will liaise with the Complainant to establish what level of engagement with the proceedings they are happy to have. If they wish to be kept informed of proceedings and the overall outcome of the allegation but to remain completely anonymous, the Faculty Research Integrity Champion will interact with the individual. The Complainant should contact their [Faculty Research Integrity Champion](#) in the first instance.
- 4.3.6 Anyone making allegations in good faith will not be penalised but where an allegation has been made maliciously, the University will treat this very seriously and may consider disciplinary action.

4.4. Receipt and recording an allegation of research misconduct

- 4.4.1. The RaISe admin team shall send an email acknowledging the receipt of the complaint and outline the process to be followed within 5 working days of receiving the complaint.
- 4.4.2. The details of the allegation shall be entered by the RaISe admin team into a passworded database to allow for administrative processes, oversight and reporting. A unique reference code (RM-XX-YY, where XX is the year and YY is the sequential number assigned to the

Document type	<i>Standard Operating Procedure</i>				
Title	Keele University Research Misconduct Procedure				
Version	4.0	Date	27 May 2022	ID	RI-SOP-01

allegation e.g. RM-22-03 for the third allegation that happens 2022, the sequential number does not reset with each year) will be allocated to the allegation and should be used in all correspondence, reports or other associated documentation. If the Complainant asks to remain anonymous that anonymity shall be maintained in the database as well.

4.5. Screening

4.5.1. The RaISe admin team will forward the allegation to the Research Governance team within 2 working days of receiving the complaint (research.governance@keele.ac.uk), redacting any information that may reveal identity of Complainant if they have asked to remain anonymous.

4.5.2. The Head of Project Assurance and two members from the Research Governance team, or suitable substitutes from within RaISe team, will make an initial screening assessment as to whether this Research Misconduct Procedure is the an appropriate process by comparing the allegation with the definition of research misconduct outlined in section 2 of this procedure. The Research Governance team will inform the RaISe admin team of the outcome of their assessment within 3 working days of receiving the notification from step 4.4.1. The potential outcomes of this assessment are:

- **Not potential research misconduct** – allegation does not relate to the definition in section 2
- **Potential research misconduct** - continue with Research Misconduct Procedure
- **Potential research misconduct with potential harm** – continue with Research Misconduct Procedure with immediate notification to Director of Research Strategy Delivery, by RaISe admin team, to initiate 4.5.2
- **Further information required**

4.5.3. If further information is required for the Research Governance team to make the screening assessment, the RaISe admin team will contact the Complainant, or Faculty Research Integrity Champion if Complainant wishes to be anonymous, to request further information which once returned will re-enter this procedure at 4.4.1.

4.5.4. If this Research Misconduct Procedure is not an appropriate process for the complaint, the Complainant will be informed by the RaISe admin team and where possible redirected to the appropriate policy/procedure. The database record will be updated by the RaISe admin team as per section 4.9 and the case closed.

4.6. Notifications

4.6.1. Once the screening stage has been completed and it has been confirmed that this Research Misconduct Procedure is the most appropriate process to be followed, the RaISe admin team shall notify the Preliminary Review Panel (Academic Lead for Research Integrity and Improvement (chair), the Pro-vice Chancellor for Research and Innovation, and the Director of Research Strategy Delivery) providing all information relating to the allegation that is available within 2 working days of receiving the outcome of step 4.4.2.

Document type	<i>Standard Operating Procedure</i>				
Title	Keele University Research Misconduct Procedure				
Version	4.0	Date	27 May 2022	ID	RI-SOP-01

4.6.2. The Director of Research Strategy Delivery will ensure that, if relevant, any obligations to report allegations of research misconduct to funders or other third parties such as research collaborators or journals, are upheld. At the same time, the Director of Research Strategy Delivery shall consider if immediate action is required to prevent risk or harm to staff, participants or other persons, animals or the environment. If harm or risk is identified, appropriate mitigation actions must be undertaken. Such action will be deemed administrative and not disciplinary.

4.6.3. Where the Subject is undertaking research on a partner or third party organisation's premises or where the research involves another organisation (e.g. the NHS) the University will report any allegations of research misconduct to a relevant role such as Director of R&D at an NHS Trust, or Pro-vice Chancellor if another HEI, that organisation. Any suspected allegations of research misconduct involving the employee of a partner or third-party organisation will immediately be reported to the individual's substantive employer.

4.6.4. The Director of Research Strategy Delivery will notify the Subject of the allegation within 2 working days following the completion of the initial screening, including the details of the allegation, unless there is a potential to cause harm either through breaking anonymity of the Complainant or it may impact the investigation, and outline the procedure that will be followed.

4.7. Preliminary review

4.7.1. The Preliminary Review Panel will be comprised of the Academic Lead for Research Integrity and Improvement, the Pro-Vice Chancellor of Research and Innovation, and the Director of Research Strategy Delivery. The Preliminary Review Panel will first confirm whether the complaint meets the definition of research misconduct as outlined in this procedure and where this is not found to be the case, the Complainant will be advised and redirected to the relevant procedure or department, as appropriate.

4.7.2. If the complaint relates to research misconduct, the Preliminary Review Panel will review the details and evidence, and determine which of the following actions should be followed:

No action – No further investigation is needed.

Not research misconduct but poor practice – If the practice being investigated does not meet the definition of research misconduct detailed in this procedure but is considered poor practice, the Head of School and Faculty Dean for Research where the research was conducted will be informed and the matter dealt with by Faculty.

Informal action – If the alleged research misconduct is a minor lapse of research conduct or a dispute over authorship the procedure outlined in section 4.8 will be followed.

Formal action – If the alleged research misconduct is considered sufficiently serious, a formal investigation (see section 4.9) will be conducted.

Further information required – a conclusion could not be made and further information is required. If so, the relevant party shall be contacted to provide the required information and

Document type	<i>Standard Operating Procedure</i>				
Title	Keele University Research Misconduct Procedure				
Version	4.0	Date	27 May 2022	ID	RI-SOP-01

the Preliminary Review Panel will meet or correspond to meet one of the outcomes listed in this section 4.6.2.

4.7.3. The Preliminary Review Panel Chair will provide the Complainant and Subject of the research misconduct allegation each with a written description of the preliminary review outcome, within 5 working days of the Preliminary Review Panel meeting or concluding deliberations by correspondence.

4.7.4. The Director of Research Strategy Delivery will liaise with the Director of Legal, Governance and Compliance to consider if legal or regulatory bodies should be informed of the allegation, depending on the nature of the conduct, for example if a criminal offence may have occurred. Any legal or regulatory investigation will take precedence over this procedure which may be paused while ongoing legal/regulatory investigations take place. The Preliminary Review Panel shall collectively decide whether this procedure must be completed following a legal/regulatory investigation or if it should be abandoned.

4.8. Informal Action (minor lapses of research conduct)

4.8.1. The Preliminary Panel Chair will inform the Faculty Executive Dean, Faculty Dean for Research and the Head of School of the allegation and outcome, in writing within 5 working days of the Preliminary Review Panel meeting or concluding deliberations by correspondence.

4.8.2. Where research misconduct has occurred but not of such a nature that requires a formal action, the member of staff must be clearly advised by the Faculty Dean for Research and Head of School—verbally and confirmed in writing—that such conduct is inappropriate and must not occur again. Where required, standards of acceptable conduct and any expected improvement will be set out in writing. Consideration must be given as to whether guidance, training or mentoring might be an appropriate and effective method of addressing the issue raised. If the required standards and expected improvements are not met, the Subject may be disciplined in accordance with the relevant University Disciplinary and Appeals Procedure.

4.8.3. The Director of Research Strategy Delivery will inform any relevant third party – such as, funder, publisher, current substantive employer of Keele honorary contract holders or previous Keele staff, if appropriate.

4.9. Formal Action (alleged serious lapse of research conduct)

4.9.1. If the Preliminary Review Panel determine that the alleged research misconduct is serious and needs further investigation, formal action is required and a panel must be convened by the relevant Faculty Dean for Research.

4.9.2. The Faculty Dean for Research must inform the Subject and the Complainant (where appropriate) of who will be on the panel and the procedure that will be followed.

4.9.3. A panel must be composed of at least three individuals, all without conflicts of interest:

Document type	<i>Standard Operating Procedure</i>				
Title	Keele University Research Misconduct Procedure				
Version	4.0	Date	27 May 2022	ID	RI-SOP-01

1. A member of the relevant faculty or school with relevant expertise.
2. A member of the University from another faculty, if possible with relevant expertise or experience.
3. Someone from outside the University with relevant expertise or experience.

Additional panel members may be included if their expertise or experience will assist the investigation.

4.9.4. One member of the panel must be designated as the Panel Chair and shall be responsible for reporting proceedings and outcomes to the Preliminary Review Panel within 5 working days of the conclusion of the investigation.

4.9.5. Both Complainant and Subject must be given at least 10 working days prior to any Formal Panel meeting to provide any supporting information they wish to submit for review.

4.9.6. The panel must examine and evaluate the allegation and the evidence gathered, to determine whether an act of research misconduct has occurred, who is responsible and the seriousness.

4.9.7. The panel should interview the Complainant and the Subject, where appropriate. It may also interview anyone involved in the research, as long as their evidence is likely to assist the investigation, or anyone affected, directly or indirectly, by the research, as long as their evidence is likely to assist the investigation.

4.9.8. The HR guidance on conducting investigations should be followed irrespective of whether the Subject is student or staff as it is a framework for conducting investigations and not a disciplinary procedure.

4.9.9. Any person attending an interview may be accompanied by a Trade Union official or a University employee of choice (if staff) or a fellow student, Student Experience and Support Officer or member of staff of their choice (if student). The Panel should be informed at least 5 working days before the interview, if accompanying persons will be present.

4.9.10. The panel must produce a report that covers the following points:

- i. The allegation.
- ii. The evidence that has been evaluated.
- iii. Accounts of any interviews conducted.
- iv. Conclusion as to whether the allegation is upheld in full, upheld in part or not upheld and on what basis, including whether the misconduct was intentional or not.
- v. Recommendations of actions, if any, that should be taken – this, where appropriate, should include institutional actions to prevent further misconduct.

4.9.11. The Formal Panel Chair must send a draft of the report to both the Complainant and the Subject who will have 10 working days to provide any comments in writing.

Document type	<i>Standard Operating Procedure</i>				
Title	Keele University Research Misconduct Procedure				
Version	4.0	Date	27 May 2022	ID	RI-SOP-01

4.9.12. The Formal Panel will consider any comments made and then finalise the report within another 10 working days.

4.9.13. Once finalised, the Formal Panel Chair must send the report to the Preliminary Review Panel, along with any comments made that were not incorporated into the report.

4.9.14. The Preliminary Review Panel Chair will provide the Faculty Dean for Research and Faculty Executive Dean (the Faculty) with the findings of the formal investigation within 5 working days.

4.9.15. The Faculty Executive Dean and Faculty Dean for Research will then confirm verbally and in writing the outcome of the formal investigation to the Subject and outline what actions must be taken whether that is a formal disciplinary action as per the University Disciplinary and Appeals Procedure which can include dismissal (if so, this must be followed from this point onwards) or training, mentoring, exclusion from conducting research on University premises or on behalf of the University, withdrawal of honorary contract/title or alternative action to address the misconduct.

4.9.16. Once the Faculty are informed of the outcomes by the Preliminary Review Panel Chair, the allegation case is considered closed and section 4.9 should be completed.

4.9.17. The Faculty are responsible for informing the Subject's line manager of the outcome who will be responsible for ensuring the actions outlined in the letter are completed and to escalate if, after the detailed period of time, the actions are not completed so that the University's Disciplinary and Appeals Procedure will be initiated.

4.9.18. For postgraduate students, the Subject's supervisor will be informed by the Faculty and will be responsible for ensuring the actions outlined in the letter are completed and to escalate to the Faculty PGR Director if, after the detailed period of time, the actions are not completed so that the University's Student Disciplinary Procedure can be initiated.

4.9.19. The Director of Research Strategy Delivery will inform any relevant third party – such as, funder, publisher, current substantive employer of Keele honorary contract holders or previous Keele staff.

4.10. **Closing a Case**

4.10.1. Once an outcome of either the screening (section 4.4), preliminary review (section 4.6), or formal investigation (section 4.8) has been completed the RaISe admin team will ensure that all relevant paperwork, including any email correspondence, is archived using the unique reference code (RM-XX-YY, where XX is the year and YY is the sequential number assigned to the allegation e.g. RM-22-03 for the third allegation that happens 2022, the sequential number does not reset with each year) in a secure electronic location that is accessible by the RaISe

Document type	<i>Standard Operating Procedure</i>				
Title	Keele University Research Misconduct Procedure				
Version	4.0	Date	27 May 2022	ID	RI-SOP-01

admin team only, and that the secure database is completed and captures a complete record of the procedure followed but does not include any identifiable data.

5. Oversight of Allegations of Research Misconduct

- 5.1. The RaSe admin team will log all allegations of research misconduct and the outcome of all investigations to provide data for reporting purposes.
- 5.2. University Research Committee will be informed of all allegations via the Research Integrity standing agenda item – this reporting will not reveal the Complainant or the Subject or any other individuals related to the allegation.
- 5.3. Where appropriate, the Director of Research Strategy Delivery will conduct a trend analysis to reveal any themes of research misconduct which may be mitigated at an institutional level, for example by increasing awareness or training across the institution.
- 5.4. This information will also be reported anonymously through the University’s Annual Statement, which is approved by University Senate Committee.

6. Appeals

- 6.1. Any member of staff issued with a formal warning or dismissed for research misconduct under the relevant Disciplinary and Appeals Procedure, will have the right to appeal as set out in that procedure.
- 6.2. Any student issued with a formal warning or excluded for research misconduct under the Student Academic Misconduct Code of Practice will have the right to appeal as set out in that procedure.
- 6.3. If an individual wishes to appeal who is not a current member of staff or student of Keele, the principles of the Disciplinary and Appeals Procedure (for staff level allegations) or the Academic Misconduct Code of Practice appeals procedure should be followed.

7. Conflicts of Interest and Absences

- 7.1. Staff must be mindful and transparent about any conflicts of interest during any part of this procedure. If a conflict of interest is declared, a suitable substitute must be found (e.g., if Faculty Dean of Research declares a conflict of interest the Faculty Executive Dean may carry out the duties of the Faculty Dean of Research). The institutional seniority of the substitute must never be lower than the original individual.
- 7.2. If someone, other than the Subject, is absent and their absence will delay the procedure, substitutes can be used where appropriate, as long as the institutional seniority of the substitute is not lower than the original individual.

Document type	<i>Standard Operating Procedure</i>				
Title	Keele University Research Misconduct Procedure				
Version	4.0	Date	27 May 2022	ID	RI-SOP-01

8. Glossary of Terms

Complainant – individual making the allegation of research misconduct.

Formal Panel – consists of a member of the relevant faculty or school with relevant expertise, a member of the University from another faculty, if possible with relevant expertise or experience, and someone from outside the University with relevant expertise or experience. Additional panel members may be included if their expertise or experience will assist the investigation. The outcome from the Formal Panel review is reported back to the Preliminary Review Panel.

Preliminary Review Panel – consists of Academic Lead for Research Integrity and Improvement, Pro-vice Chancellor of Research and Innovation, and the Director of Research Strategy Delivery.

Subject – individual(s) against whom the allegation of research misconduct is made.

9. Related Documents

Keele University Research Integrity Policy

Keele University Code of Good Research Practice

Keele University Disciplinary and Appeals Procedure

Keele University Guidance for Investigations

Student Academic Misconduct Code of Practice

10. Version History

Version	Date	Reason for change
1.0	03 July 2008	New document
2.0	September 2016	Reviewed
3.0	April 2022	Updated to incorporate requirements of revised Concordat to support Research Integrity and outline ownership of research misconduct process to the Research and Innovation Support (RaISe) team as well as updating the process.
4.0	27 May 2022	Approved by Senate

Equality issues have been taken into account during the development of this procedure and all protected characteristics have been considered as part of the Equality Analysis undertaken.