The Babraham Institute

BI-RES-004 RESEARCH MISCONDUCT POLICY

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Associated policies, procedures and guidance
This policy should be read in conjunction with:
BI-HR-001 Code of Conduct BI-HR-005 Disciplinary Policy BI-COR-010 Whistleblowing Policy BI-RES-001 Authorship Policy Research Integrity Policy (to follow) Record Retention Policy (to follow)

Contents

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 of the Institute who has been reported using this policy.

2. Commitment statement

2.1. At the Babraham Institute our mission is to be an international leader in research focusing on basic cell and molecular biology with an emphasis on healthy ageing through the human lifecycle.

2.2. We are committed to maintaining high standards in all areas of our research; to that end, we will strive to ensure that all funding is used appropriately (and in accordance with all regulations and requirements) to produce reproducible science that is well planned and well executed.

2.3. To maintain the high standards of research practice, the Institute will uphold the commitments outlined in Universities UK's Concordat to Support Research Integrity, including investigating and responding appropriately to research misconduct. This includes investigating research misconduct alleged to have been committed at the Institute even after the Respondent has left the Institute's employ.

3. Purpose

3.1. The purpose of this policy is: to comply with UK legislation and funder requirements; to reassure the public and ourselves that the highest standards of research are being upheld; to specify procedures and appropriate safeguards for handling research misconduct

investigations; and to foster an environment that supports responsible and ethical conduct in the performance of scientific research.

3.2. This policy does not replace the Institute Code of Conduct (BI-HR-001) or the Disciplinary Policy (BI-HR-005), which should be read in conjunction with this policy, but is supplementary to them and specific to the area of research misconduct. Issues of malpractice should be raised via the process described in the Whistleblowing Policy (BI-COR-010). Whistleblowers retain the protection described in the Whistleblowing Policy, unless they are found to have raised a concern maliciously or vexatiously, in which case, disciplinary action may be initiated in line with the Disciplinary Policy (BI-HR-005).

3.3. The Institute strives to conduct research in line with funders' and regulators' policies and guidelines; these include but are not limited to the:

- Universities UK (UUK) Concordat to Support Research Integrity[1]
- UKRI Policy and Guidelines on Governance of Good Research Practice[2]
- UKRI-BBSRC's guidance on Safeguarding Good Scientific Practice[3]
- Wellcome Trust Good Research Practice Guidelines[4]
- US Public Health Service (Department of Health and Human Services) Final Rule 42 Code of Regulations (CFR) Part 93. (See also the Institute's Statement on Dealing with Allegations of Research Misconduct Under United States Public Health Service (USPHS) Research-related Activities for Foreign Institutions[5].)

3.4. This policy outlines the expectations placed on all Institute staff and associates regarding conduct of research. See the Research Integrity Policy (to follow) for additional details of the Institute's research integrity framework.

4. Scope

4.1. This policy applies to all those conducting research as part of the Institute. This includes individuals within the following groups:

- Institute employees on Institute or Babraham Institute Enterprise Ltd (BIE) terms and conditions
- Institute employees on BBSRC or other terms and conditions
- Research Fellows on Institute terms and conditions
- Research Fellows (honorary)
- Honorary Members of Faculty
- Babraham Institute registered PhD students
- Visiting students
- Visiting researchers and workers, including consultants and secondees
- Workers provided by a third party / contractors

[1] https://www.universitiesuk.ac.uk/policy-and-analysis/reports/Documents/2019/the-concordat-to-support-research-integrity.pdf
[2] https://www.ukri.org/wp-content/uploads/2020/10/UKRI-020920-RCUKPolicyGuidelinesGovernanceOfGoodResearchConduct.pdf
[3] https://bbsrc.ukri.org/documents/safeguarding-good-scientific-practice/
[4] https://wellcome.org/grant-funding/guidance/good-research-practice-guidelines
[5] https://www.babraham.ac.uk/sites/default/files/2020-11/Foreign_Institution_Statement.pdf

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. If the Respondent is a Babraham Institute PhD student, the Named Person Overseeing Research Integrity (NPORI), Graduate Tutor and Head of HR will report the concern to the University of Cambridge, and the student's Cambridge College, following the preliminary assessment if it concludes that there may be a case to answer. The NPORI and University will agree on a case-by-case basis whether the allegation will be investigated under this Research Misconduct policy, the University's academic misconduct policy, or both. Information on the University's academic misconduct policy[6] and student disciplinary policy [7] are available on its website for reference.

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 / university's 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 whistleblowing policy of that organisation, contacting the organisation's HR team 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 facing on the Institute's website.

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:** using other people's ideas, intellectual property or work (written or 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.

[6] https://www.plagiarism.admin.cam.ac.uk/what-academic-misconduct
[7] https://www.studentcomplaints.admin.cam.ac.uk/student-discipline

- 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.
- This includes failing to meet the Institute policies that form the Institute's research integrity framework (outlined in the Research Integrity Policy [to follow]), including the Authorship Policy (BI-RES-001).

- **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 (see Authorship Policy BI-RES-001).
  - 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.

- **Improper dealing with allegations of misconduct:** failing to address possible infringements (e.g., failure to respond to known cases of unsuccessful validation attempts), such as attempts to cover up misconduct and reprisals against whistleblowers, 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.

5.2. There are other forms of misconduct that may be closely connected to scientific activities. These include: sabotage of equipment or the work of others; failure to report direct and clear knowledge of research misconduct (see 7.4.1); misuse of research funding; false accusations of research misconduct by colleagues; and inappropriate disclosure of confidential information. Although these may impinge on inquiries or investigations conducted under this policy, they are more likely to be addressed directly under the Institute Disciplinary Policy (BI-HR-005). See also 9.1.5.

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:

- The seriousness of the disclosure.
- 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 anyone's identity 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 the individual's identity as part of proper examination and investigation, this will be discussed with them at the earliest possible stage of the process.

6.2. The Complainant may withdraw their allegation at any stage. The NPORI, in consultation with the Head of HR, may decide to continue the investigation based on assessment against the criteria in 6.1.

6.3. A finding of research misconduct requires that:

- The misconduct is committed intentionally, knowingly, negligently or recklessly.
- The allegation is justified and confirmed by the majority of the evidence gathered during the investigation.

6.4. In the case that a claim of research misconduct is justified, the Disciplinary Policy (BI-HR-005) will be activated.

7. Roles & responsibilities

7.1. Chief Operating Officer (COO)

7.1.1. The Chief Operating Officer (COO) is the confidential liaison for whistleblowers or any other person wishing to raise concerns about the integrity of research being conducted under the auspices of the Institute.

7.1.2. The COO is the senior person responsible for ensuring the maintenance of records in accordance with the Record Retention Policy (to follow).

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) or Investigative Committees to conduct inquiries and investigations into allegations of research misconduct.
- If funding from external organisations is involved, the NPORI determines whether the law, Institute regulations, or the terms and conditions of the award:
    - Require that the funder is notified.
    - Specify the time limits applicable throughout the various procedures.
    - Require other actions to assure compliance.
- Coordinating with all relevant members of the Institute, e.g., the Institute Director, Head of HR, the Grants Office, and other concerned parties to ensure the following:
    - Assurance of appropriate confidentiality or anonymity, fairness and objectivity of proceedings.
    - Assurance of a full and complete inquiry, investigation and resolution process in line with the Institute's Disciplinary Policy (BI-HR-005).
    - Assurance of the appropriate credentials of those appointed to the investigative process, e.g., they have no real or apparent conflicts of interest, they have the appropriate disciplinary expertise and they can give due regard to the prevailing standards of the field.
    - Maintenance of confidentiality of records, relating to the investigation and resolution of incidents of misconduct in research.
- Taking decisions at key stages of the process.
- Declaring any conflicts and establishing conflicts of any potential RCIs or Investigative Committee members.

- If appropriate or required, notifying concerned parties such as funders, co-authors, collaborators, editors, licensing boards, professional societies and criminal authorities of the outcome of investigation(s), taking care to clear the name of anyone falsely charged.
- Protecting, to the maximum extent possible, the positions and reputations of those persons who, in good faith, make allegations of research misconduct, and those against whom allegations of misconduct are not confirmed.
- Making efforts to restore the reputation of persons alleged to have engaged in misconduct when allegations are not upheld.
- Ensuring that the COO, Institute Director, Audit Committee and Board of Trustees are kept abreast of the investigation as appropriate.

7.2.3. The NPORI, in conjunction with the Head of HR, will designate one or more RCIs and delegate to them any or all of the tasks / responsibilities as detailed above.

7.2.4. Each RCI will need to be a member of senior management or a senior group leader with an understanding of the areas of research or support relevant to the inquiry and / or investigation.

7.3. HR

7.3.1. HR will provide advice and support to the NPORI and RCIs during the entire process.

7.4. All individuals

7.4.1. All individuals must:

- Report acts of research misconduct of which they have direct and clear knowledge. Concerns can be confidentially discussed, ahead of making a formal allegation, with the NPORI, Institute Strategic Programme (ISP) Leads, Head of HR, HR Manager, and (in the case of students) the Graduate Studies Tutor or pastoral supervisor. Concerns can also be discussed with the UK Research Integrity Office (UKRIO)[8], as an independent third party.
- Act in good faith with regard to allegations of research misconduct, whether in making allegations or in being required to participate in an investigation, and take reasonable steps, working with senior management as appropriate, to ensure the recommendations made by formal research misconduct Investigative Committees are implemented.
- Handle potential instances of research misconduct in an appropriate manner; this includes reporting misconduct to employers, funders, and professional, statutory and regulatory bodies, as circumstances require.
- Declare and act accordingly to manage conflicts of interest.

[8] http://ukrio.org/get-advice-from-ukrio

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.
- It is believed that the research misconduct proceeding may be made public prematurely so the Institute may need to take appropriate steps to safeguard evidence and protect the rights of those involved.
- The research community or public should be informed.

8.2.4. The Institute will take appropriate administrative actions to protect relevant funds and ensure that the purpose of the funding is carried out.

8.2.5. When external funding is involved, the relevant organisation shall be informed that a full investigation will be started within 30 days of the NPORI's decision on whether there is

sufficient evidence to warrant an investigation of research misconduct, or on the timescale outlined in the relevant grant terms and conditions.

8.2.6. If an investigation is closed before its completion, a report, including the reasons for such an action, should be made to those funding bodies that require it. The Institute will notify relevant funding bodies if, during the course of the investigation, facts are disclosed that may affect current or potential funding for the Respondent under investigation or that the funding body needs to know to ensure appropriate use of its funds.

8.2.7. On completion, when the Investigative Committee's report and the Respondent's comments have been received, the NPORI, if appropriate and / or required, will communicate the Committee's report and findings to relevant external bodies. Based upon a reading of the Investigative Report and any comments thereon, the NPORI, in consultation with the RCI and Head of HR will determine whether there is a case to answer. If there is a case to answer the NPORI, in consultation with the Head of HR, will appoint a Disciplinary Hearing Panel, which upon reviewing the Investigative Report and associated evidence, will determine whether research misconduct has been committed and if so what sanction will be applied (see the Institute's Disciplinary Policy [BI-HR-005] for more information). The NPORI will issue a final report to any funding body that requires it. The final report will describe the policies and procedures under which the investigation was conducted, how and from whom information was obtained, the findings, and the basis for the findings, and include an accurate summary of the views of the Respondent, as well as a description of any sanctions taken by the Institute and external organisations, if relevant. Documentation to substantiate an investigation's findings will also be made available if required.

8.2.8. The NPORI shall report any disciplinary measures taken by the Institute to any funding body that requires it.

9. Inquiries & investigations into allegations of misconduct in research

9.1. Reporting observed or suspected research misconduct

9.1.1. The COO is the confidential liaison for whistleblowers or any other person wishing to raise concerns about the integrity of research being conducted under the auspices of the Institute. See the Whistleblowing Policy (BI-COR-010) for details of how to report a concern.

9.1.2. The COO (or appointed deputy) will raise the concern with the NPORI, who oversees all research integrity at the Institute, as soon as possible. If the NPORI has a conflict of interest, the concern will be raised with the Institute Director (or, if necessary, another member of BEC), who shall appoint a deputy.

9.1.3. An allegation must, in addition to stating the nature of the suspected misconduct, present corroborative evidence of research misconduct.

9.1.4. Within five working days, the NPORI (or appointed deputy) will formally acknowledge receipt of the allegation and advise the Complainant of the procedure that will be followed. They will also inform the Complainant that if the allegation proceeds to a disciplinary hearing, the Respondent will be told the identity of the Complainant.

9.1.5. If an individual is unsure whether a suspected incident falls within the definition of research misconduct, they can first contact the NPORI to discuss the suspected misconduct informally. If the circumstances described do not meet the definition of research misconduct, the NPORI will refer the individual or allegation to the appropriate Institute Office with responsibility for resolving the problem.

9.1.6. The informal discussion of potential research misconduct, as well as all subsequent stages in this procedure will be, as far as is feasible, treated as strictly confidential.

9.1.7. The following describes procedures to be followed once a formal allegation or other evidence of misconduct is received through the Whistleblowing Policy (BI-COR-010). The full process is expected to take under one year.

9.2. Preliminary assessment

9.2.1. An acknowledgement of receipt, including next steps, will be sent by the NPORI to the Complainant within five working days.

9.2.2. The NPORI, together with the Head of HR, will aim to assess the reported incident within ten working days of receipt to determine if it constitutes a *bona fide* allegation of research misconduct—i.e., does the alleged incident fit the definition of research misconduct and is the evidence sufficiently credible and specific to identify a case of research misconduct?

9.2.3. Where the allegations concern situations that require rapid action to prevent further risk or harm to staff, participants or other persons, suffering to animals or negative environmental consequences, the NPORI will take rapid appropriate action to ensure that any such potential or actual danger / illegal activity / risk is prevented / eliminated. This may include, in communication with the Head of HR, suspending the Respondent pending investigation. In taking such actions, the NPORI will make clear to all parties that the actions taken are not to be regarded as disciplinary action and do not in themselves indicate that the allegation is considered to be true.

9.2.4. If it is concluded that a *bona fide* allegation of research misconduct has been made, the misconduct procedure enters an inquiry phase. If it is concluded that the allegation is not research misconduct, the decision should be reported in writing to the Complainant.

9.3. Inquiry

9.3.1. Following the preliminary assessment, the NPORI will appoint one or more persons (the RCI or RCIs) to conduct an inquiry to determine whether there is sufficient substance to the allegation to warrant a formal investigation.

9.3.2. The purpose of the inquiry is not to reach a final conclusion as to whether misconduct occurred or who was responsible. This preliminary phase of information gathering and fact-finding should take no more than 60 calendar days from the original receipt of the allegation unless circumstances clearly warrant a longer period. If the inquiry phase must be extended beyond 60 days, the reasons for doing so should be documented and communicated to relevant individuals (e.g., the Complainant, Respondent, etc.).

9.3.3. The NPORI notifies the Respondent at a confidential meeting that an inquiry is being undertaken. This meeting will include a representative from HR and will detail the:

- Nature of the misconduct allegation(s)
- Procedure and timetable that will be followed
- Identity of research conduct investigator(s)

At this meeting, the Respondent will be given an opportunity to make an initial response.

9.3.4. The Respondent may be accompanied at the inquiry meeting by an employee or appropriate representative agreed in advance with the NPORI. Should there be multiple Respondents, each will be informed separately and invited to separate meetings and the identity of other Respondents not disclosed.

9.3.5. The Respondent has five working days to challenge, in writing, the appointment of the RCI based on bias, conflict of interest or relevant expertise. The NPORI will determine whether to replace the RCI with a qualified substitute.

9.3.6. The RCI will conduct the inquiry and prepare a written report of the inquiry that describes the evidence that was reviewed, summarises any interviews that were conducted, and includes the conclusions of the inquiry.

9.3.7. The Respondent shall be given a copy of the inquiry report (redacted if necessary to protect confidentiality) and will be invited to comment in writing within ten working days. Any comments must be supported by evidence. When comments are provided they will be included in the record.

9.3.8. Within ten working days of receipt of the inquiry report and any comments from Respondent, the NPORI in consultation with the RCI lead will decide whether a full (formal) investigation is warranted or not, and document the justification. In the event that there is no case to answer, an explanation will be provided to the Complainant and Respondent. Records of the inquiry, including all documentary evidence, interview notes, the inquiry report, and the NPORI's or RCI's written justification shall be maintained in accordance with the Institute's Record retention Policy (to follow).

9.3.9. If it is determined that there is sufficient evidence to warrant a formal investigation, the NPORI shall initiate a full investigation.

9.4. Full investigation

9.4.1. The NPORI, in conjunction with the Head of HR, appoints an Investigative Committee, which will include the original RCI. This Committee will consist of a minimum of three members, including the original RCI(s) and external representation, to explore the allegation fully and gather further evidence.

9.4.2. Efforts will be made to ensure that the selection of the Investigative Committee membership is appropriate to the situation and sensitive to diversity. For example, if the Respondent is:

- An ISP Lead, group leader or Head of Facility, it will be constituted from members of the Babraham Executive Committee (BEC), and contain two or more members. (Larger committees may be appointed if, in the opinion of the NPORI, it would facilitate the investigation.)

- An academic researcher (research assistants, postdoctoral researchers, visiting research, Honorary Member of Faculty, facility staff etc.), it will, typically, include a member of the researcher's relevant peer group, plus one or two members of BEC.
- A Babraham Institute PhD student, the NPORI, after consultation with the University of Cambridge, appoints an Investigative Committee of a member of the Graduate Committee and at least two members of BEC.

9.4.3. The investigation phase should be completed within 120 calendar days from the appointment of the Investigative Committee, unless circumstances warrant a longer period. If the investigation stage is extended beyond 120 days, the reasons for doing so should be documented and communicated appropriately. If a funding organisation requires an extension to the length of the investigation beyond 120 days, it must send the Institute a request. The extension request should include an explanation for the delay, an interim report on the progress to date, an outline of what remains to be done, and an estimated date of completion.

9.4.4. The RCI will notify the Respondent in writing that a full investigation is being undertaken, will inform them of the allegations that are under investigation, as well as of the composition of the Investigative Committee and the procedures that will be followed in the course of the investigation. In the event that new allegations arise in the course of the investigation, the Respondent will be notified in writing.

9.4.5. The Respondent has five working days to challenge, in writing, the Investigative Committee's membership based on bias, conflict of interest or relevant expertise. The NPORI will determine whether to replace the challenged member with a qualified substitute.

9.4.6. The investigation will normally include examination of relevant documents, including (but not necessarily limited to) all electronic and hard copy versions of relevant research data and proposals, publications, correspondence, and memoranda. Typically, the Investigative Committee will conduct interviews as part of its fact-finding process, including interviews with the Complainant and with the Respondent. Investigators shall create and maintain records of their interviews, the contents of which are agreed by all participants.

9.4.7. All individuals affected by the investigation will be accorded confidential treatment, as far as is reasonably practicable, allowing for fact-finding and the reporting required to funding bodies.

9.4.8. When the investigation is completed, the Chair of the Investigative Committee shall prepare, and submit to the NPORI, a written report of the results, reviewing the facts, and stating the Committee's findings. The NPORI shall make the report available to the Respondent for comment. In a separate communication to the NPORI, the Investigative Committee shall offer its recommendations with respect to disciplinary measures, if any. The person(s) accused shall have 21 calendar days to submit to the NPORI comments on the investigative report.

9.4.9. The NPORI decides in consultation with the Chair of the Investigative Committee and the Head of HR whether or not to proceed to the imposition of disciplinary measures.

10. Disciplinary procedures

10.1. If disciplinary measures are to be initiated, the Institute Disciplinary Policy (BI-HR-005) will be activated and followed from the Disciplinary Hearing (section 7.5) stage onwards.

11. Appeals procedure

11.1. All those involved (e.g., Complainant, Respondent etc.) have the right to appeal against the outcome of the inquiry or full investigation. The purpose of the appeal is to review the outcome of the investigation and the basis upon which the original decision was made. The appeal procedure for the Respondent is articulated in the Institute's Disciplinary Policy (BI-HR-005, section 7.9) the procedure for the Complainant is articulated in the Institute's Whistleblowing Policy (BI-COR-010, section 11).

11.2. The possible outcomes are as follows:

- Uphold the current decision, i.e., confirm the original outcome, thereby rejecting the appeal.
- Amend the current decision, i.e., substitute an alternative form of action. The decision could be changed in some way, e.g., any actions required might be redefined in some way.
- Overturn the current decision, i.e., set aside the original decision, thereby upholding the individual's appeal.

12. Further information

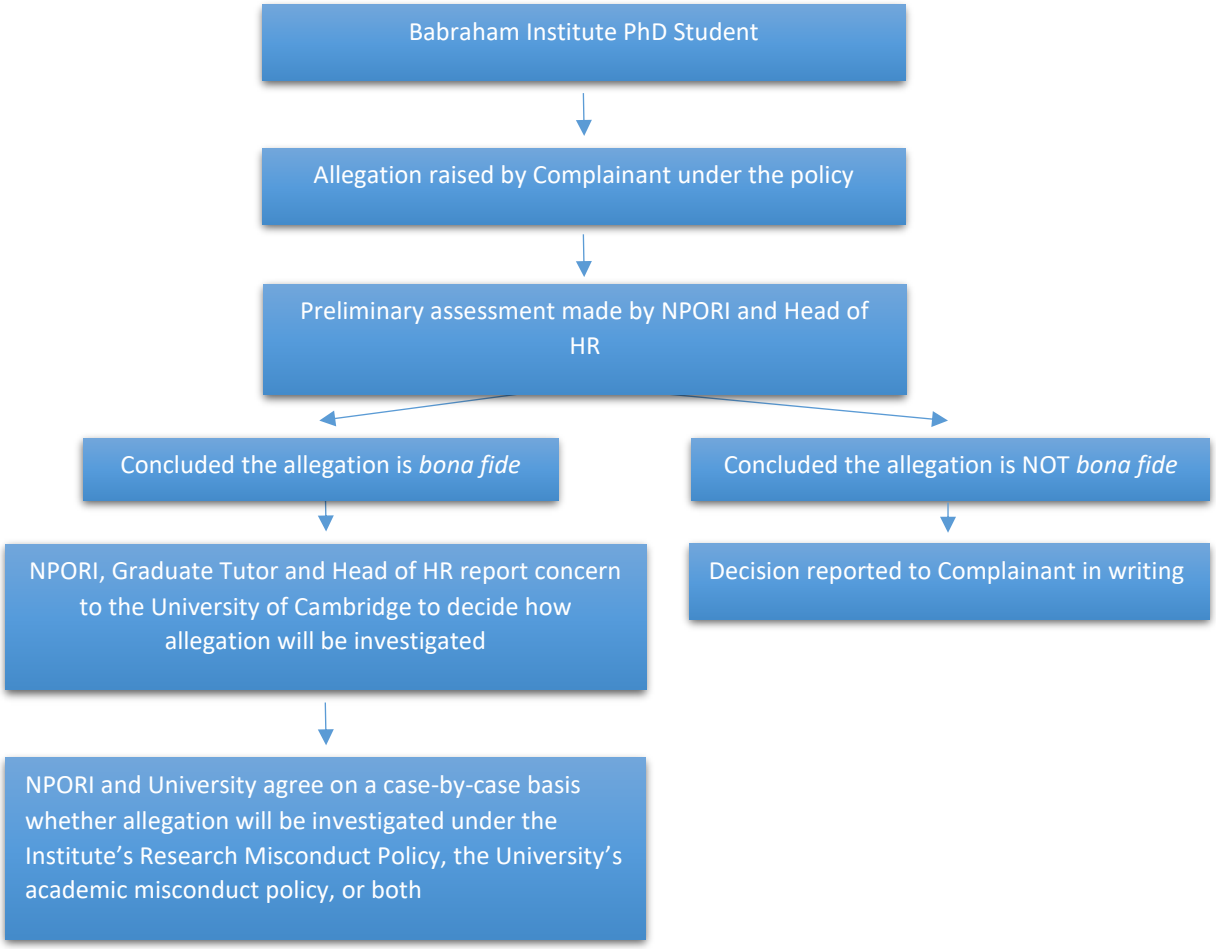
12.1. This policy will be reviewed regularly to incorporate any changes, legislative or otherwise. The next review date is specified on the cover sheet.

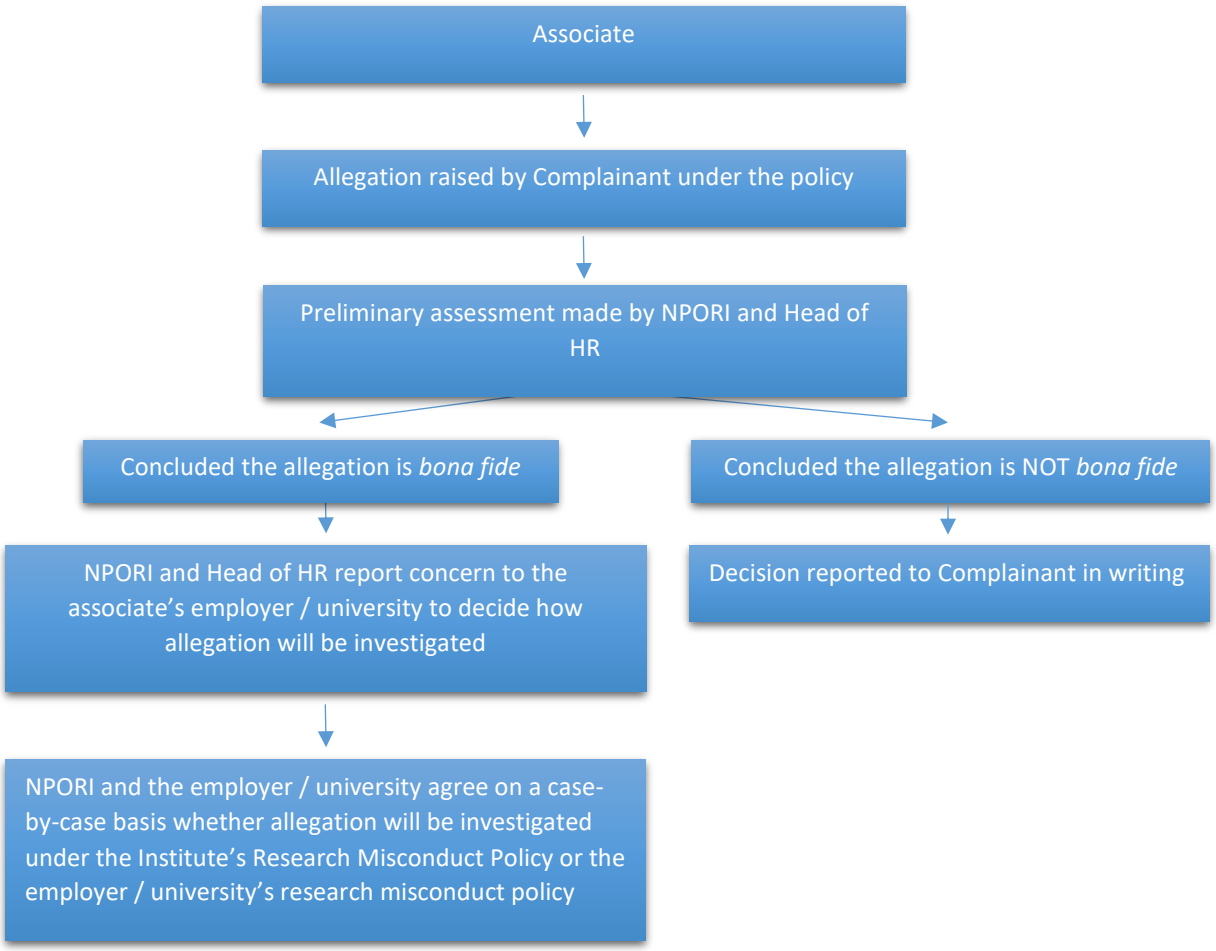
12.2. Associated policies, procedures and guidance are listed on the cover sheet. The Policy Owner named on the cover sheet can be contacted with any queries.

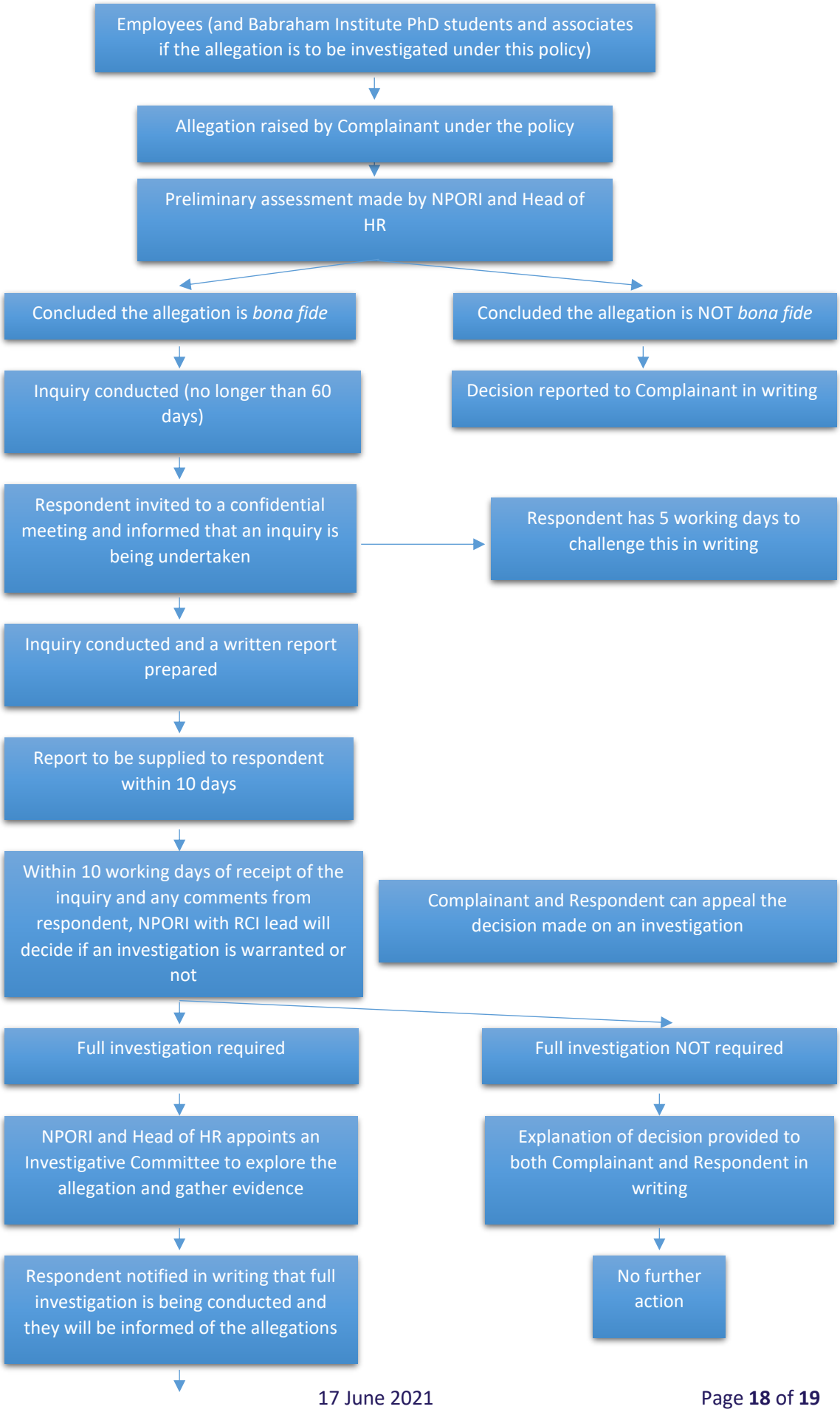
12.3. This policy may be varied, withdrawn or replaced at any time by the Institute at its absolute discretion.

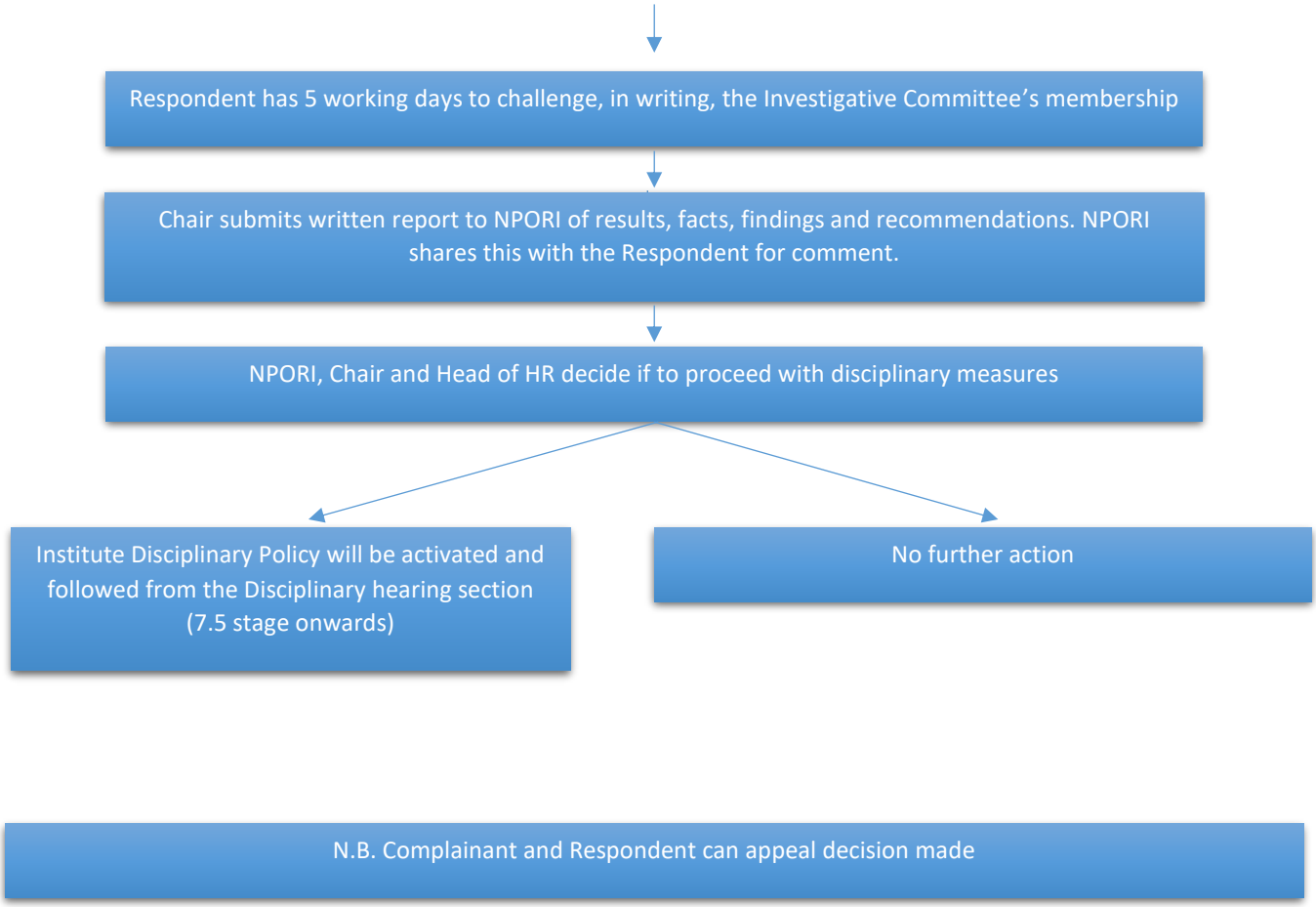
Appendix 1 – Procedure flowchart

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).




Associate
Allegation raised by Complainant under the policy
Preliminary assessment made by NPORI and Head of HR
Concluded the allegation is *bona fide*
Concluded the allegation is NOT *bona fide*
NPORI and Head of HR report concern to the associate's employer / university to decide how allegation will be investigated
Decision reported to Complainant in writing
NPORI and the employer / university agree on a case-by-case basis whether allegation will be investigated under the Institute's Research Misconduct Policy or the employer / university's research misconduct policy


Employees (and Babraham Institute PhD students and associates if the allegation is to be investigated under this policy)
Allegation raised by Complainant under the policy
Preliminary assessment made by NPORI and Head of HR
Concluded the allegation is *bona fide*
Concluded the allegation is NOT *bona fide*
Inquiry conducted (no longer than 60 days)
Decision reported to Complainant in writing
Respondent invited to a confidential meeting and informed that an inquiry is being undertaken
Respondent has 5 working days to challenge this in writing
Inquiry conducted and a written report prepared
Report to be supplied to respondent within 10 days
Within 10 working days of receipt of the inquiry and any comments from respondent, NPORI with RCI lead will decide if an investigation is warranted or not
Complainant and Respondent can appeal the decision made on an investigation
Full investigation required
Full investigation NOT required
NPORI and Head of HR appoints an Investigative Committee to explore the allegation and gather evidence
Explanation of decision provided to both Complainant and Respondent in writing
Respondent notified in writing that full investigation is being conducted and they will be informed of the allegations
No further action


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. NPORI shares this with the Respondent for comment.
NPORI, 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
N.B. Complainant and Respondent can appeal decision made