UNIVERSITY OF ABERDEEN

RESEARCH GOVERNANCE HANDBOOK

Version 11.2 – April 2025

RESEARCH GOVERNANCE HANDBOOK

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GLOSSARY OF TERMS

The definitions given against the following terms are provided for the purpose of this document only and are not necessarily applied or adopted across the entire University; variations of these definitions might exist within Schools and Institutes and across different disciplines.

"Research"

The University defines research as "a process of systematic enquiry leading to new insights which contribute to a body of knowledge, effectively shared", following the approach adopted for REF2021. (An extended definition is also available on page 2 of the UKRIO Code of Practice for Research).

"Researchers"

Following the UK Research Integrity Office Code of Practice for Research (2023), "researchers" are defined as "any person who conducts or supports research *in any discipline*, including but not limited to: an academic research staff; an independent contractor or consultant; a research student; a postgraduate or undergraduate student conducting research; a research assistant; a visiting or emeritus member of staff; a member of staff on a joint clinical or honorary contract; a technician; or a member of professional services staff".

"Scholarship"

The University defines scholarship as "the creation, development and maintenance of the intellectual infrastructure of subjects and disciplines, in forms such as dictionaries, scholarly editions, catalogues and contributions to major research databases", following the approach adopted for REF2021.

"Research Integrity"

Research integrity refers to the active adherence, by researchers and research organisations, of the ethical principles and professional and legislative standards essential for the responsible practice of research.

"Research Ethics"

Research Ethics refers to the moral principles underpinning research at all stages, from developing a project grant application, data collection, to writing up and disseminating their findings.

"Research Governance"

Research Governance refers to the development of shared standards and mechanisms that permit the proper management and monitoring of research. Research governance is more than but includes research ethics. Governance includes other key areas such as good science, information, health and safety, research commissioning and priorities, utility, dissemination and use. Governance is an in-house process to ensure that research meets all statutory requirements, has all the necessary resources, finishes properly and publishes appropriately.

"Rigour"

Rigour in research refers to research which has been conducted according to recognised methods and protocols; which is valid, credible, and reliable and which would stand up to robust scrutiny.

“Personal Data”

Any information relating to an identified or identifiable living person who can be identified or who are identifiable, directly from the information in question; or who can be indirectly identified from that information in combination with other information.

“Research Data”

Any information that has been collected, observed, generated, or created to validate original research findings.

“Data Management”

The collection, organisation, analysis, preservation and sharing of research data.

“Reproducibility”

(Adopted from the UKRN Terms of Reference) Defined as follows: Research should be sufficiently transparent and rigorous that someone with the relevant expertise can clearly follow - as relevant for different types of research - how it was done, why it was done in that way, the evidence that it established, the reasoning and/or judgements that were used, and how all of that led justifiably to the research findings and conclusions. Note, not all research can be fully reproduced or replicated.

FOREWORD

By the Vice Principal for Research

Good research governance is embedded within the University of Aberdeen's ethos and culture. It features in every aspect of our work in support of research excellence. To this end, we uphold the five commitments set out in the Universities UK Concordat to Support Research Integrity. These are:

- Upholding the highest standards of rigour and integrity in all aspects of research
- Ensuring that research is conducted according to the appropriate ethical, legal and professional frameworks, obligation and standards
- Supporting a research environment that is underpinned by a culture of integrity and based on good governance, best practice and support for the development of researchers
- Using transparent, timely, robust and fair processes to deal with allegations of research misconduct should they arise
- Working together to strengthen the integrity of research and to review progress regularly and openly

This handbook sets out our policies and procedures which enable us to achieve these commitments. It is an essential point of reference for all members of our research community (including Professional Services, Support and Technical staff). It also provides that community with a single repository of information on emerging issues, such as safeguarding in research and innovation activities (to protect people involved in our research activity), the San Francisco Declaration on Research Assessment (which requires us to consider a broad range of measures when assessing research quality), 'Trusted Research' (designed to protect our research and researchers when participating in collaborative research) and the National Security & Investment Act (2021) (which requires further scrutiny of research activity that could adversely affect the UK's national security).

The University promotes the ongoing development of an inclusive research culture that both supports and demands the highest standards of research integrity. When things go wrong, the University also supports our research community by ensuring that appropriate procedures are in place.

As we work towards achieving our ambitious objectives for research and research performance (as set out in the Aberdeen 2040 Strategy), and as we continue with our preparations for submission to the Research Excellence Framework (REF2029), this information sets out our framework to enable our researchers to achieve their potential whilst upholding the highest standards of integrity, rigour and ethics.

If you have any further questions or wish to discuss any of the issues covered within this handbook, please contact me.

Professor Nicholas Forsyth

Vice Principal Research

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April 2024

1. STANDARDS, EXPECTATIONS AND GENERAL PRINCIPLES

1.1 Standards and Expectations

The University aims to achieve the highest standards of research governance, accountability and responsibility. It seeks to conform to all applicable external research governance guidelines and codes of practice, and it expects the highest standards of integrity, quality and transparency to be adhered to by its researchers. It works to ensure full compliance with all external regulatory and legislative requirements, as well as the expectations of all external funding bodies and those of any other key stakeholders. It applies to all areas of research.

The University fully endorses and implements a range of external policies, guidelines and frameworks, including those developed or adopted by major funding bodies (such as Research England, Scottish Funding Council (SFC), UK Research & Innovation (UKRI) and the Wellcome Trust) to provide a sector-wide benchmarking standard. This includes:

- UUK Concordat to Support Research Integrity (2019)
- UK Concordat to Support the Career Development of Researchers (2019)
- UKRI Policy and Guidelines on the Governance of Good Research Conduct (2022)
- UKRIO Code of Practice for Research (2023)
- The Singapore Statement on Research Integrity (2010)
- The European Code of Conduct for Research Integrity (2023)
- The San Francisco Declaration on Research Assessment (DORA) (2012)

1.2 General Principles

The University of Aberdeen expects the highest standards of rigour and integrity. The University's definition of research integrity is based on the following key components:

- *Excellence*

  Researchers should strive for excellence when designing and conducting research and aim to produce and disseminate work of the highest quality.

- *Honesty*

  At the heart of all research, regardless of discipline, is the expectation that all researchers will be honest and will act with integrity with respect to their own actions in carrying out research, and in their responses to the actions of other researchers. This applies to the full range of research activity and includes the presentation of research goals, intentions and findings; in reporting on research methods and procedures; in experimental design; in generating and analysing data; in publishing results; in making valid interpretations and justifiable claims based on the findings; and in acknowledging the direct and indirect contributions of colleagues, collaborators and others.

- *Rigour*

  All research undertaken at Aberdeen must be done with appropriate rigour. This applies across all areas of research, in line with disciplinary norms and standards. Proposed research must be subject to appropriate rigorous ethical review; rigour must be applied in performing research and using appropriate methods; in adhering to agreed protocols; in drawing interpretations and conclusions from research findings, and in communicating the results.

  Fairness and rigour also apply to the assessment of the quality of research outputs. We have committed to the principles of the San Francisco Declaration on Research Assessment (DORA) which, when assessing research quality for recruitment, promotions, funding or any other purpose, requires us to consider the value and impact of all research outputs as well as a broad range of impact measures including qualitative indicators of research impact. We have committed to eliminate the use of journal-based metrics such as journal impact factors as a shorthand for research quality in any assessment of research quality carried out by or on behalf of the University of Aberdeen.

- *Openness*

  While the University recognises the need for researchers to protect their own research interests in the process of planning their research and obtaining their results, it encourages researchers to be as open as possible in discussing their work with fellow researchers, and with the public.

  It expects its researchers to be transparent in declaring conflicts of interest, and in the reporting of research data collection methods. Once results have been published, the University expects researchers, where appropriate, to make available relevant data and materials to others, on request. This includes sharing negative results.

  The University embraces the principles of open access publishing and the rights of staff and students to publish without hindrance, except where there is conflict with any ethical approvals and consents that cover the data and materials and any data protection or intellectual property rights.

  Further guidance on Open Research, Open Access and Open Data at the University can be obtained here.

- *Accountability*

  While the University seeks to engage with the local, national and global community in its research endeavours, it also recognises the need to remain accountable for the influence and impact of its research practices, findings and applications. It expects all researchers to take cognisance of the potential outcomes of their research activities and to reflect on the ethical consequences of their work before undertaking any study.

- *Care and Respect*

  The University will ensure the highest standards of care and respect are given to all research participants and subjects, including human (living and deceased), animals, the environment and cultural objects. Its researchers will also strive to demonstrate care and respect for the stewardship of research and scholarship for future generations.

- *Inclusivity and Equal Opportunities*

  The University is committed to supporting research talent wherever it may be found; and in doing so commits itself to fostering inclusive and diverse research teams.

- *Interdisciplinarity*

  The University recognises that research questions often cut across disciplinary divisions. As such while it remains committed to fostering strong disciplinary foundations it equally supports the ambition of researchers to deploy a variety of approaches and methods in pursuing their research.

The University will always seek to deliver for its researchers an environment that facilitates implementation of these principles, which allows development of good research practice and which nurtures a culture of integrity. It will ensure that it has in place processes for enabling research to be conducted to these standards.

Researchers at Aberdeen must take responsibility for ensuring personal understanding of the standards and expectations placed upon them by the University and within the context of their area of research.

When collaborating with external partners, either across disciplines, locally or internationally, they must ensure the highest standards are maintained. There must be clear agreement between partners on the standards and frameworks which will apply. Researchers should consult the European Code of Conduct for Research Integrity for advice on this, if in doubt.

2. THE UNIVERSITY'S RESEARCH ETHICS AND RESEARCH GOVERNANCE STRUCTURES

2.1 Institutional Arrangements for Research Ethics and Research Governance

At an institutional level, the University Research Committee (URC) has overarching responsibility for managing the University's research ethics and governance arrangements. The URC is a Committee of Senate (and formally reports to them) and is an advisory committee to the University's Senior Management Team (SMT). The URC provides overarching guidance on the scope and operation of research governance responsibilities across the University to ensure rigour and consistency in its research governance and ethical review arrangements.

The wider remit of the URC includes the following:

(i) To develop and maintain institutional policy and guidance on research governance and ethical issues, and promote best practice across the University;

(ii) To have oversight of all research-related ethical issues within the University and to ensure that appropriate structures are in place to encourage best practice;

(iii) To receive regular reports from the Ethics Advisory Group relating to ethical performance within Schools and any key issues relating to research governance;

(iv) To maintain an interaction with the North of Scotland Research Ethics Service, through the partnership with NHS Grampian (NoSRES) (formerly the NHS Grampian Research Ethics Committee).

The Committee monitors the University's research governance and ethical performance regularly to ensure that it remains consistent with the requirements of the various funding bodies and promotes best practice across the institution. It also co-ordinates the annual reporting of the University's research governance and conduct activities via the Annual Statement on Research Integrity.

Any serious research-related ethical concern that is not covered by the remit of the Ethics Advisory Group should be referred to the Committee.

Please see here for the full remit and composition of the University Research Committee.

An organogram is available in the appendix.

2.2 Research Integrity Statement

The University publishes an annual statement on the actions undertaken to sustain and further enhance integrity in its research. This statement is presented to the University Court and includes information on activities taken to strengthen the University's research integrity and governance arrangements.

3. ETHICAL REVIEW

Research can bring great benefit but can also harm the interests or well-being of individuals or groups. When there is a possibility of such harm, ethical questions arise, and the researcher will need to seek ethical approval for the research via an ethical review process. The purpose of the review is to make sure that risks are managed appropriately and that the interests of anyone affected by the research are given suitable protection. It is also to ensure that data is gathered, processed, stored and archived in an appropriate way**. If ethical approval is needed, the researcher cannot begin the research until it has been granted.** The researcher must obtain further ethical approval if a project changes. Further advice is available from the appropriate Ethics Board.

In some cases, ethical approval is a legislative or regulatory requirement, or is required by funding bodies. (Note that as well as obtaining ethical approval, the researcher may need to satisfy separate legal requirements.) Otherwise, researchers usually need to seek ethical approval for research if any of the following hold (the list is not exhaustive):

1. The project involves human participants, human remains or personal data.
2. The project involves animals.
3. The project involves secondary data that raises ethical concerns.
4. There is a possibility of harm to researchers, or to the University as an institution.
5. There is a possibility of harm to others not involved in the research.
6. There is a potential for conflict of interest.
7. There is a possibility of damage to the environment.

The University provides a self-assessment checklist to help researchers decide whether ethical approval is needed.

Researchers should note that, prior to progressing to ethical review, they must consider the need for a DPIA (Data Protection Impact Assessment) and, if a third-party supplier (including a supplier of software or of a service to the research) is involved, an SCDA (Supplier Cyber and Data Assessment). See the DPIA guidance and SCDA guidance for further information. A Data Protection Checklist for Researchers is also available, which guides researchers through their obligations under data protection legislation when planning to use personal information/data in a research project.

3.1 How to Obtain Ethical Approval

First the researcher must decide whether ethical approval is needed (see checklist above). If so, they must apply to the University ethical review board or committee that covers their area of research, following the process laid out by that board or committee (see 3.2 below). **All postgraduate research students (PGRs) and staff must complete the University's online Research Ethics and Governance training course (see Section 7) before submitting an ethics application.** This is in addition to the mandatory online training in Research Integrity, that must be completed by all PGRs and research staff (see Section 7). Further guidance on the appropriate application process to be followed is available on the Ethics Board webpages. Applications submitted to our internal Ethics Boards should be submitted via the Worktribe Ethics process.

The ethics application process involves completing an application form and submitting it along with supporting documentation. The application is reviewed by one or more board or committee members, who consider the ethical implications of the research. The application can be accepted or rejected at this stage, but it is common for the reviewers to ask for changes to be made to a project or ask for more information. The researcher must then submit a revised application addressing the reviewers'

comments. The revised application is reviewed – often, but not always, by the same reviewers – and the process continues until the application is either accepted (also known as a 'Favourable Opinion') or rejected (also known as an 'Unfavourable Opinion').

Ethical review often takes several weeks and maybe longer. Researchers should take account of this when they are planning their research. If difficult ethical questions arise from a particular application, the reviewers may seek advice from others on their board or committee, or from other University ethics boards or committees. If necessary, the reviewers may consult the Research Policy & Strategy team or the Ethics Advisory Group or seek external advice, for example from the UK Research Integrity Office.

Some Schools and disciplines have a different process for research carried out by undergraduate or taught postgraduate students: for instance, the project might be reviewed by the course co-ordinator instead of by a University ethics board or committee.

Some types of research require separate or additional review processes. This applies to research involving animals (see 3.6 below) and may apply to research involving genetic resources (see 3.7 below). Research involving NHS patients must be reviewed by the NHS Research Ethics Service (see 3.3 below). Research involving UK local authorities (including employees, service users, analysis of data already held by the local authority; or involving school staff, pupils etc) may also require external ethical approval (see 3.9 below). If a project is led by researchers from another UK University or similar institution and the other institution has given ethical approval for the research, the project usually does not need separate approval from the University (see 3.9 below).

Much University research is carried out in different countries or different cultures. The University respects the traditions and cultures with which it has dealings. Where there is conflict between local customs or laws and the ethical principles and values set out by the University then this should be brought to the attention of the relevant ethics board or committee.

3.2 University Ethical Review Boards and Committees

It is expected that each broad research area will manage its own local ethical review processes, taking account of all internal and external requirements. Researchers seeking ethical approval of a research proposal should follow the local ethical review processes in place for their research area.

In addition to our institutional processes around Clinical Research Governance and our procedures governing the use of animals in research, the University currently has six ethical review boards and committees: one for physical sciences and engineering, one for biological sciences, one for arts, social sciences and business, one for life sciences and medicine, one for psychology and one for the Rowett Institute. Most of the members are academic staff from the relevant Schools, but some are professional staff or lay members from outside the University. Each board and committee have in place clear and formal policies for ethical review. Further information on the boards and committees, their membership and their policies can be found here.

Information about the ethical review process for each board and committee can be found here.

It is the responsibility of the Schools to ensure that staff and research students are aware of the institutional research ethics and governance arrangements, including the need to consider the ethical implications of their research and to seek ethical review where required. It is the responsibility of researchers to have an awareness of the ethical frameworks and requirements which apply to their area of research and to ensure compliance.

Oversight of the operation of each ethical review board or committee is undertaken by the Ethics Advisory Group. On an annual basis, each ethical review board or committee is required to provide (i) a report to the Ethics Advisory Group on activities relating to ethics within their research area, reporting on any significant issues that have arisen; and (ii) a copy of their remit for review and approval by the Ethics Advisory Group.

3.3 Research Involving Health Services

Some research requires ethical review by law, in which case it must be reviewed by the NHS Research Ethics Service (RES). This is a UK-wide service supported in Scotland by the Health Research Authority (HRA) and NHS Research Scotland. RES reviews research that is primarily concerned with participants recruited by virtue of their being patients in the NHS, or their relatives. However, it also includes *some* research involving adults in care or who lack capacity to consent, ionising radiation, tissue samples or DNA analysis, medicinal products or medical devices, or information on the register of the Human Fertilisation and Embryology Authority. Detailed guidance on whether or not research must be reviewed by a NHS REC can be found here, by contacting Clinical Research Governance (email researchgovernance@abdn.ac.uk) or from the local (North of Scotland) ethics committee (NosRES), email gramnosres@nhs.scot, phone 01224 558474. These studies will all require sponsorship. If NHS premises, equipment or staff are to be involved, then NHS R&D permission will be required. Guidance on obtaining sponsorship for clinical research can be found here. Applications are made online using the Integrated Research Application System (IRAS).

3.4 Research Involving Human Participants (or their Data)

Where it is necessary to conduct research involving humans (including their tissue, organs or data) the University will conform to the highest standards of research ethics and governance and to relevant legislation, and will carry out its research with the utmost care and respect for human welfare and rights. This applies to all forms of research involving human participants, from clinical research to social science. This includes research involving interviews, surveys, focus groups and observation of participants. A central notion is the principle of free and informed consent: participants must be given clear and complete information about the research, including any associated risks of taking part and the proposed uses of the research. For example, consent must be sought for any samples or data which might be used for future research. They must be put under no pressure to take part. They must have the right to withdraw from the research at any time. If the methodology involves deception or the withholding of information, then the researcher should make arrangements for a suitable debriefing session after the research is completed.

Clinical research involving human participants must have sponsorship. Approval from other regulatory bodies, such as the Human Fertilisation and Embryology Authority or the Gene Therapy Advisory Committee in the UK, should also be sought where necessary.

Researchers must take particular care where there is an existing relationship between the researchers and the participants (e.g., if participants are colleagues, students or relatives of the researchers) or when the research involves vulnerable participants (such as children or adults at risk). Where appropriate, a safeguarding plan should be put into place (see 4.1.2).

Researchers may also require ethical approval for the use of secondary data in their research, particularly if this involves personal data or access to sensitive data not already in the public domain. Secondary data also includes data obtained from websites or social media that can be attributed to an individual. Further advice is available in the University's Ethics Checklist.

3.5 Research Involving Audio or Visual Data Collection

Research involving the collection, preservation and use of audio or visual material must conform to relevant ethical and technical practice, including data protection legislation. It is recommended that University of Aberdeen approved audio and visual software is used wherever possible e.g MS Teams is recommended for recording online interviews. Further information on MS Teams is available on the Toolkit page. If cameras and audio recording devices will be used these should be password protected wherever possible. It is also recommended that the data is transferred from the device as soon as possible onto the University's research data storage, and recordings are then deleted from the audio/visual device. Participant Information Sheets should clearly inform participants of any audio/visual data collection and ask for their consent to record.

3.6 Research Involving the Use of Animals

The University is committed to avoiding the use of animals in research unless absolutely necessary. It is fully committed to the widespread promotion and implementation of the 3Rs in all research involving the use of animals. The 3Rs are:

- Reduction – the development of methods which facilitate reducing the number of animals used in research, by improving experimental design or by sharing data.
- Refinement – improvements to scientific procedures and husbandry which minimise actual or potential pain, suffering, distress or lasting harm and/or improve animal welfare in situations where the use of animals is unavoidable.
- Replacement – methods that avoid or replace the use of animals defined as 'protected' under the Animals (Scientific Procedures) Act 1986 in an area where they would otherwise have been used.

All research undertaken by the University which involves the use of animals must be fully compliant with the Animal (Scientific Procedures) Act 1986 (amended 2012 following transposition of European Directive 2010/63/EU on 1 January 2013 following its approval by the UK Parliament). Research involving the performance of regulated procedures on protected animals is governed institutionally by the Advisory Group to the Establishment Licence Holder and the Ethical Review Committee (ERC). The ERC is responsible for carrying out robust ethical review on all research proposals which are submitted to the Home Office as part of a project licence and/or major amendment application.

Detailed information on the ERC and the applicable ethical review process is included in the University's Code of Practice for Research Involving the Use of Animals and can be obtained from the School Offices within Biological Sciences and Medicine, Medical Sciences and Nutrition.

Research involving animals that does not fall under Home Office Regulation must be submitted for ethical approval via the appropriate University ethical approval process, as described in section 3.1 above).

3.7 Research Utilising Genetic Resources – the Nagoya Protocol

The Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilisation to the Convention on Biological Diversity is a 2010 supplementary agreement to the 1992 Convention on Biological Diversity. Its aim is the fair and equitable sharing of benefits arising out of the utilisation of genetic resources, as well as associated traditional knowledge. From 12 October 2014, anyone who wishes to access genetic resources and/or the traditional knowledge associated with resources in participating countries will be required to comply with these regulations.

If research involves the utilisation of non-human genetic resources (or their derivatives, e.g. proteins, lipids, enzymes) from a participating country that exercises its sovereign rights (i.e. has established measures relating to access and benefit-sharing), the research must undergo a separate approval process. See the Nagoya Protocol webpage for further details, including a checklist which guides you in deciding whether your planned research is in scope of the Nagoya Protocol. Please contact your Research Development Executive for further guidance on whether your research is in scope. Your research may also need to go through the standard ethical approval process described in 3.1 above.

Please note that even if the provider country is not a Party to the Nagoya Protocol and the material is out of scope, the country might have their own access and benefit-sharing regulations. Their National Focal Point (NFP) should be consulted before genetic resources are accessed.

3.8 Prevent Duty

The Counter Terrorism & Security Act 2015 ('the Prevent duty legislation') and the UK Government's Revised Prevent Duty Guidance require universities and public bodies to 'have due regard to the need to prevent people from being drawn into terrorism' and places responsibility on them to ensure that measures are taken to meet these responsibilities.

The University has issued detailed guidance to researchers working in areas that are subject to the Prevent duty legislation. Researchers who are downloading, storing or handling terrorism-related material need to make sure they follow the correct procedures to ensure compliance with the Prevent duty legislation.

3.9 Undertaking Research Outside the University or the UK

Many research projects involve researchers from outside the University or involve work external to the University and/or the UK. If the project is led by researchers from the University, including student projects where the student is registered at the University, formal ethical approval should be obtained from the University. This University approval is in addition to obtaining local ethical approval in the country where the research is taking place, as per the requirements of that country. If the project (or a distinct work package within a project) is led by external researchers, it may be appropriate to obtain ethical approval via the processes in place at their institution.

It is the responsibility of the Principal Investigator to ensure that ethical approval has been obtained for all work packages, either via the University of Aberdeen process or at the external institution, where appropriate. In these circumstances, researchers should seek further guidance from the Research Policy & Strategy team.

In cases where a potential conflict of interest or uncertainty on the home country's procedure exists, confirmation that the external review process meets with the University's requirements should then be sought from the appropriate ethics board or committee. Normally this will be given, but if the University is not satisfied that the review process provided by the host institution/organisation meets our own standards, further review may be required.

Researchers who wish to conduct research involving local authorities (e.g. to undertake research within primary or secondary schools) must ensure that their external applications for ethical approval receive appropriate internal University review **prior** to submission to the local authority. Researchers should check the review process that has been established within their School; this may require completed applications to be submitted to either the School Ethics Officer, Principal Investigator, Line Manager or Research Supervisor to ensure that the application has been completed to a high standard, hence more likely to receive local authority approval at first submission. Further information on obtaining ethical approval from local authorities is available here.

In addition, where research projects are supported by external funding, note that there may be additional requirements for ethical approval that must also be complied with. The terms and conditions of external funders should be carefully reviewed to ensure compliance.

Researchers who require to travel to undertake research activity must abide by the requirements of the University's Travel Policy.

3.10 Data Gathering for University Business (non-research purposes)

It is understood that the University undertakes many types of data processing and analysis of personal information. Where the purpose of this data gathering is for normal University business (non-research purposes) e.g. for public engagement activity, Athena SWAN preparations/submissions, data gathering in support of service evaluations or teaching evaluations, market research, this activity will **not** require to be submitted for ethical review. Data protection requirements still apply, however, to any use of personal, sensitive or confidential information. The Data Protection policy should be consulted and the Information Governance Team (dpa@abdn.ac.uk)

can be contacted for any questions about legal or regulatory requirements, including UK GDPR compliance.

3.11 Help and Information

In addition to the weblinks listed above, researchers may also wish to contact the School Ethics Officer (or other person in the researcher's School with responsibility with dealing with ethics). Next, the Chair or Convener of the relevant ethics board or committee. The Chair or Convener can seek advice if necessary from members of their own or another ethics committee or board, then if necessary from the Research Policy and Strategy team, the Dean for Academic Research Partnerships & Research Governance, the Ethics Advisory Group or the Vice-Principal for Research.

3.12 Appeals Procedure

It is recognised that research ethics applicants may wish to appeal against the decision made by one of the University's internal ethics boards to award an 'Unfavourable Opinion' to an ethics application. Unfavourable opinions may be awarded where the research project is considered to be in contravention of the University's research governance framework and associated policies and procedures on ethical conduct in research (including board level guidance, etc).

Applicants should, in the first instance, seek informal resolution by discussing the matter with the Chair of the appropriate ethics board. Where such discussion fails to resolve the issue, an appeal may be submitted to the University's Ethics Advisory Group.

The Research Ethics Applications (Worktribe Ethics) – Policy and Procedure on Appeals provides further guidance on the process to be followed. Appeals may only be submitted where it is believed:

- The University's review procedures were not followed, and the failure would cause reasonable doubt as to whether the ethics board would have reached the same decision had these irregularities not occurred;
- The board making the decision did not have the authority to do so;
- The board making the decision did not act impartially i.e. there is demonstrable evidence of prejudice, bias or inadequate review.

For appeals relating to decisions made by the Ethics Review Board (animal welfare) or the clinical research ethics approval process, further guidance should be sought from the appropriate board.

For appeals relating to decisions made by a School ethics review process (UG and PGT ethics applications), further advice should be sought from the appropriate School.

4. POLICY AND GUIDELINES ON GOOD RESEARCH CONDUCT & STATEMENT ON HANDLING ALLEGATIONS OF UNACCEPTABLE RESEARCH CONDUCT

The following outlines the University policy and guidelines on good research conduct, and its formal statement on handling allegations of unacceptable research conduct.

4.1 Policy and Guidelines on Good Research Conduct

4.1.1 Introduction

Research integrity applies throughout the research life cycle, from the initial idea or concept to the publication of research outcomes. These guidelines describe the standards of good research conduct which are required by the University and which are intended to satisfy the requirements of all funding bodies. They apply to all individuals involved in research, including visiting researchers, research support staff, students and research managers and professional support staff.

The onus is on researchers to establish that they have met the highest standard that could reasonably be expected of them. Good research conduct will be promoted and promulgated throughout the University by senior managers including Vice-Principals, Deans, Heads of Schools, School Directors of Research, Research and Innovation, the Postgraduate Research School and Supervisors.

The Policy and Guidelines will be reviewed as part of an annual review of this wider Handbook document by the University Research Committee (or its designated working groups) to ensure they continue to reflect the highest standards. They will be regularly disseminated to staff with the aim of promoting integrity and rigour in research conduct, and to help in maintaining a culture in which the following will be understood and observed:

- Integrity in research;
- Openness in research;
- Role of professional bodies;
- Leadership and supervision in research;
- Management and ownership of research including appropriate record-keeping;
- Ethical practice in research;
- Risk of research misuse;
- Publication practice.

4.1.2 Safeguarding in Research and Innovation

The Safeguarding in Research and Innovation – Code of Practice sets out the University's duty of care to ensure that the welfare of all staff, students and any others involved in research and innovation activities on its behalf (e.g. research collaborators, research staff, research participants, contractors, translators, volunteers, etc) is a priority, and that potential risks of harm are considered and mitigated against. Researchers must prevent any exploitation, abuse or harm from occurring by anticipating and mitigating any risks associated with their activities, and also by reporting concerns or incidents if they arise.

The code of practice sets out the University structures, guidance and procedures for identifying potential risk, abuse, harm or neglect, and for reporting concerns, internally and where required, beyond the University. When preparing an application for ethical approval and/or applying for research funding, researchers should also consider the safeguarding requirements of the funding organisation or particular institution.

The code of practice is aligned with the requirements of the UK Research and Innovation Preventing Harm (Safeguarding) in Research and Innovation Policy, which states their commitment to 'promoting safe research and innovation environments which are free from sexual exploitation, abuse, and harassment, bullying, psychological abuse and physical violence for all individuals that are employed on, participate in or otherwise come into contact with research activities.'

The code of practice supports and complements a number of related University policies e.g. the Staffing Policy against Discrimination, Harassment and Bullying in the Workplace, the Equality, Diversity and Inclusion Policy, the policy on Reporting of Gender-Based and Sexual Violence, policies and guidance under its 'Prevent duty' (Counter-Terrorism and Security Act 2015) and the Protection of Vulnerable Groups (PVG) Policy.

4.1.3 Trusted Research

Trusted Research is a cross-government, cross-research and innovation sector term for protecting the UK's intellectual property, sensitive research, people and infrastructure from potential theft, misuse and exploitation, including as a result of hostile activity by state and other actors. Consequently, the UKRI has brought together work on research and innovation under a single work programme, Trusted Research and Innovation (TR&I). The overarching objectives of the work programme are;

- To outline the potential risks to UK research and innovation;
- Help researchers, UK universities and industry partners to have confidence in international collaboration and make informed decisions around those potential risks;
- Explain how to protect research and staff from potential theft, misuse or exploitation.

Key to the achievement of these objectives is the underpinning of all ongoing and future research collaborations with enhanced due diligence, an avoidance of conflict of interest and well-managed segregation within research projects to protect physical and online information from misuse and misappropriation.

This threat of foreign interference has been felt throughout the UK Higher Education sector, with vulnerabilities within the University of Aberdeen having previously been identified.

The Centre for the Protection of National Infrastructure (CPNI) have made available a number of resources tailored to the Higher Education Sector Signpost to resources on Trusted Research and their guidance can be accessed here. They have also developed a checklist for academic research projects which can be found here. This information will be crucial to improve the due diligence checks that individual organisations can carry out to scrutinise new partnerships and interactions with overseas actors.

The European Commission have also published a toolkit on Tackling R&I Foreign Interference which mirrors the best practice and due diligence of its UK equivalent. As such, the University is re-assured that research partnerships pursued with EU based organisations are subject to the same scrutiny as has been endorsed by the UK Government.

The CPNI have also issued guidance on the implementation of Trusted Research under their '5Es' framework; Educate, Enable, Environment, Encourage and Evaluate.

Further information on Trusted Research is available from the University of Aberdeen here and guidance from the UKRI here. The University of Aberdeen's statement of compliance with the UK Government's Trusted Research agenda and the National Security and Investment Act 2021 is here.

4.1.4 National Security & Investment Act (NSIA) 2021

All researchers should be aware that the National Security and Investment Act (NSIA) came into force on 4 January 2022 and introduced new powers to scrutinise and intervene in certain acquisitions made by anyone, including businesses and investors, that could harm the UK's national security. The government can impose certain conditions on an acquisition, or, if necessary, unwind or block it, although the government expects to do this rarely.

The government can call in an acquisition for assessment if it reasonably suspects that it has given rise to, or may give rise to, a risk to national security. This applies whether the acquisition has been completed or is still in progress or contemplation. This applies to acquisitions completed since 12 November 2020.

Entities and assets might be qualifying entities and qualifying assets if they are from, in or have a connection to the UK. A qualifying entity is any entity other than an individual, including a company, a limited liability partnership, any other body corporate, a partnership, or an unincorporated association or trust. **In the higher education and research-intensive sectors, a qualifying entity could include, but is not limited to, a foreign or UK:**

- university, which is registered as a charitable organisation;
- private university;
- trust;
- university spin-out;
- university subsidiary (for example a company that a university has incorporated and carries out specific activities that the university operates);
- research organisation;
- private company or corporation doing contractual work with a higher education institution or research organisation.

Qualifying assets include land, tangible, moveable property, and ideas, information or techniques which have industrial, commercial or other economic value ('intellectual property'). **In the higher education and research-intensive sectors, a qualifying asset could include but is not limited to:**

- designs;
- plans, drawings and specifications;
- software;
- trade secrets;
- databases;
- source code;
- algorithms;
- formulae;
- land;
- tangible moveable property, such as laboratory equipment;

Any researchers who are a party acquiring a qualifying entity **are legally required to tell the government about certain acquisitions in 17 sensitive areas of the economy as these areas are considered more likely to give rise to national security risks.** The areas of the economy are:

- Advanced Materials*;
- Advanced Robotics*;
- Artificial Intelligence*;
- Civil Nuclear;

- Communications;
- Computing Hardware*;
- Critical Suppliers to Government;
- Cryptographic Authentication*;
- Data Infrastructure*;
- Defence;
- Energy;
- Military and Dual-Use;
- Quantum Technologies*;
- Satellite and Space Technologies*;
- Suppliers to the Emergency Services;
- Synthetic Biology*;
- Transport.

(* Those areas where academic research is considered 'in-scope', and due diligence checks will be required going forwards.)

Further information on the NSIA can be obtained here.

4.1.5 Conflicts of Interest in Research and Commercialisation

The establishment of links between University employees and outside bodies (whether government departments, commerce, industry or others) is not only in the public interest but also benefits the University and the individuals concerned. However in some instances, such links may result in potential conflicts of interest. A conflict of interest exists where the decision making or judgement of an employee may be influenced by actual or potential benefit or advantage that could be obtained from it.

The University's Code of Practice on Conflicts of Interest in Research and Commercialisation provides further guidance on assessing if proposed activities could cause a conflict of interest, and if so, outlines the procedure for disclosing any perceived or potential conflict.

It applies to all employees of the University of Aberdeen engaged in research, including the delivery of research and knowledge exchange projects and the support of research and knowledge exchange activities, facilities and resources. It does not apply to conflicts of interest arising out of close or intimate relationships between staff and students or between members of staff which are covered by other University policies.

4.1.6 Integrity in Research

The definition of research integrity used by the University of Aberdeen is that of the Universities UK Concordat to Support Research Integrity. This draws on a number of existing definitions in a way that is applicable to all areas of research. The University emphasises the importance of active adherence to the principles and that while such principles are stated to apply in relation to disciplinary norms, they will also apply to inter-disciplinary research.

The core elements of research integrity are:

- **Honesty** in all aspects of research, including:
    - in the presentation of research goals, intentions and findings;
    - in reporting on research methods and procedures;

  - in gathering data; in using and acknowledging the work of other researchers;
  - and in conveying valid interpretations and making justifiable claims based on research findings.

- **Rigour**, in line with prevailing disciplinary norms and standards:

  - in performing research and using appropriate methods;
  - in adhering to an agreed protocol where appropriate;
  - in drawing interpretations and conclusions from the research; and
  - in communicating the results.

- **Transparency and open communication** in declaring potential competing interests;

  - in the reporting of research data collection methods;
  - in the analysis and interpretation of data;
  - in making research findings widely available, which includes publishing or otherwise sharing negative or null results to recognise their value as part of the research process; and
  - in presenting the work to other researchers and to the public.

- **Care and respect for all participants in, and subjects, users and beneficiaries of research**, including humans, animals, the environment and cultural objects. Those engaged with research must also show care and respect for the integrity of the research record.

These core elements of research integrity apply to all aspects of research, including the preparation and submission of grant and project proposals, the publication and dissemination of findings and the provision of expert review on the proposals or publications of others (that is, peer review).

Researchers must be able to exercise freedom in their academic choices and must also accept responsibility for the decisions that they make. Thus, the primary responsibility for ensuring that they act according to these principles in all aspects of their research work, including peer review, lies with the individual. Employers of researchers, funders of research and other organisations engaged with supporting research and researchers also have important roles to play.

4.1.7 Openness in Research

While recognising the need for researchers to protect their own research interests and any contractual obligations which the University may have, the University encourages all researchers to be as open as possible in discussing their work with others and with the public. Once results have been published, the researchers are expected to make relevant data and materials openly available, provided that this is consistent with any ethical approvals and consents which cover the data and materials, any intellectual property rights and third-party contractual rights. This can be achieved using a third-party research data repository appropriate to the discipline, or the University's own repository (Pure). As a minimum, researchers should include a data availability statement with the research publication, explaining how the underlying data can be accessed.

The University grants access to data and materials through appropriate Data Transfer and Material Transfer Agreements. These will be arranged through Research and Innovation and researchers should contact their School Research Development Executive. The University will normally grant access to its own collections, taking account all ethical and other relevant issues.

The University encourages the publication of research results at the earliest opportunity. The University recognises that publication of the results of research may, on occasion, need to be delayed for a reasonable period pending protection of intellectual property arising from the research or a contractual obligation to the funder of the research. However, any such period of delay in publication should be kept to a minimum. Publications should be made open access (free to access and re-use) as much as possible, and this may be mandated by funder policies.

Where there is an expectation or requirement that details of studies being conducted should be made publicly available (such as registration for protocols for a clinical trial) then the University expects researchers to comply with these statutory obligations.

Further information on open research is available here.

4.1.8 Role of Professional Bodies

The University expects researchers to observe the standards of research practice set out in codes and guidelines of publishers, scientific and learned societies, and other professional bodies. All researchers should take the necessary steps to adhere to the legal and other requirements that regulate their work. They should also adhere to the highest level of research ethics, in line with national and international regulatory bodies, professional and regulatory research guidance, and research ethics frameworks issued in appropriate areas.

4.1.9 Leadership and Supervision in Research

The University expects senior researchers to ensure that a climate of mutual co-operation is created in which all members of a research team or an individual are encouraged to develop their skills, and in which the open exchange of ideas, and appropriate acknowledgement of the direct and indirect contributions of others is fostered. The University will ensure that appropriate direction of research and supervision of researchers through Heads of School is provided. Training in supervisory skills will be provided where appropriate, usually through the University's Research Staff Development Programme.

Supervisors are required to supervise all stages of a research process, including outlining or drawing up a hypothesis, preparing applications for funding, protocol design, data recording and data analysis. It is the responsibility of the research supervisor to explain best research practice and ethical considerations as early as possible, and to ensure that applications for ethical approval are submitted by their students (where required), and that mandatory training in research ethics and governance has been completed. The University of Aberdeen is committed to providing a working environment and culture in which the harassment, discrimination and/or bullying of members of staff or other research participants is neither tolerated nor accepted and where individuals have the confidence to complain of such incidents without fear of intimidation or reprisals.

All researchers should undertake appropriate training, for example, in research design, regulatory use, ethics, integrity, confidentiality, record keeping and data protection and data management. To assist in these matters all new researchers should, within the first month of their employment, receive the University of Aberdeen Handbook for Research Governance and they will be expected to undertake the training provided in research integrity and in research ethics and governance. It is also expected that all existing staff undertaking or involved in research should undertake this training. Both training courses will be required to be repeated every five years. In addition, all staff engaged in research activities must complete the University’s mandatory information security training and data protection training, and thereafter, refresher courses as required.

Postgraduate research students should receive training on the University's Policy and Guidelines on Good Research Conduct during their induction programme and throughout their programme of study. It is a condition of their transition beyond their first year that they have been trained in good research practice and understand the University's Policy and Guidelines (see also the University Code of Practice for Research Students, Supervisors, Heads of Schools, Graduate School Officers and Dean of the Postgraduate Research School and the Code of Practice for Postgraduate Taught Students, Programme Co-ordinators, Course Co-ordinators and Heads of School). Postgraduate research students undertaking a PhD will be expected to demonstrate that they have undertaken the University provided training in research integrity and in research ethics and governance prior to presenting themselves for the formal progression exercise in the first year of study.

Further information is available in the University’s PGR Handbook.

4.1.10 Management and Ownership of Research

At the outset of any research, researchers should be clear on management and ownership of a) data and samples used or created in the course of the research; and b) results of the research.

Researchers are required to seek guidance from their immediate supervisor if clarity is needed on any aspect of management or ownership. It is generally the case that the University will own the data, samples and results arising from research in the first instance, though there may be contractual arrangements with third parties which govern ownership and its use. Further guidance can be obtained from the University's Intellectual Property policy, or from Research & Innovation.

All researchers must keep clear and accurate records of the procedures followed and approvals granted during the research process, including records of the interim results obtained as well as of the final research outcomes. This is necessary not only as a means of demonstrating proper research practices, but also in case questions are subsequently asked about either the conduct of the research or the results obtained. The maintenance of accurate records is also important for potential subsequent commercialisation of research. Researchers must adhere to the University Guidelines on Keeping Research Records.

Data generated in the course of research must be kept securely in paper (e.g. lab book or equivalent) or electronic format, as appropriate, and in accordance with good practice in the storage of primary data, record-keeping and ethical issues. In the case of electronic records, these must use the University storage system. Please note that any records kept on a University managed drive (shared or home space) are regularly backed up as per the Backup Schedule. Records should only be stored in places other than the University electronic storage system in exceptional circumstances and for the shortest period possible until they can be transferred, and thereafter deleted from the temporary location.

Guidance on retention periods can be found in the University's Research Data Management Policy.

4.1.11 Responsible Use of Research Metrics in Research Assessment

The University is a signatory to the San Francisco Declaration on Research Assessment (2012) (DORA). In line with our commitment to DORA, journal impact factors (JIF) or other equivalent indicators based on publishing venue (e.g. journal title, name of publisher) will not be used to assess research.

Metrics may be used to assess work, as part of a recruitment or promotions process or to assess the impact of research of a School, institute or centre **as long as these are not used in isolation or as an alternative to expert peer review**.

It is acknowledged that the use of metrics is likely to vary across disciplines and that no single metric indicator (e.g. journal impact factor, h-index) will provide a complete measure of research quality; a research output must be assessed according to its own merits using a discipline-appropriate 'basket of measures' which include qualitative indicators.

Further guidance on this issue is provided in the University's Policy on the Responsible Use of Research Metrics in Research Assessment.

4.1.12 Storage and Backup of Electronic Data

The storage and backup of research data should be appropriate and secure and align with the University's Research Data Management Policy (see section 6).

Further information on University managed research data storage can be found in the IT Services website under Services for Researchers (see also Research Data Storage).

Please note that data kept on a University networked drive are regularly backed up as per the Backup Schedule.

4.1.13 Ethical Practice in Research

All researchers must adhere to the University's ethical framework for research (see Section 3).

4.1.14 Risks of Research Misuse

In progressing their investigations, researchers must actively consider any risk that their research could potentially generate outcomes which could be misused for harmful purposes. Research which involves potentially harmful agents, or which generates knowledge which might be misused should be identified as a risk. As examples, this might be research which demonstrates how to render a vaccine ineffective, or research which enables weaponisation of a biological agent or toxin. Where such risks exist, the researcher should seek advice from the School Director of Research as to which steps might be taken to minimise such risks. Researchers should also consider whether any of their research activities may be subject to counterterrorism legislation (see Section 3.8 Prevent Duty) and/or the National Security and Investment (NSI) Act (see Section 4.1.3 National Security & Investment Act (NSIA) 2021).

4.1.15 Publication, Authorship Practice and Inventorship

Results of research should be published in an appropriate form consistent with the academic discipline. It is the responsibility of the lead author to ensure familiarity with the appropriate form. No paper, abstract, report or other output should normally be submitted without the permission of every individual named on the output. No person should be named as a contributor without their consent. Persons listed as an author must meet the requirements for contribution. The Committee on Publication Ethics (COPE), whose membership includes more than 4000 journals from all research fields, notes that "there is no universally agreed definition of authorship, although attempts have been made … as a minimum, authors should take responsibility for a particular section of the study". More specific recommendations are available in certain fields and where available, reference should be made to these. Including persons who do not meet these requirements (known as "honorary authorship") is unacceptable. Where there is a dispute between contributing authors in relation to authorship or other aspects of publication, the issue should be referred to the relevant research lead of the work with a view to seeking resolution between the relevant parties. If this is not considered appropriate, for whatever reasons, the issue should be referred to the Head of School. The University of Aberdeen must be correctly named in the author affiliation and contact details provided for any member of staff or research student in a publication.

Credit should be given to the contribution made by research facilities and their staff; contributions made by facilities and staff should be noted in all publications. Specific facility staff should be acknowledged if they were involved in performing experiments or provided more involved training/advice/work. If their contributions went beyond this level, they should be considered for inclusion as a co-author. Some research facilities may require the acknowledgement of different grant numbers depending on the piece of equipment used – advice should be sought from the facility to make sure their preferred format has been followed.

The contribution of formal collaborators and all others who directly assist or indirectly support the research must be properly acknowledged. The practice of intentionally concealing the contribution of a person to work ("ghost authorship") is unacceptable. The University endorses the adoption of CRediT (Contributor Roles Taxonomy), which provides 14 roles that can be used to describe each

contributor's specific contribution to a scientific scholarly output. Further information on CrediT is available here.

Many funders require acknowledgement of funding as part of the terms and conditions of funding and may insist on a particular format on how the grant reference numbers should be rendered. Advice can be sought from the relevant Research Development Executive in Research and Innovation.

It should be noted that the criteria for deciding who should be considered an inventor on any patent application are quite different to those normally applied in determining authorship of a scientific research paper. Although there are no actual rules laid down in law, there are a number of specific approaches generally applied within the UK. If there is any doubt about who the inventor(s) should be, the matter should be discussed with the Impact and Knowledge Exchange Group within Research and Innovation who may engage an appropriate patent agent for their expert input.

In general terms, an inventor will not usually include anyone who:

- Simply carried out work under instruction (regardless of how much skill and effort this took) such that the work took no initiative and required no modifications to carry out as instructed and did not interpret the results of the work;
- Had no part in the research, regardless of whether or not they funded it, or were associated with it in other ways, or owned the facilities which were used in the research, or published earlier relevant work, or contributed very general work or assistance;
- Has been a Project Manager or Supervisor but did not contribute intellectually or technically to the actual invention.

Every individual found to have actually made an inventive contribution to any invention covered by the patent application should be named as an inventor. There is no significance in the order that the names are published in a patent specification.

4.2 Statement on the Handling of Allegations of Unacceptable Research Conduct

This statement provides a definition of "Unacceptable Research Conduct" and details the University's processes for dealing with allegations of unacceptable research conduct ("research misconduct"). It should be read in conjunction with the University's Policy and Guidelines on Good Research Conduct (above). Where international collaborative research is involved, the guidance provided by the OECD Global Science Forum on Investigating Research Misconduct Allegations in International Projects (A Practical Guide April 2009) will also be considered.

The University maintains that the primary responsibility for ensuring that no unacceptable research conduct occurs rests primarily with individual researchers. However, it also recognises the importance of its role as an institution in sustaining research integrity, and this is reflected in the processes outlined below.

The University's procedures will apply to visiting researchers while based in the University and should be brought to their attention as part of the organisation of the visit. Where allegations of research misconduct are made, this will be notified to the home institution of the researcher, but where such an allegation also involves a member of staff or student of the University of Aberdeen then it will be investigated according to the University of Aberdeen's procedures. A member of staff visiting another institution must familiarise themselves with the host institution's policy on research misconduct and adhere to its requirements in addition to the requirements of this policy.

4.2.1 Definition of Unacceptable Research Conduct

The UUK Concordat to Support Research Integrity notes that unacceptable research conduct is characterised as behaviour or actions that fall short of the standards of ethics, research and scholarship required to ensure that the integrity of research is upheld.

Unacceptable Research Conduct can take many forms, including the following (as defined by the University:

- **Fabrication**, including the creation of false data and other aspects of research, including documentation and participant consent and presenting such outputs as if they were real.

- **Falsification**, including the inappropriate manipulation and/or selection of data, imagery and/or consents.

- **Plagiarism** comprises the misappropriation or use of others' ideas, intellectual property or work (written or otherwise), without acknowledgement or permission. A researcher cannot be found to have committed plagiarism where it can be shown that they have taken all reasonable care to avoid representing the work of others as his or her own. **Self-plagiarism** is the act of presenting previously published research (or large sections of previously published research) as new research i.e. by failing to cite the original work.

- **Misrepresentation** including:

    - misrepresentation of data, such as suppression of relevant findings and/or data, or knowingly, recklessly or by gross negligence, presenting a flawed interpretation of data;
    - undisclosed duplication of publication, including undisclosed duplicate submission of manuscripts for publication;
    - misrepresentation of interests, including failure to declare material interests either of the researcher or of the funders of the research;
    - misrepresentation of qualifications and/or experience, including claiming or implying qualifications or experience which are not held;
    - misrepresentation of involvement, such as inappropriate claims to authorship and/or attribution of work where there has been no significant contribution, or the denial of authorship where an author has made a significant contribution.

- **Mismanagement or inadequate preservation of data and/or primary materials** including failure to:

    - wherever possible, deposit data permanently within a national collection and link to relevant Pure entry;
    - keep clear and accurate records of the research procedures followed and the results obtained including interim results;
    - hold records securely in paper or electronic form;
    - make relevant primary data and research evidence accessible to others for reasonable periods after the completion of the research (data should normally be preserved and accessible for 5 years but for projects of clinical or major social, environmental or heritage importance, for 20 years or longer, or as required by external funders);
    - make relevant primary data and research evidence accessible to others for reasonable periods after the completion of the research (data retention, preservation and accessibility should be managed in line with the University Policy on Research Data Management and all relevant legislation);
    - manage data according to the research funder's data policy and all relevant legislation.

- **Financial impropriety in accounting for research funds, intentional unauthorised use;** these will be investigated and dealt with in conjunction with colleagues in Finance, acting under the institutional Fraud Policy and Financial Regulations.

- **Failure to meet ethical, legal and professional obligations**; for example (noting most of these examples are also covered elsewhere under this definition), failure to declare competing interests; misrepresentation of involvement or authorship; misrepresentation of interests; breach of confidentiality; lack of informed consent; misuse of personal data.

- **Disclosure or removal of, or damage to, research-related property of the University or of another,** including apparatus, materials, writings, data, samples, hardware or software or any other substances or devices used in or produced by the conduct of research.

- **Breach of Duty of Care (deliberately, recklessly or by gross negligence)** including:

    - disclosing improperly the identity of individuals or groups involved in research without their consent, or other breach of confidentiality;
    - placing any of those involved in research in danger, whether as subjects, participants or associated individuals, without their prior consent, and without appropriate safeguards even with consent; including reputational danger where that can be anticipated;
    - not taking all reasonable care to ensure that the risks and dangers, the broad objectives and the sponsors of the research are known to participants or their legal representatives, to ensure appropriate informed consent is obtained properly, explicitly and transparently;
    - not observing legal and reasonable ethical requirements or obligations for the care of animal subjects, human organs or tissue used in research, or for the protection of the environment;
    - improper conduct in peer review of research proposals or results (including 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 peer review purposes;
    - failure to disclose competing interests;
    - failure to follow established protocols.

- **Bullying and Harassment:**

    - behaviour towards any participants in research that contravenes the institutional Staffing Policy against Discrimination, Harassment and Bullying in the Workplace .

- **Improper Dealings with Allegations of Unacceptable Research Conduct:**

    - failure to address possible infringements, such as attempts to cover up misconduct and reprisals against whistle-blowers;
    - failure to deal appropriately with malicious allegations, which should be handled formally as breaches of good conduct.

It does not include honest error or honest differences in the design, execution, interpretation or judgement in evaluating research methods or results, or unacceptable research conduct unrelated to the research process. Similarly, it does not include poor research unless this encompasses the intention to deceive. It **does** include behaviours that consistently, deliberately or recklessly fall significantly short of the standards expected in the conduct of research (see Section 1).

4.2.2 Reporting Allegations of Unacceptable Research Conduct

All stakeholders in research, including all academic staff, technical support staff, administrative support staff and students, have responsibility for reporting any allegation of unacceptable research conduct.

Nominated person to whom a report should be made

There is a defined individual (nominated person) to whom an initial approach should be made, by staff or students, with allegations of research misconduct. This individual will be the initial point of contact for any discussions which the complainant wishes. This individual is, in the case where the complainant is a member of staff, the Director of Research within the School (or Institute within the School of Medicine, Medical Sciences and Nutrition) of the complainant. Where the complainant is a student, the nominated person is the Dean for Postgraduate Research. In any case where the nominated person was not suitable to receive the complaint (because of conflict of interest) the nominated person would be an appropriate Research Dean.

Where the subject of the allegation is a staff member, the investigation process outlined in this section will be followed. Where the subject of the allegation is a student (UG, PGT or PGR), the investigation process to be followed will be as per the Code of Practice on Student Discipline (Academic).

Where the subject of the allegation is both a staff member and a student, the investigation process to be followed will be determined by the nominated person. If the alleged research misconduct relates to work on their programme of study, the student process will normally be followed. If it relates to their employment, the staff process will normally be followed.

If after contact and discussion with the nominated person, the complainant wishes to make a written complaint, it will be made to the same nominated person. In cases where the allegations relate to misconduct involving more than one School, the Dean of Research for the relevant area of the University will nominate a "lead" School for the investigation of the complaint and the above procedures will apply. In the case where the Dean for Postgraduate Research has received a written complaint from a student in relation to a staff member, the Dean will forward the complaint to the relevant nominated person in relation to the staff member (i.e. School or Institute Director of Research).

Report of misconduct from external parties

In the case where the University receives a formal complaint from an external party, the same procedure will be followed; the nominated person being within the School (or one of the Schools) relevant to the complaint.

In the event that a member of staff/student is contacted directly by a complainant making an allegation of research misconduct, the allegation should be discussed with the Academic Line Manager (for staff) or the Supervisor (for students) **prior** to responding to the complainant. This will ensure that appropriate support and guidance can be provided by the Line Manager/Supervisor. Following consultation with the Line Manager/Supervisor, the reply to the complainant should provide information on how the complainant can submit a formal complaint (if they so wish). The reply should also be copied to the Line Manager/Supervisor.

Involvement of External Funding Agencies

External funding agencies may receive allegations of unacceptable research conduct made to them directly, rather than to an individual within the University of Aberdeen. The appropriate Director will contact an appropriate individual at the University of Aberdeen which will then be responsible for taking suitable action in line with its formal written procedures for handling allegations of unacceptable research conduct.

Likewise, there will also be cases where the University might have a responsibility to comply with reporting requirements to external funding agencies on the outcomes of any investigation relating to unacceptable research conduct involving the use of such funds. For example, the University has agreed a specific statement with the United States Public Health Service in order to be eligible to receive United States National Institute of Health funding.

Some funders [1] require, on submitting an application for research funding, confirmation of current stage 2 investigations and/or no formal findings against individuals under the institutional Staffing Policy against Discrimination, Harassment and Bullying in the Workplace. Processes are in place to confirm this with Human Resources which are in line with applicable policies.

Report of misconduct received via the whistleblowing policy

In the case where the University receives a report via the whistleblowing procedure (see 4.3 Whistleblowing) and it is considered to pertain to research misconduct, the same procedure will be followed and the report will be dealt with by the nominated person (as defined above).

Initial consideration of a report of research misconduct

On receiving a written report, the role of the nominated person is to determine whether the matter in hand is correctly considered under the procedures for investigation of research misconduct. In coming to a decision on this, the nominated person will involve HR who will provide guidance on relevant procedures and policies. If the complaint is deemed not to relate to research misconduct, it will be referred (if relevant) to be considered under the relevant University procedure. Otherwise it will be considered by a Stage 1 committee whose role will be to determine if there is a *prima facie* case to consider. The line manager of the party under investigation should be notified of the report. If the line manager is the subject of the complaint, the notification should be sent to another appropriate person within the line management structure.

Stage 1 investigation

Where referred for investigation, the Stage 1 committee will be chaired by the nominated person. The chairperson will convene a committee of three persons, one of whom will be a specialist within the research area and one of whom will be a staff member of the University but external to the School in which the complaint has arisen. Wherever possible, the research specialist should not be someone with line management responsibility for the individual under investigation.

The Stage 1 committee will request such information and take evidence from such persons or bodies as they consider appropriate in order to reach a decision. The investigation will ensure that the complainant has had an opportunity to effectively put forward their complaint which may involve offering an interview. The committee will seek to reach a decision within two months of the written allegation being received. The committee may decide:

- no action is required (there is no *prima facie* case to answer);
- the issue should be referred to be considered under an alternative University procedure;
- some action is recommended for an individual(s) such as training or re-training in research integrity issues;
- referral on for Stage 2 investigation.

The outcome will be notified to persons(s) against whom the complaint is made, the complainant and any other relevant (including external) parties.

Stage 2 investigation

If the allegations are referred on for a Stage 2 investigation, the formal complaint and records of the Stage 1 investigation will be passed on to the Dean for Research in the relevant area who will a) inform the University Secretary of the formal investigation and summary details, and b) convene a committee to investigate.

[1] At the time of writing, this is a requirement for Wellcome, Cancer Research UK and the British Heart Foundation.

The Stage 2 committee will be composed of five persons (including the chair). It will include the Vice-Principal for Research, one person who is external to the University, one person with expertise in the relevant academic area and a representative from Human Resources.

The Stage 2 committee will review the documentation from the Stage 1 investigation and will decide what further information is required by way of interview or other submission. The committee will interview person(s) against whom the complaint is made. They will seek to reach a decision within two months of the matter being referred to the second stage procedures. They will consider a range of actions necessary as a result of the investigation including no action; re-training; or disciplinary procedures. Disciplinary procedures will be enacted if relevant. The committee will inform the party under investigation of the outcome. They will inform relevant, including external, parties of the outcome (after the conclusion of any appeal lodged). They will provide details to any relevant external party, specifically, if the allegation or complaint was made by an external body.

In cases where there is no evidence of research misconduct the University will take relevant action to ensure that the reputation of parties who were under investigation is maintained or restored. Specifically, the parties under investigation will be given the option of a statement being issued by the University indicating that allegations were made, and investigation took place and the outcome of the investigation.

Appeals

Having been informed of the outcome of the investigation of the Stage 2 committee, the party (or parties) under investigation will have five working days to notify HR if they wish to lodge an appeal against the decision. The party (or parties) then will have a further ten working days to submit their appeal to HR. The appeal must be on the basis of procedural irregularity. The appeal could only relate to matters where there was not a more appropriate route for their consideration (for example where the investigation had resulted in disciplinary procedures and the appeal was in relation to the outcome of these procedures).

A Dean of Research (but not a Dean involved in Stage 1 or 2 of the process) will consider the basis for the appeal and will come to a decision on whether there is a basis for appeal. If they decide not, the appellant(s) will be informed of this. If they decide there is a basis, then an appeal panel will be convened as follows: VP chair (other than the VP involved in the Stage 2 process), the Dean for Research who considered the basis for appeal, and one other staff member with relevant expertise. The panel would be expected to interview the chairs of the Stage 1 and 2 process as part of their consideration of the appeal. They would be expected to come to a decision, usually, within 20 working days.

Feedback

Feedback is welcomed from all individuals who have been involved in an investigation into alleged research misconduct, in order that these procedures can be continuously reviewed and improved. Feedback should be submitted to the nominated person responsible for the misconduct investigation.

4.3 Whistleblowing

Staff, students and lay members of the University are expected to report actual or potential infringements of research ethics and unacceptable research conduct and will be supported by the University in so doing. As an alternative to the process outlined under section 4.2.2 Reporting Allegations of Unacceptable Research Conduct, concerns may also be raised via the University's. Policy and Procedure on Public Interest Disclosure (Whistleblowing Policy) which sets out clear procedures for reporting concerns. This details how allegations raised via this mechanism will be investigated. The University Research Committee will be kept informed; it has overarching responsibility for ensuring that all alleged ethical breaches are investigated.

5. RESEARCH GRANT APPLICATIONS: KEY GOVERNANCE PROCESSES

This section provides an overview of the arrangements in place for managing key requirements relating to the development of research proposals and funding applications. These include:

- Peer Review – including the arrangements in place for peer review under the University's Peer Review Policy Framework;
- Signing Authority on Research Grant Applications - including the requirements in place for approval of research grant applications prior to submission to relevant funder;
- Registration of Research Projects - provides details on the requirements in place for registration of research projects.

5.1 University Peer Review Framework for Research Grant Applications

The University of Aberdeen recognises internal peer review of research proposals for grant applications as essential for achieving best practice, for enhancing the quality and success rates of research grant applications, and for facilitating the early career development of research staff. Internal peer review will be carried out across the University where required and where practicable. Internal peer reviews are recorded in Worktribe.

5.1.1 Basic Conditions for Peer Review

The University has internal peer review procedures for grant applications in place, which vary according to specific conditions, including:

- The value of research grant, fellowship, studentship or equipment application. The threshold after which peer review must take place differs according to broad research area;
- The experience of applicants: all applications made by first time applicants (in the lead/PI role) should be peer reviewed across the University, with variations after that applied by broad research area;
- The requirements of funders, for example where an institutional quota for the number of applications is in place, or where sanctions for researchers or institutions apply for repeatedly submitting unsuccessful applications.

5.1.2 Key Principles Underpinning Peer Review

The key principles which underpin the University position on internal peer review are as follows:

- **Opportunity for Peer Review for All Staff:** internal support must be available to all applicants in order to aid personal improvement and the improvement of success rates for applications. In some cases, such as where applicants are relatively inexperienced, peer review will be a requirement.
- **Support for Unsuccessful Applicants:** in order to improve application success rates and to enhance the early career development of research staff, there should be support mechanisms in place for unsuccessful applicants, geared towards improvement and consideration of other possible funders.

  The University expects the competitiveness of applications to be enhanced by the development of support mechanisms and a cultural shift towards sharing feedback, which will aid the provision of additional support where appropriate.

- **Light Touch Peer Review Processes:** peer review processes should be administratively "light touch" in order to best facilitate implementation as a norm as part of the relevant

application processes. An appropriate level of robustness and consistency must be maintained in order for the peer review process to be suitably effective.

- **Transparency and Sharing of Best Practice:** peer review processes should be open and transparent, though should remain confidential where appropriate. A transparent process is expected to facilitate the sharing of best practice.

5.1.3 Summary of Peer Review Process Common Elements

Support for applicants for external funding is managed through the institutional Grants Academy. The Grants Academy is a framework of structured support for researchers, providing guidance and supporting good practice, and access to relevant professional support for research projects during all stages of the research life cycle. Researchers are encouraged to discuss prospective applications with their Research Development Executive in Research & Innovation at an early stage. The key elements of the peer review processes for applicants are summarised below:

- **Grant Categories:** all grant applications will undergo peer review if they fall within a set of broadly defined categories. Categories are based on: the application value, the level of experience of the Principal Investigator, and the funding body to which the application is to be submitted. Applications to certain funders, including all applications to UK Research & Innovation (UKRI) and the Wellcome Trust, have to follow a process of early notification of Intention to Submit/Supporting Grant Application, peer review and approval prior to submission. Details of the process can be accessed here.

- **Peer Review Processes:** For all managed grant applications, and for all applications to UKRI (and others, as advised) led by the University, applicants will be expected to engage with Intention to Submit/Supporting Grant Application and peer review processes in a timely manner. This is likely to include review of an early-stage application by an internal panel of reviewers with relevant expertise, where appropriate. The review process and panel will be facilitated by colleagues in Research & Innovation under the auspices of the Grants Academy.

5.1.4 Training and Guidance

Best practice guidelines for applicants and reviewers, which will be incorporated in training sessions and made available to all colleagues, are available through the Grants Academy.

5.2 Signing Authority for Research Grant Applications

All applicants to external funders (including industry and other funders of research) must complete the internal approvals process on Worktribe, regardless of the funding body to which the application will be submitted.

The Approval requirements are available here.

All research areas:

- Applications that involve the use of facilities: evidence that a facility manager has provided the facility costs should be uploaded to Worktribe;

- All applications that involve the NHSG costs require signature by the NHS R&D officer;

- Higher value applications are referred to the Finance Director and Senior Vice-Principal (if significant institutional contributions may be required);

- Applications which involve more than one School require sign-off by relevant parties within each School involved;

- Irrespective of value, if there is an institutional commitment required, then the Head of School as budget holder must approve the application. Institutional commitments must be discussed with the Head of School at an early stage in the development of an application.

- Applications covering research that could fall under the scope of the National Security Investment Act or Export Control legislation should be identified in order to ensure that, in the event the application is successful, appropriate due diligence is completed ahead of award acceptance.

The approval process for grant applications also requires confirmation of the following:

- That risks related to data handling and data sharing have been considered, and appropriate mitigations are planned for in the project design;

- That the relevant internal peer review and mentoring processes have been followed;

- That the application, including all required components, has been completed according to funders' guidelines;

- That requirements for ethical review have been considered, and arrangements made as appropriate;

- That appropriate permission will be arranged for the transfer of materials and that the applicant has complied with all necessary regulations e.g. Nagoya Protocol;

- That the application has been appropriately costed, in accordance with the requirements of the research and the funders' rules regarding eligible costs;

- That any shortfall between the cost incurred and the cost recovered will be underwritten by the School or another identified source;

- That requirements for insurance are considered.

5.3 Facilities, Equipment and Risk Assessment

The University has procedures in place to ensure that adequate resources and facilities are available for research. This includes a requirement to carry out risk assessments on all research grant applications to external funding bodies prior to their submission.

The University requires that insurance policies are in place for all facilities and equipment as required, and that Standard Operating Procedures are in place where appropriate (e.g. for handling samples, reagents and other materials). Access restrictions and security measures are in place for a number of facilities across the Institution.

Maintenance of facilities and equipment is managed locally and some items may be covered by service contracts. It is the requirement of Schools and Institutes to identify and report faults in hardware or software and any maintenance requirements to the appropriate support services.

5.4 Research Sponsorship

The University will act as a Research Sponsor for projects, involving students and/or staff, which are conducted in the Health Service or Community Service, subject to undertaking a risk assessment and confirming sponsorship. The University will act as either a single sponsor or as part of a co-sponsorship agreement with another organisation, often the NHS. For further information please visit

the Sponsorship section on the Grampian Research Office (GRO) webpage or contact the Research Governance team (researchgovernance@abdn.ac.uk).

The research sponsor(s) in any project take responsibility for securing the arrangements to initiate, manage, monitor and finance a research project. Certain types of research projects e.g. studies involving drugs and or devices may also have legal requirements to consider. For further information please visit the Research Governance for Clinical Research webpage as given above.

6. RESEARCH DATA MANAGEMENT

6.1 University Policy on Research Data Management

The University has in place a policy for Research Data Management.

This policy covers all aspects of data management including Roles and Responsibilities, Deposit and Publication, and Data Management Practice. Further guidance to support the University research community in the implementation of this policy is also available in a separate guidance document.

6.2 Handling and Storage of Personal Data

The University has a responsibility to protect the rights of human subjects involved in research projects. Human subjects must be protected from harm, and the University must ensure that data and other information about research and research participants is handled with due consideration to legislation and institutional guidelines, and the requirements of the various funding bodies. The University must also ensure that personal data is not used without the consent of the individuals concerned.

All research staff and students must comply with the University Policy on Data Protection which complies fully with the Data Protection Act 2018 and UK GDPR (General Data Protection Regulations) which covers personal data collected for the purposes of research. Data collected for the purposes of research must be dealt with in accordance with the DPA unless certain exemptions in the Act apply. All researchers should ensure they are familiar with the requirements of the Act.

Guidance on keeping research records is given below.

6.3 University Guidelines on Keeping Research Records

The University Guidelines on Keeping Research Records provide general guidance for researchers on the storage of research records. In accordance with the University Policy and Guidelines on Good Research Practice (Section 4, above), they indicate that all researchers are required to keep clear and accurate records of the procedures followed and approvals granted during the research process. This includes records of the interim results obtained as well as final research outcomes. This demonstrates good practice and good research conduct.

The guidelines provide information relating to keeping formal written and electronic research records and Lab-Books, and the periods for retention of data. The most appropriate methods for record keeping are dependent on the type of research undertaken.

Guidance on retention periods for research records is available in the University's Records Retention Schedules and from the Information Governance Team. The length of time required will vary according to types of study, differing ethical requirements attached to research, internal policy and the requirements of external regulatory and funding bodies.

Due to the diverse requirements for the retention of research records across the institution, Standard Operating Procedures will also exist at local levels, particularly in highly regulated areas of research (such as clinical research) involving the collection and use of data on human subjects within a clinical context.

6.4 Sharing Research Data with Collaborators

The University supports SharePoint as a solution for sharing data, files and folders with external stakeholders. More information on SharePoint and its usage can be found on the University toolkit page. Storage has a file size cap of 1TB. As SharePoint lacks a default backup system, a Power Automate Solution will be implemented by IT to back up the research data to a network storage location. Once the data is in network storage, the University's standard backup procedures will apply (so there may be associated costs for data storage to be considered by the researcher). More information regarding data storage costing can be obtained at Digital Costs for Research. To request a SharePoint site for a research project, submit an email to the servicedesk@abdn.ac.uk (copying scottreid@abdn.ac.uk, Microsoft Deployment Manager). When requesting a SharePoint site, please specify "with PowerShell-enabled backup to network storage" so that this can be implemented.

Further guidance for researchers on supplying information to third parties is available here.

6.5 Recommended File Formats

The UK Data Service provides further guidance on the recommended file formats for data sharing, reuse and preservation.

7. TRAINING IN RESEARCH INTEGRITY, ETHICS AND GOVERNANCE

The University is committed to ensuring that all researchers (staff and students), and also associated staff (e.g. technicians, staff who have a role in reviewing research data, or who work as part of a research team, or have a related support or administrative function) receive appropriate training opportunities in relation to research ethics and governance as part of its over-riding commitment towards staff development and to achieving the highest standards of research governance.

The University delivers a generic training programme on research ethics and governance for all research staff and students. The online training module covers the key generic issues and principles which underpin research ethics and governance and is applicable to all disciplines. Completion of this training is mandatory for all postgraduate research students and for research staff who need to apply for ethical approval of their research. SMMSN staff who have already completed the GCP or GRP ethics training will be exempt from this requirement, as will any staff who have completed similar ethics training at a previous institution within the last five years (and can provide supporting evidence of this). Repeat training is required every five years.

The University also delivers an online training programme on research integrity. Completion of this training is mandatory for all postgraduate research students and research staff, including professional services, technical or support staff involved in supporting the University's research activities, and will be monitored by the Postgraduate Research School (for PGRs) and by the Schools/Directorates (for staff). All existing staff undertaking research or involved in research support should undertake the research integrity training within two years of its launch. Repeat training is required every five years.

Completion of the mandatory training in Research Integrity and in Research Ethics & Governance is a condition of ethical approval for staff and research students.

All PGR students must undertake the training in research ethics and governance and in research integrity within the first six months of commencing their degree programme. Supervisors will be responsible for ensuring that this training has been completed by their PGR students.

Both programmes can be accessed by members of staff and postgraduate research students via MyAberdeen. Any other students (due to the nature of their research project) or staff working in research-related roles who require access to these modules should contact the Research Policy and Strategy team for assistance.

Research ethics and governance training is also available locally across the institution, notably where there is a requirement for compliance with external regulatory bodies or legislation (such as the Animals (Scientific Procedures) Act 1986 as amended in 2012). These sessions will often be delivered by external partners, such as the NHS, and are often mandatory (according to discipline and research area). Training in research ethics and governance at local levels will also adhere to the requirements of funding bodies, including the Funding Councils. Where research involves the NHS, researchers will be required to have undertaken training in Good Research Practice or Good Clinical Practice (depending on study requirements). For information on these training courses please visit the training pages on the Grampian Research Office website. Information on local training requirements should be sought from the appropriate School Offices, or via line management.

In addition, all staff engaged in research activities must complete the University's mandatory information security training and data protection training, and thereafter, refresher courses as required.

8. INTERNAL HEALTHCHECKS AND MONITORING

The University carries out regular research ethics and governance “Healthchecks” across the institution. The Healthcheck is an exercise designed to provide light-touch monitoring of the research governance arrangements in place at local levels. It is coordinated centrally by the Ethics Advisory Group and every School is involved. The Healthcheck is intended to identify existing good practice and to highlight any local weaknesses in the University’s current research ethics and governance arrangements.

The Ethics Advisory Group has responsibility for monitoring research governance arrangements in place within each School, including the level of activity carried out by the respective ethical review Boards. This usually takes the form of regular reporting to the University Research Committee by the Dean for Academic Research Partnerships & Research.

The University Research Committee is also required to regularly monitor changes to the external research governance landscape, a task frequently delegated to the Ethics Advisory Group. This includes amendments to the requirements and expectations of funding bodies and updates to changes to any legislative requirements. It also involves reacting to any sector wide standards which may be released, such as the UUK Concordat to Support Research Integrity, and ensuring that the University is compliant, where applicable.

9. REPOSITORY OF KEY RESEARCH ETHICS AND GOVERNANCE DOCUMENTATION

9.1 Key Internal Documents or Webpages

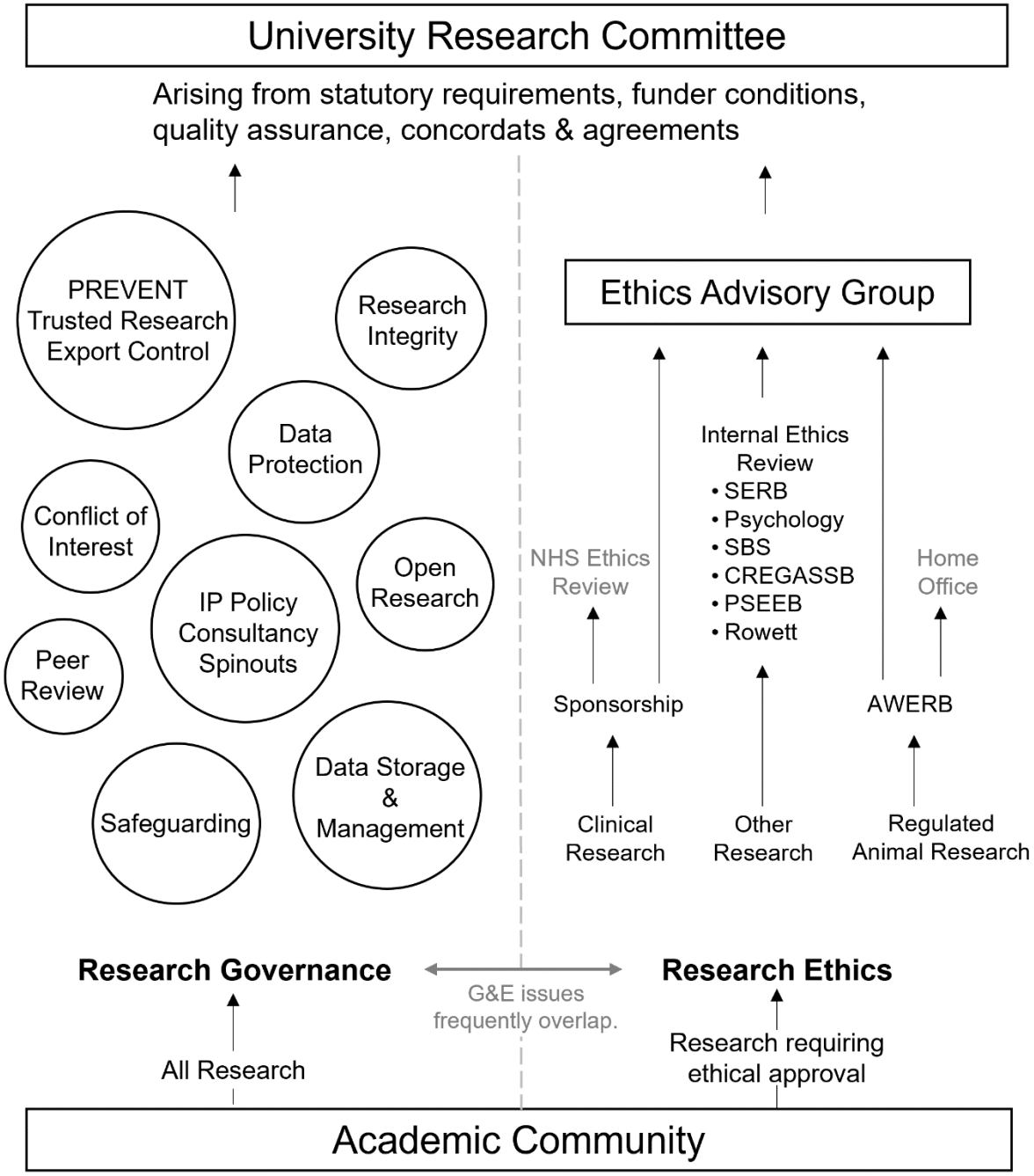
- Open Research, Open Access and Open Data at the University
- Peer Review and Mentoring Procedure
- University Policy and Procedure on Public Interest Disclosure (Whistleblowing)
- University Policy on Data Protection
- Academic Research & Data Protection (UK GDPR)
- University Guidelines on Keeping Research Records
- University's Records Retention Schedules
- University's Research Data Management Policy and Guidance Document
- University of Aberdeen – Safeguarding in Research and Innovation – Code of Practice
- University Research Committee
- Annual Statement on Research Integrity
- Ethics Advisory Group
- University Ethics Committee Webpages
- University Ethical Review and Approval Processes and Clinical Research Governance Processes
- Code of Practice for Research Involving the Use of Animals
- Nagoya Protocol
- Prevent Policy
- University Travel Policy
- Local Authority Process for External Ethical Approval
- Trusted Research
- National Security and Investment Act (NSIA)
- Code of Practice on Conflicts of Interest in Research and Commercialisation
- Policy on the Responsible Use of Research Metrics in Research Assessment.

9.2 Key External Documents

- The Universities UK (UUK) Concordat to Support Research Integrity (2019)
- UK Concordat to Support the Career Development of Researchers (2019)
- UKRI Policy on the Governance of Good Research Conduct (2021)
- UKRIO Code of Practice for Research (2023)
- Data Protection Act 2018
- Concordat on Open Research Data (not Open Access)
- The Singapore Statement on Research Integrity (2010)
- The European Code of Conduct for Research Integrity (2017)
- UKRI Common Principles on Research Data
- The San Francisco Declaration on Research Assessment (DORA) (2012)
- Animal (Scientific Procedures) Act 1986

Appendix

Institutional Arrangements for Research Ethics and Research Governance



[APRIL 2025] [Version 11.2]

The University's Research Governance Handbook was formally approved and launched in June 2014. This was/is an updated, amended and restructured version of what was previously the University's Framework for Research Governance.

	Board/Committee	**Action Taken**	**Date**
Previously considered by:	Advisory Group on Research Ethics and Governance	Version 1 received and approved.	9 June 2014
	Advisory Group on Research Ethics and Governance	Version 2 received and approved	21 May 2015
	Research Policy Committee	Version 3	9 June 2017
	School Directors of Research Meeting	Version 4	23 and 25 August 2017
	Research Policy Committee	Version 5	22 September 2017
	Research Policy Committee, March 2019	Version 6	21 December 2018
	Research Policy Committee, November 2019	Version 7	27 November 2019
	Research Policy Committee, November 2020	Version 8	2 November 2020
	Interim update (minor change to text – removal of one reference to "eAAP" in section 5.2)	Version 8.1	26 March 2021
	Research Policy Committee, November 2021	Version 9	11 November 2021
	University Research Committee, December 2022	Version 10	15 December 2022
	University Research Committee, February 2024	Version 11	13 February 2024
	Interim update (minor change to text – removal of now redundant Nagoya email address in section 3.7)	Version 11.1	20 March 2024
	Interim update (section 4.1.3 – updates to existing weblinks, and inclusion of new weblink to the University's statement of compliance with the UK	Version 11.2	17 April 2025

	Government's Trusted research agenda and the NSIA 2021.)		