

PROCEDURES FOR INQUIRING INTO ALLEGATIONS OF RESEARCH MISCONDUCT

Document Type	Procedure	
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Approved by	Research Governance Committee	
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Related Policies & Procedures	See references and links in section 11	

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1. School Policy

- 1.1 All research conducted by members of London School of Hygiene & Tropical Medicine (LSHTM) staff and by students, on its premise or using its facilities, must comply with the Good Research Practice¹ policy, approved by Senate.
- 1.2 This procedure is framed by the provisions outlined in the Good Research Practice policy.
- 1.3 LSHTM considers any allegation of research misconduct to be a matter of great concern and will investigate any such allegation fully. Given its international reputation and status, LSHTM has a responsibility to the scientific community and to the public at large and therefore, where appropriate, will make public the outcome of any such investigation via the annual statement on Research Integrity.

¹ [Good Research Practice Policy](#)

2. Scope

2.1 This procedure is relevant to all research conducted by, at, or for LSHTM. For clarity, wherever LSHTM is written, this collectively includes the MRC Units (MRC/UVRI and LSHTM Uganda Research Unit (MRCU), and the MRC Unit The Gambia at LSHTM (MRCG)) and all Faculties and Centres.

2.2 This document contains LSHTM's procedures for the investigation of allegations of research misconduct made against any member of staff, or against any person who is authorised to undertake research at LSHTM, including students, staff with an honorary or joint clinical contract, independent contractors or consultants, visiting or emeritus status person(s).

The definition of research misconduct is adopted from Concordat to support Research Integrity: "research misconduct is characterised as behaviours or actions that fall short of the standards of ethics, research and scholarship required to ensure that the integrity of research is upheld. It can cause harm to people and the environment, wastes resources, undermines the research record and damages the credibility of research. The Concordat recognises that academic freedom is fundamental to the production of excellent research. This means that responsibility for ensuring that no misconduct occurs rests primarily with individual researchers."² The full details are found in Annex 1.

2.3 The standards that this procedure is written to is described in Annex 2.

2.4 Allegations of research misconduct against students, including Research Degree students and taught course MSc students during their research projects, may follow the LSHTM Academic Manual Chapter 7: General Academic Regulations (specifically section 7.2: Academic Integrity (Assessment Irregularities) Policy. The term assessment irregularity applies to any suspected instance of plagiarism, cheating, fraud, collusion, personation or other dishonest practices identified in connection with an assessment (including essays or other coursework assessments) or formal examination. Depending on the allegation, the Taught Programme Director (TPD)/Faculty Research Degree Director (FRDD) may refer the allegation to this procedure.

2.5 This should be considered the over-arching procedure that presides over the entirety of LSHTM. The MRC Units may have local procedures, but these will conform to this procedure as well as the Good Research Practice policy.

2.6 LSHTM will take full responsibility for investigating allegations of misconduct against any of its staff or students registered at LSHTM, however, where staff/students have dual roles, LSHTM may refer the allegation to the substantive employer, registered institution, or home institution in the case of visiting researchers. Where it is appropriate to do so, LSHTM may notify and liaise with the third-party institution in relation to the investigation procedures, as outlined in this document. LSHTM may devolve responsibility for an investigation into misconduct to a third-party body (eg regulatory authority, professional body, or to the police in a criminal investigation, if appropriate).

² [Concordat to support Research Integrity](#)

3. Receipt of Allegations Stage

- 3.1 **Purpose:** The purpose of the Receipt of Allegations Stage is to determine the most appropriate process to investigate or otherwise address an allegation of research misconduct that has been received by LSHTM. The primary aim is to determine whether the matter falls under the LSHTM procedure for investigating allegations of research misconduct (in terms of both the matter raised and the individuals identified), or another, more appropriate, LSHTM policy or procedure. Its aim is **NOT** to investigate the substance of the matter raised.
- 3.2 **Conducted by:** the Designated Officer will carry out this stage, supported by the Head of Research Governance and Integrity.
- 3.3 **Timescale:** this stage of the procedure should be completed as soon as is practicable upon receipt of an allegation, normally within ten working days, provided a full and fair investigation of the allegation can be completed in this timeframe. Delays will be explained to the Complainant in writing, presenting an estimated revised date of completion.
- 3.4 Allegations of research misconduct may be received via different ways, for example, informal discussions with staff. **Only following written notification will the receipt of allegations stage begin.**
- 3.5 **Informal discussion:** Should the Complainant wish to discuss the process informally, they may contact the Head of Research Governance and Integrity (HRGI), or the Research Governance & Support Services Manager (at MRCG) or the Head of Research Governance (at MRCU). Alternatively, they may wish to discuss issues with supervisors, peers, Heads of Department, Deans of Faculty, Departmental Research Degree Coordinators, etc.
- 3.5.1 Informal discussions should be notified to the HRGI who then may inform the Designated Officer, depending on the severity of the issue. The Designated Officer or their delegate may escalate informal discussions to the Receipt of Allegations. This includes in situations when the allegations are of a serious nature, even if the Complainant does not wish to proceed through a formal route. Minor infractions may be handled through training, mentoring and guidance.
- 3.5.2 Informal discussions will be logged on the database maintained by the HRGI, and categorised as such. This is to ensure appropriate monitoring of research integrity issues across LSHTM.
- 3.6 **Report and Support:** Allegations may also be received via the LSHTM 'Report and Support' portal³. This service is managed by the EDI team who will forward misconduct notifications in confidence to the Designated Officer and/or HRGI. Allegations received via Report and Support will be treated as written notification and will start the receipt of allegations stage.
- 3.7 **Other means:** It is noted that staff from the Research Governance and Integrity Office may become aware of allegations through various means, including during audit, or via queries from supervisors, students, staff, or external parties. Any inadvertent disclosure or discovery of an allegation of research misconduct will follow the same process as detailed under Report and Support (paragraph 3.6).

³ [Report and Support tool](#)

- 3.8 **Formal notification:** Formal notification of an allegation should be made in writing and sent in strict confidence to the 'Designated Officer'. If the allegation is received by another member of staff, eg Head of Department, Dean of Faculty / Director of MRC Unit, they should notify the Designated Officer, who will be responsible for taking the matter forward. The Receipt of Allegations Stage begins once the written allegation is received by the Designated Officer.
- 3.8.1 Complainants should provide a summary of the allegation along with any other information and enclose any evidence to support their concerns. Details of the research project(s) affected should be included.
 - 3.8.2 It is helpful if allegations can be raised in a single submission on a single occasion, as this facilitates a thorough assessment, and reduces procedural challenges that can arise from additional allegations being made during subsequent stages of this procedures.
 - 3.8.3 The Complainant should normally put their name to any allegations they make. However, it is recognised that Complainants can have concerns about revealing their identity. Anonymous allegations will be considered at the discretion of the Designated Officer, considering: the seriousness of the concerns raised and the likelihood of confirming the concerns from alternative and credible sources/evidence.
- 3.9 It is the responsibility of any employee who receives, or is informed of, an allegation of research misconduct by another member of staff, to ensure that the Designated Officer or HRGI is informed so that this procedure can be enacted.
- 3.10 If the Designated Officer has any potential conflict of interest⁴, they will refer the allegation to the nominated alternate; for this procedure the alternate is the Pro-Director Research and Academic Development.
- 3.11 The Designated Officer, or delegate (eg HRGI), will acknowledge receipt of the allegation to the Complainant in writing, informing them that the allegation will be investigated under this procedure, beginning with this Receipt of Allegations stage. A copy of the Procedure will be provided to the Complainant.
- 3.12 The Designated Office or their delegate will review the allegation(s) to determine whether they fall within the scope of LSHTM to address and, if so, what would be the most appropriate process to investigate or otherwise address them, with reference to the following criteria:
- 3.12.1 Whether the Respondent is conducting research under the auspices of LSHTM, whether solely or in conjunction with others in LSHTM or other external bodies;
 - 3.12.2 Whether the research project(s) to which the allegation relates are being conducted under the auspices of LSHTM, whether solely or in conjunction with other bodies; and
 - 3.12.3 Whether the allegation(s) fall within the definition of misconduct in research described in Annex 1.
- 3.13 In carrying out the above review, the Designated Officer or their delegate shall assess the evidence provided and any additional information they require.
- 3.14 The purpose of the above review is not to determine whether the allegation should be upheld or dismissed. Nor is it to determine whether there is sufficient evidence of research misconduct to warrant a Full Investigation of the allegation. As noted above, **the purpose of the review is to determine the most appropriate process to investigate or otherwise address an allegation of research misconduct that has been received by LSHTM.**

⁴ [Conflict of Interest policy](#)

- 3.15 Historic allegations will still be reviewed under this policy without time limit; however, the standards by which the allegation of research misconduct is judged will be those prevailing at the date that the behaviour under investigation took place.
- 3.16 The Designated Officer may convene a First Response Panel to aid in the review of the allegations and to ensure that the appropriate procedure is enacted. The composition of the First Response Panel will be dependent on the allegations received, for example, may include staff from the MRC Units, finance, legal, human resources.
- 3.17 The Designated Officer may decide that it is necessary to contact the Complainant and/or the Respondent to seek information or ask questions to carry out the above review. Such contact should be in writing; the Complainant and Respondent would not normally be interviewed at this stage.
- 3.18 If it is necessary to contact the Respondent to carry out the above review, the Respondent should first be informed that allegation(s) of research misconduct have been made concerning them and that the allegation(s) is being investigated under this Procedure, beginning with the Receipt of Allegations stage. The Designated Officer should follow the process for informing the Respondent set out in paragraph 3.21 of this Procedure.
- 3.19 Where situations that require immediate remedial action to prevent harm or further harm to a study participant, member of staff or student, or suffering to animals or negative environmental consequences, the Designated Officer or delegate will take immediate action to ensure that any such potential or actual risk is prevented or eliminated.
- 3.20 **Note: taking this action are not to be regarded as disciplinary action, and does not indicate that the allegation made is true.**

REMINDER: At all times, the Designated Officer and/or their delegate should emphasise to all parties that the allegation is to be investigated, is as yet unproven, and that the information is confidential.

- 3.21 **Informing the Respondent:** Unless the review of the allegation has found that the Respondent does not fall under the auspices of LSHTM, or a different procedure is to be followed (see paragraph 3.15), the Designated Officer will then inform the Respondent of the following, formally and in writing. When allegations have been made against more than one Respondent, the Designated officer should inform each individual separately and not divulge the identity of any other Respondent.
- 3.21.1 An allegation of misconduct in research has been made which involves them.
 - 3.21.2 A summary of the allegation(s) and a copy of this procedure.
 - 3.21.3 The allegation(s) is being investigated under this Procedure, beginning with the Receipt of Allegations stage.
 - 3.21.4 The Respondent will be given the opportunity to respond to the allegation(s) and set out their case at a later stage.
 - 3.21.5 The conclusions of the review of the allegation(s), an outline of the next steps, and, if available, a provisional timetable for them.
- 3.22 At the discretion of the Designated Officer, the Respondent may be informed in a confidential meeting, rather than in writing. The Designated Officer should be accompanied to this meeting

by a representative of Human Resources and/or TPD/FRDD, as appropriate, and the meeting should be minuted with a summary of the minutes made available to all attendees afterwards. The Respondent may be accompanied to this meeting by a colleague, or trade union or student union representative, or whoever else is specified in any additional contractual rights (such as by university statutes and ordinances). In the meeting, the Designated Officer should formally notify the Respondent of the information set out in paragraph 3.21, above, and provide them with a copy of this procedure. When allegations have been made against more than one Respondent, the Designated Officer should inform each individual in a separate meeting and not divulge the identity of any other Respondent.

- 3.23 The Designated Officer will instruct all individual(s) not to alter or delete any relevant records for the duration of the procedure, and will secure all relevant documentation and evidence. This may include:
- 3.23.1 Securing all relevant records, materials and locations associated with the work
 - 3.23.2 Liaising with Human Resources and relevant line management to:
 - request the temporary suspension of the Respondent on full pay
 - request the temporary barring of the Respondent from the premises
 - request the temporary restriction on the Respondent from contacting some or all members of staff

Reminder: The Respondent is informed earlier in the Receipt of Allegations stage if any actions are taken that require their involvement or would otherwise make them aware of the allegation(s) or the investigation. See paragraphs 3.17 and 3.18 for further details.

- 3.24 The Designated Officer will then inform the Complainant, formally and in writing, of:
- 3.24.1 The conclusions of the review of the allegation(s)
 - 3.24.2 An outline of the next steps and, if available, a provisional timetable for them
- 3.25 **Informing external parties:** The Designated Officer or their delegate will also determine whether the research project to which the allegation relates includes legal or contractual obligations that require LSHTM to undertake prescribed steps in the event of an allegation of misconduct in research being made, such as making reports to a regulatory body or a funding body or another educational institution in the case of joint educational programmes, and take any actions that may be necessary to meet such obligations. Such obligations might be in:
- 3.25.1 a contract/agreement or guidance on research conduct from a regulator or a funding body;
 - 3.25.2 a partnership contract/ agreement/ Memorandum of Understanding; or
 - 3.25.3 an agreement to act as Sponsor for the research
- 3.26 Any notification made at this stage will be fully anonymous, ie names of Respondents will not be shared, unless there is a legal reason for doing so.
- 3.27 The Designated Officer, or delegate, will then ensure that all legal or contractual obligations are carried out by LSHTM, seeking advice from Human Resources, RGIO, Legal, Finance and other sources within LSHTM as necessary.
- 3.28 **Where an allegation is required to be made to a statutory body by law, this will take precedence over this procedure.**
- 3.29 **Conclusion of this stage and next steps:** The Designated Officer or delegate shall write a note summarising their review of the allegation(s) and state whether the matter:

- 3.29.1 falls within the scope of another formal process and warrants referral directly to it, including but not limited to: Academic manual⁵, Dignity and Respect: Anti-Bullying and Harassment Policy⁶, Anti-Fraud Policy⁷, Disciplinary process⁸; **or**
 - 3.29.2 warrants referral directly to an external organisation, including but not limited to: the research organisation(s) under whose auspices the research in question took place; other educational institutions, statutory regulators; or professional bodies, the latter being particularly relevant where there are concerns relating to Fitness to Practise; **or**
 - 3.29.3 presents as being related to potential poor practice rather than to misconduct, and therefore the initial approach to addressing the matter will be via education and training or other non-disciplinary approach, such as mediation, rather than through the next stage of the procedure or other formal processes; **or**
 - 3.29.4 should be dismissed because it does not fall under the remit of the procedure and does not need to be referred elsewhere. Where this option is used, full reasoning will be provided to the Complainant
 - 3.29.5 is sufficiently serious and has sufficient substance to advance to the Initial Investigation Stage of this procedure.
- 3.30 The Designated Officer or their delegate (eg HRGI) will inform relevant contacts of the conclusions of the review of the allegation and provide them with a copy of the note of the review, as appropriate. Such contacts may include, but not be limited to: Human Resources, Legal, and Finance.
- 3.31 It should be noted that these measures may not be required in all situations, but where there is a clear risk to individuals or that evidence might be destroyed. The Designated Officer will document his/her reasons for undertaking any of these measures. It should be stressed that this does not denote any suspicion of guilt or be construed as disciplinary procedures; these measures are to allow a full and fair investigation into the allegations.
- 3.32 Details of the allegation and decision taken at the Receipt of Allegation stage will be fully documented and noted in the database maintained by the Head of Research Governance and Integrity. All formal notifications of allegations will be reported to the Research Governance Committee (RGC). Informal allegations will be reported to RGC on a regular basis, but no less than annually. If the investigation is ongoing, the RGC will be kept updated to its progress until the end of the investigation.
- 3.33 The Designated Officer or delegate will then take the following actions:
- 3.33.1 If it is concluded that the allegation(s) warrants referral directly to another formal process of LSHTM, then the investigation moves to the **Outcomes and reporting stage** (see Section 6).
 - 3.33.2 If it is concluded that the allegation(s) warrants referral directly to an external organisation, then the investigation moves to the **Outcomes and reporting stage** (see Section 6).
 - 3.33.3 If it is concluded that the allegation(s) has some substance but due to its relatively minor nature or because it relates to poor practice rather than to misconduct, will

⁵ [Academic Manual](#): Chapter 7: General Academic Regulations

⁶ [Dignity and Respect: Anti-Bullying and Harassment Policy](#)

⁷ [Anti-Fraud Policy](#)

⁸ Disciplinary process for [academic staff](#) and for [professional services staff](#)

- be addressed through education and training or other non-disciplinary approach, then the investigation moves to the **Outcomes and reporting stage** (see Section 6).
- 3.33.4 If it is concluded that the allegation(s) is sufficiently serious and has sufficient substance to warrant an Initial Investigation of the complaint, then the investigation moves to the **Initial Investigation stage** (see section 4).

Reminder: The Designated Officer or their delegate should take great care to ensure that all information on the investigation is fully and accurately transferred to the next stage of the procedure.

3.34 The Receipt of Allegations stage now ends.

4. Initial Investigation Stage

- 4.1 **Purpose:** the purpose of the Initial Investigation Stage is to determine whether there is sufficient evidence of research misconduct to warrant a Full Investigation of the allegation or whether alternative action(s) should be taken.
- 4.2 **Conducted by:** this stage will normally be conducted by an Investigator, whose appointment is discussed under 'Process' (see paragraph 4.5).
- 4.2.1 At the discretion of the Designated Officer, the Initial Investigation may instead be conducted by an Initial Investigation Panel consisting of two or three persons (see paragraphs 4.6), which may include external members or an external Chair. Use of an Initial Investigation Panel may be advantageous when allegations involve multiple disciplines of research and/or are especially complex.
- 4.3 **Timescale:** The Investigator will normally aim to complete the Initial Investigation Stage within 30 working days following instruction from the Designated Officer (see paragraph 4.5) provided this does not compromise the Standards (see Annex 2) and Principles (see Annex 3) of this Procedure and the full and fair investigation of the allegation.
- 4.3.1 Any delays to this timescale will be explained to the Complainant, the Respondent and the Designated Officer in writing, presenting an estimated revised date of completion
- 4.4 **Process:** the Initial Investigation Stage will normally commence following an instruction to that effect from the Designated Officer (see paragraphs 3.33.4 and 4.5) at the conclusion of the Receipt of Allegations stage.
- 4.5 The Designated Officer shall then, as soon as is practicable, appoint an individual ('the Investigator') to undertake an Initial Investigation into the allegation(s). The Investigator will normally be the Head of Research Governance and Integrity (HRGI) or appropriately trained staff within the Units. The HRGI has been trained in the investigations of research misconduct, and as they are not a staff member in any Faculty or Unit, is considered independent and therefore impartial. Trained staff within the Units, for example within Research Governance or Human Resources, may contact the HRGI for advice or to help with any investigation, if required.

Depending on the nature of the allegations, the Designated Officer may select a senior academic staff to act as the Investigator, provided they are trained in research misconduct investigations.

4.6 At the discretion of the Designated Officer, they may instead appoint an Initial Investigation Panel to carry out the Initial Investigation, consisting of two or three persons. At least one of these should be a senior member of academic staff from within LSHTM and may be from within or outside the department concerned, depending on the circumstances of the investigation and at the discretion of the Designated Officer.

4.6.1 Also at the discretion of the Designated Officer, the Initial Investigation Panel may include external member(s). This may be advantageous when allegations involve multiple disciplines of research and/or are especially complex, and can help involved parties that the investigation process will be transparent, rigorous and fair. There would also be advantage in the review of allegations that involve staff on joint clinical/honorary contracts for there to be on the Initial Investigation Panel an appropriate member of staff from the other employing organisation(s).

4.6.2 Once convened, the membership of the Initial Investigation Panel should not be added to. In the event that the membership falls below its initial number, the Designated Officer will determine whether to recruit additional members and continue the investigation from its current point or restart the Initial Investigation stage.

4.7 The Designated Officer will select one of the members of the Initial Investigation Panel to act as its Chair. The Chair may be selected from the Initial Investigation Panel's external members if the Designated Officer wishes; as above, this can help reassure involved parties that the investigation process will be transparent, rigorous and fair. In the event of the Chair becoming unable to participate in the Initial Investigation Stage once it is underway, the Designated Officer will select a new Chair from the members of the Initial Investigation Panel and then consider the overall membership of the Panel as in paragraph 4.6.2 above.

4.7.1 When making any decisions about the conduct or conclusion of the Initial Investigation, the Initial Investigation Panel will do so by a vote, with the majority vote determining the outcome. In the event of any tie, the Chair has a casting vote.

4.8 All persons appointed to carry out the Initial Investigation will confirm to the Designated Officer in writing that:

4.8.1 Their participation involves no conflict of interest, seeking advice from the Designated Officer if unsure;

4.8.2 They will abide by the Procedure as it affects the work of the Initial Investigation stage;

4.8.3 They will respect the confidentiality of the proceedings; and

4.8.4 They will adhere to the Principles and Standards of the Procedure.

4.9 Both the Respondent and Complainant may raise with the Designated Officer concerns that they may have about those chosen to carry out the Initial Investigation but neither has a right of veto over those nominated. The Designated Officer will consider any concerns raised and whether new persons should be selected to carry out the Initial Investigation Stage.

4.10 In the event of the Investigator becoming unable to participate in the Initial Investigation Stage once it is underway, the Designated Officer will determine whether a new person should be selected to take on the role of the Investigator and continue the investigation from its current point or if the Initial Investigation Stage should be restarted.

4.11 The Designated Officer, or suitable administrative support, will provide the Investigator with:

- 4.11.1 a copy of this Procedure;
 - 4.11.2 details of the allegation(s) which will be considered under the Initial Investigation stage;
 - 4.11.3 a copy of the Designated Officer's note of the Receipt of Allegations stage (see paragraph 3.21);
 - 4.11.4 names and contact details of the Complainant(s) and the Respondent(s);
 - 4.11.5 a summary of correspondence with the Complainant(s) and the Respondent(s) to date; and
 - 4.11.6 a summary of any evidence secured by the Designated Officer during the Receipt of Allegations stage (see paragraph 3.32)
- 4.12 The Investigator is responsible for keeping a full record of the evidence received and of the proceedings, and should be supported in this by the administrative and other support identified by the Designated Officer to assist the Initial Investigation.
- 4.13 The Investigator will then inform the Complainant and the Respondent of the following, formally and in writing. The Investigator should contact each Complainant and Respondent separately and not divulge the identity of any other Complainant or Respondent. This contact should detail:
- 4.13.1 An Initial Investigation of the allegation is being conducted.
 - 4.13.2 They will be interviewed as part of the Initial Investigation.
 - 4.13.3 Respondents must be informed that when interviewed, they will be given the opportunity to respond to the allegations made against them.
 - 4.13.4 They have the right to be accompanied this interview by a colleague, or trade union or student union representative, or whoever else is specified in any additional contractual rights (such as by university statutes and ordinances).
 - 4.13.5 A provisional timescale for the completion of the Initial Investigation.
- 4.14 The Investigator shall assess the evidence provided and any additional information they require. The work of the Investigator will include: determination of whether the allegation is made in good faith; a confidential review and assessment of the evidence provided; and reaching a conclusion on the allegation(s) in line with the possible outcome set out in paragraph 4.18.
- 4.14.1 As part of its works, the Investigator must separately interview the Complainant and the Respondent.
 - 4.14.1.1 Where there are multiple Complainants and/or Respondents, each must be interviewed separately.
 - 4.14.2 Complainants and Respondents have the right to be accompanied to interviews by a colleague, or trade union or student union representative, or whoever else is specified in any additional contractual rights (such as by university statutes and ordinances).
 - 4.14.3 When interviewed, the Respondent will be given the opportunity to respond to the allegations made against them.
- 4.15 If the Complainant or Respondent does not wish to be interviewed, they should be asked to engage with the process through other means, such as providing written answers to questions posed by the Investigator.
- 4.15.1 If the Complainant or Respondent decline to answer any questions from the Investigator, this may be viewed as them withdrawing from the Procedure (see paragraph 50, Annex 3).

- 4.16 The Investigator should also interview relevant witnesses; these can include witnesses suggested by the Complainant or Respondent.
- 4.16.1 Witnesses who are LSHTM staff or students have the right to be accompanied to interviews by a colleague, or trade union or student union representative, or whoever else is specified in any additional contractual rights.
- 4.16.2 While witnesses who are external to LSHTM will not have a contractual right to be accompanied to interviews, it is strongly advised that they be offered the right to be accompanied by a friend. This provision will aid the thorough and fair investigation of the allegation(s) in question and increase the confidence of witnesses in the investigation in question.
- 4.17 Where the Complainant has raised an allegation relating to a large body of work, or work carried out over a significant period of time, the Investigator will need to carry out sufficient investigation to reach a robust conclusion on the allegation(s). This can take time and resources, and advice should be sought from the Designated Officer and the Research Governance Committee on how to best approach this. See also under **Outcomes and reporting stage** (Section 6) when serious longstanding research misconduct has been established.
- 4.18 **Conclusion of this stage and next steps:** The Investigator shall write a report (see Annex 7 for standard headings for the report) indicating (where relevant, for each allegation) whether they judge that the allegation is as follows:
- 4.18.1 is unfounded, because it is mistaken or is frivolous or is otherwise without substance, and will be dismissed; **or**
- 4.18.2 is unfounded, because it is vexatious and/or malicious, and will be dismissed; **or**
- 4.18.3 warrants referral directly to another formal process, including but not limited to: Academic manual⁹, Dignity and Respect: Anti-Bullying and Harassment Policy¹⁰, Anti-Fraud Policy¹¹, Disciplinary process¹²; **or**
- 4.18.4 warrants referral directly to an external organisation, including but not limited to statutory regulators or professional bodies, the latter being particularly relevant where there are concerns relating to Fitness to Practise; **or**
- 4.18.5 has some substance but due to its relatively minor nature or because it relates to poor practice rather than to misconduct, will be addressed through education and training or other non-disciplinary approach, such as mediation, rather than through the next stage of the Procedure or other formal processes; **or**
- 4.18.6 is sufficiently serious and has sufficient substance to warrant a Full Investigation of the complaint.
- 4.19 The standard of proof used by the Initial Investigation is that of “on the balance of probabilities”.
- 4.20 A summary of the findings will be sent to the Complainant and the Respondent for comment on matters of factual accuracy. The Investigator will consider the responses received and if they consider that the report includes errors of fact, will modify the report as necessary.

⁹ [Academic Manual](#): Chapter 7: General Academic Regulations

¹⁰ [Dignity and Respect: Anti-Bullying and Harassment Policy](#)

¹¹ [Anti-Fraud Policy](#)

¹² Disciplinary process for [academic staff](#) and for [professional services staff](#)

- 4.21 The Investigator will then submit their final report to the Designated Officer, setting out the conclusions of the Initial Investigation stage on the allegation(s) under investigation (see paragraph 4.18) and any other matters they wish to draw to the attention of LSHTM.
- 4.22 The Initial Investigator will also hand over to the Designated Officer or their nominated representative all records/ material relating to the Initial Investigation.
- 4.23 The Designated Officer shall convey the substance of the Investigator's findings to the Complainant, the Respondent and such other persons or bodies as they deem appropriate.
- 4.24 The Designated Officer will then undertake the following actions depending on the conclusions of the Initial Investigation stage on the allegation(s) under investigation:
- 4.24.1 If it is concluded that the allegation(s) is unfounded, because it is mistaken or is frivolous or is otherwise without substance, then the allegation(s) are dismissed and the investigation moves to the **Outcomes and reporting stage** (see Section 6).
 - 4.24.2 If it is concluded that the allegation(s) is unfounded, because it is vexatious and/or malicious, then the allegation(s) are dismissed and the investigation moves to the **Outcomes and reporting stage** (see Section 6).
 - 4.24.3 If it is concluded that the allegation(s) warrants referral directly to another formal LSHTM process, then the investigation moves to the **Outcomes and reporting stage** (see Section 6).
 - 4.24.4 If it is concluded that the allegation(s) warrants referral directly to an external organisation, then the investigation moves to the **Outcomes and reporting stage** (see Section 6).
 - 4.24.5 If it is concluded that the allegation(s) has some substance but due to its relatively minor nature or because it relates to poor practice rather than to misconduct, will be addressed through education and training or other non-disciplinary approach, then the investigation moves to the **Outcomes and reporting stage** (see Section 6).
 - 4.24.6 If it is concluded that the allegation(s) is sufficiently serious and has sufficient substance to warrant a Full Investigation of the complaint, then the investigation moves to the **Full Investigation stage** (see Section 5).
- 4.25 The work of the Investigator is then concluded and they step down from this role in the Procedure. As the matter may then give rise to disciplinary or other action, a former Investigator should not make any comment on the matter in question, unless formally sanctioned by LSHTM or otherwise required to by law. They should also remember that all information concerning the case was given to them in confidence.
- 4.26 Any queries or requests for comment addressed to the Investigator should be referred to the Designated Officer.
- 4.27 The former Investigator should have no further involvement in the Procedure, unless formally asked to clarify a point in their written report at a subsequent stage or as part of any subsequent action or process.
- 4.28 A role as the Investigator rules out participation in any subsequent disciplinary or other process.
- 4.29 The Research Governance Committee will be informed of the result of Initial Investigation Stage, as well as the next stages to be followed in the process.

4.30 The Initial Investigation stage now ends.

5. Full Investigation Stage

- 5.1 **Purpose:** The purpose of the Full Investigation is to review all the relevant evidence and:
- 5.1.1 conclude whether an allegation of misconduct in research is upheld in full, upheld in part or not upheld (see paragraph 5.24); and
 - 5.1.2 make recommendations, for consideration by the appropriate LSHTM authorities, regarding any further action the Full Investigation Panel (“the Panel”) deems necessary to: address any misconduct it may have found; correct the record of research, and/or address other matters uncovered during the course of its work (see paragraph 5.25, below, for further details).
- 5.2 **Conducted by:** The Designated Officer will establish a Full Investigation Panel, whose appointment is discussed under ‘Process’ (see paragraph 5.8). At least one member of the Panel **must** be from outside LSHTM.
- 5.3 The Designated Officer or delegate will identify suitable administrative and other support to assist the Panel, including the HRGI (if not used as an Investigator in the Initial Investigation) or equivalent in the Units and, if deemed appropriate, liaisons from Human Resources. Those selected to provide such support will confirm to the Designated Officer in writing that their participation involves no conflict of interest.
- 5.4 The Panel shall be free to seek confidential advice from persons with relevant expertise, both within LSHTM and outside it.
- 5.5 Observers may be permitted to attend Full Investigations where requested, for example by the funder of the research under investigation. The Designated Officer shall make any decisions concerning the attendance of observers, bearing in mind LSHTM’s legal and contractual obligations and its duty of care to involved persons (such as the Complainant and the Respondent), seeking advice from Human Resources and legal advisers as necessary.
- 5.6 The Panel may also make recommendations, for consideration by the Designated Officer and/or appropriate LSHTM authorities, regarding any further action(s) which should be taken by LSHTM and/or other bodies to: address any misconduct the Full Investigation may have found; correct the record of research, and/or address other matters uncovered during the course of the Full Investigation. Such recommendations might include but are not limited to:
- 5.6.1 whether following the conclusion of the operation of this Procedure, the matter should be referred to the LSHTM disciplinary procedure; and/or
 - 5.6.2 whether following the conclusion of the operation of this Procedure, the matter referred to another relevant LSHTM process, including but not limited to the examination regulations, academic misconduct process or equivalent or the LSHTM’s financial fraud investigation process.
 - 5.6.3 what external organisations should be informed of the findings of the investigation, with appropriate confidentiality, including but not limited to statutory regulators, relevant funding bodies, partner organisations and professional bodies, the latter being particularly relevant if concerns relate to Fitness to Practice;

- 5.6.4 whether any action will be required to correct the record of research, including but not limited to informing the editors of any journals that have published articles concerning research linked to an upheld allegation of misconduct in research and/or by a person against whom an allegation of misconduct in research has been upheld; and/or
 - 5.6.5 whether procedural or organisational matters should be addressed by LSHTM or other relevant bodies through a review of the management of research; and/or
 - 5.6.6 informing research participants or patients or their doctors; and/or
 - 5.6.7 other matters that should be investigated, including allegations of misconduct in research which are either unrelated to the allegation in question or alleged to have been committed by persons other than the Respondent and/or other forms of alleged misconduct.
- 5.7 **Timescale:** The Panel will normally reach its conclusions within three months of being established, provided this does not compromise the Standards (see Annex 2) and Principles (see Annex 3) of this Procedure and the full and fair investigation of the allegation. This is indicative as it will depend on the number and nature of the allegations under investigation. The aim throughout must be a thorough and fair investigation of the allegation(s) in question, conducted in a timely and transparent manner, and with appropriate confidentiality.
- 5.7.1 Any delays to this timescale will be explained to the Complainant, the Respondent and the Designated Officer in writing, presenting an estimated revised date of completion.
- 5.8 **Process:** the Full Investigation Stage will normally commence following an instruction to that effect from the Designated Officer (see paragraph 4.24.6) at the conclusion of the Initial Investigation stage
- 5.9 Where the Initial Investigation Stage recommends that the allegation is to be referred to the Full Investigation Stage, the Designated Officer will ensure appropriate referral to other LSHTM committees for their information. This should be done immediately upon completion of the Initial Investigation Stage.
- 5.10 The Designated Officer shall then, as soon as is practicable, appoint a Full Investigation Panel (“the Panel”) to undertake a Full Investigation into the allegation(s).
- 5.10.1 The Panel will normally consist of three persons. Depending on the circumstances of the investigation and at the discretion of the Designated Officer, the Panel may consist of a greater number of persons, for example to ensure that it contains sufficient expertise or diverse perspectives to reach a thorough and fair conclusion on the allegation(s) under investigation.
 - 5.10.2 At least one member of the Panel shall be from outside LSHTM, as required by *The Concordat to Support Research Integrity*.
 - 5.10.2.1 At the discretion of the Designated Officer, the Panel may include multiple external members. This may be advantageous when allegations involve multiple disciplines of research and/or are especially complex and can help involved parties that the investigation process will be transparent, rigorous and fair.
 - 5.10.3 At least two members of the Panel shall be academic specialists in the general area within which the misconduct is alleged to have taken place, and where allegations concern highly specialised areas of research the Panel should have at least one member with specialised knowledge of the field. Such specialists can be drawn from within LSHTM, bearing in mind the conflict of interest requirements below (see paragraph 5.13) or from the Panel’s external member(s) (see paragraph 5.13). When allegations

- involve multiple disciplines of research, it may be necessary to increase the membership of the Panel so it contains sufficient expertise, as in paragraph 5.10.1 above.
- 5.10.4 There would be advantage in the review of allegations that involve staff on joint clinical/honorary contracts for there to be on the Panel an appropriate member of staff from the other employing organisation(s).
- 5.10.5 Once convened, the membership of the Panel should not be added to. In the event that the membership falls below its initial number, the Designated Officer will determine whether to recruit additional members and continue the investigation from its current point or restart the Initial Investigation stage.
- 5.11 The Designated Officer will select one of the members of the Panel to act as its Chair. In the event of the Chair becoming unable to participate in the Full Investigation Stage once it is underway, the Designated Officer will select a new Chair from the members of the Panel and then consider the overall membership of the Panel as in paragraph 5.10 above.
- 5.11.1 At the discretion of the Designated Officer, the Chair may be selected from the Panel's external members; this can help reassure involved parties that the investigation process will be transparent, thorough and fair.
- 5.12 Observers may be permitted to attend Full Investigations where requested. This is at the discretion of the Chair of the Full Investigation Panel and the Designated Officer.
- 5.13 All persons appointed to carry out the Full Investigation, and all persons allowed to observe it, will confirm to the Designated Officer in writing that:
- 5.13.1 Their participation involves no conflict of interest
- 5.13.2 They will abide by the Procedure as it affects the work of the Full Investigation stage;
- 5.13.3 They will respect the confidentiality of the proceedings; and
- 5.13.4 They will adhere to the Principles and Standards of the Procedure.
- 5.14 Both the Respondent and Complainant may raise with the Designated Officer concerns that they may have about those chosen to carry out the Full Investigation but neither has a right of veto over those nominated. The Designated Officer will consider any concerns raised and whether new persons should be selected to carry out the Full Investigation Stage.
- 5.15 The Chair is responsible for keeping a full record of the evidence received and of the proceedings, and should be supported in this by the HRGI.
- 5.16 The Designated Officer or delegate will provide the Chair and each member of the Panel with:
- 5.16.1 a copy of this Procedure;
- 5.16.2 details of the allegation(s) which will be considered under the Full Investigation stage;
- 5.16.3 a copy of the Designated Officer's note of the Receipt of Allegations stage (see paragraph 3.21);
- 5.16.4 a copy of the report of the Initial Investigation stage (see paragraph 4.18);
- 5.16.5 other records from the Initial Investigation stage as deemed appropriate by the Designated Officer;
- 5.16.6 names and contact details of the Complainant(s) and the Respondent(s);
- 5.16.7 a summary of correspondence with the Complainant(s) and the Respondent(s) to date; and
- 5.16.8 a summary of any evidence secured by the Designated Officer during the Receipt of Allegations stage (see paragraph 3.32) or by the Investigator during the Initial Investigation stage (see paragraph 4.11.6).

- 5.17 The Panel will then inform the Complainant and the Respondent of the following, formally and in writing. The Panel should contact each Complainant and Respondent separately and not divulge the identity of any other Complainant or Respondent.
- 5.17.1 A Full Investigation of the allegation is being conducted.
- 5.17.1.1 Respondents should be informed of the name of any Complainant(s) who have made the allegation(s) concerning them.
- 5.17.1.1.1 At the discretion of the Designated Officer, in exceptional circumstances the identity of the Complainant(s) may remain confidential. Any such decision should be made after: seeking advice from human resources/ student services and/or legal; taking into account the LSHTM whistleblowing policy or equivalent; and taking into account the impact on the Respondent(s) ability to respond to the allegation(s) that have been made against them. No decision should be made that compromises the Principles and Standards of this Procedure or the thorough and fair investigation of the allegation(s) in question.
- 5.17.2 They will be interviewed as part of the Full Investigation.
- 5.17.2.1 Respondents must be informed that when interviewed, they will be given the opportunity to respond to the allegations made against them.
- 5.17.3 They have the right to be accompanied this interview by a colleague, or trade union or student union representative, or whoever else is specified in any additional contractual rights (such as by university statutes and ordinances).
- 5.17.4 A provisional timescale for the completion of the Full Investigation
- 5.18 The Chair of the Panel will be responsible for the conduct of the proceedings during the Full Investigation and will determine its way of working and rules. The Panel does not have any disciplinary powers. The Panel shall decide on the basis of the provisions of this stage of the Procedure and the information that it has been given, its way of working, what information it needs to make a decision and who it wishes to interview/ take statements from in addition to the Complainant and the Respondent, who must be interviewed (paragraph 5.17).
- 5.19 When making any decisions about the conduct or conclusion of the Full Investigation, the Panel will do so by a vote, with the majority vote determining the outcome. In the event of any tie, the Chair has a casting vote.
- 5.20 The Panel shall assess the evidence provided and any additional information they require. The work of the Panel will include: determination of whether the allegation is made in good faith; a confidential review and assessment of the evidence provided; reaching a conclusion on the allegation(s) in line with the possible outcomes set out in paragraph 5.24; and it may choose to make recommendations on further actions which might necessary to address what the Full Investigation discovers in line with the possible outcomes set out in paragraph 5.24.
- 5.20.1 As part of its works, the Panel must separately interview the Complainant and the Respondent.
- 5.20.1.1 Where there are multiple Complainants and/or Respondents, each must be interviewed separately. Note that Complainants and Respondents are never interviewed together.
- 5.20.2 Complainants and Respondents have the right to be accompanied to interviews by a colleague, or trade union or student union representative, or whoever else is specified in any additional contractual rights (such as by university statutes and ordinances).
- 5.20.3 When interviewed, the Respondent will be given the opportunity to respond to the allegations made against them, set out their case and submit their own evidence for

consideration by the Panel. They can also suggest witnesses for the Panel to interview; the Panel may then choose to invite the suggested witnesses to interview.

- 5.21 If the Complainant or Respondent does not wish to be interviewed, they should be asked to engage with the process through other means, such as providing written answers to questions posed by the Panel.
- 5.21.1 If the Complainant or Respondent decline to answer any questions from the Panel, this may be viewed as them withdrawing from the Procedure (see paragraph 50, Annex 3).
- 5.22 The Investigator should also interview relevant witnesses; these can include witnesses suggested by the Complainant or Respondent.
- 5.22.1 Witnesses who are staff or students of LSHTM have the right to be accompanied to interviews by a colleague, or trade union or student union representative, or whoever else is specified in any additional contractual rights (such as by university statutes and ordinances).
- 5.22.2 While witnesses who are external to LSHTM will not have a contractual right to be accompanied to interviews, it is strongly advised that they be offered the right to be accompanied by a friend. This provision will aid the thorough and fair investigation of the allegation(s) in question and increase the confidence of witnesses in the use of the investigation in question.
- 5.23 Where the Complainant has raised an allegation relating to a large body of work, or work carried out over a significant period of time, the Panel will need to carry out sufficient investigation to reach a robust conclusion on the allegation(s). This can take time and resources, and advice should be sought from the Designated Officer and their advisers/ support on how to best approach this. See also under **Outcomes and reporting stage** (Section 6) - where serious longstanding research misconduct has been established.
- 5.24 **Conclusion of this stage and next steps:** the Panel will reach a conclusion on the allegation(s) under investigation and may choose to make recommendations on subsequent actions which should be taken by LSHTM and/or other bodies (see paragraph 5.26).
- 5.25 The standard of proof used by the Full Investigation is that of “on the balance of probabilities”.
- 5.26 The Panel shall write a report indicating (where relevant, for each allegation) whether they conclude, giving the reasons for its decision and recording any differing views, that the allegation:
- 5.26.1 is unfounded, because it is mistaken or is frivolous or is otherwise without substance, and will be dismissed; **or**
- 5.26.2 is unfounded, because it is vexatious and/or malicious, and will be dismissed; **or**
- 5.26.3 warrants referral directly to another formal process of LSHTM, including but not limited to: Academic manual¹³, Dignity and Respect: Anti-Bullying and Harassment Policy¹⁴, Anti-Fraud Policy¹⁵, Disciplinary process¹⁶; **or**
- 5.26.4 warrants referral directly to an external organisation, including but not limited to statutory regulators or professional bodies, the latter being particularly relevant where there are concerns relating to Fitness to Practise; **or**

¹³ [Academic Manual](#): Chapter 7: General Academic Regulations

¹⁴ [Dignity and Respect: Anti-Bullying and Harassment Policy](#)

¹⁵ [Anti-Fraud Policy](#)

¹⁶ Disciplinary process for [academic staff](#) and for [professional services staff](#)

- 5.26.5 has some substance but due to its relatively minor nature or because it relates to poor practice rather than to misconduct, will be addressed through education and training or other non-disciplinary approach, such as mediation, rather than through the next stage of the Procedure or other formal processes; **or**
- 5.26.6 is upheld in full; **or**
- 5.26.7 is upheld in part.

5.27 In its report, the Panel may also make recommendations, for consideration by the Designated Officer and/or appropriate LSHTM authorities, regarding any further action(s) which should be taken by LSHTM and/or other bodies to: address any misconduct the Full Investigation may have found; correct the record of research, and/or address other matters uncovered during the course of the Full Investigation. Such recommendations might include but are not limited to:

- 5.27.1 whether following the conclusion of the operation of this Procedure, the matter should be referred to LSHTM's relevant disciplinary procedure; and/or
- 5.27.2 whether following the conclusion of the operation of this Procedure, the matter referred to another relevant LSHTM process, including but not limited to the examination regulations, academic misconduct process or equivalent or the LSHTM's financial fraud investigation process
- 5.27.3 what external organisations should be informed of the findings of the investigation, with appropriate confidentiality, including but not limited to statutory regulators, relevant funding bodies, partner organisations and professional bodies, the latter being particularly relevant if concerns relate to Fitness to Practice;
- 5.27.4 whether any action will be required to correct the record of research, including but not limited to informing the editors of any journals that have published articles concerning research linked to an upheld allegation of misconduct in research and/or by a person against whom an allegation of misconduct in research has been upheld; and/or
- 5.27.5 whether procedural or organisational matters should be addressed by LSHTM or other relevant bodies through a review of the management of research; and/or
- 5.27.6 informing research participants or patients or their doctors; and/or
- 5.27.7 other matters that should be investigated, including allegations of misconduct in research which are either unrelated to the allegation in question or alleged to have been committed by persons other than the Respondent and/or other forms of alleged misconduct.

Reminder: The outcomes listed above reflect the dual purpose of the Full Investigation stage: the Panel must reach a conclusion on the allegation(s) under investigation, but may also choose to make recommendations on further actions which might be necessary for the Designated Officer and/or LSHTM to take in order to address what the Full Investigation discovers.

If the Panel chooses not to make such recommendations, then these issues should be considered by the Designated Officer working with the HRGI, and with others as necessary, during the **Outcomes and Reporting** stage.

5.28 A summary of the findings will be sent to the Complainant and the Respondent for comment on matters of factual accuracy. The Panel will consider the responses received and if they consider that the report includes errors of fact, will modify the report as necessary.

5.29 The Panel will then submit their final report to the Designated Officer, setting out: the conclusions of the Full Investigation stage on the allegation(s) under investigation; their

recommendations regarding further actions to be taken; and any other matters they wish to draw to the attention of LSHTM.

- 5.30 The Chair and Panel will also hand over to the HRGI or Unit Representative all records/material relating to the Full Investigation.
- 5.31 The Designated Officer shall convey the substance of the Panel's findings and recommendations to the Complainant, the Respondent and such other persons or bodies as they deem appropriate.
- 5.32 The Designated Officer, or delegate, will then undertake the following actions depending on the conclusions of the Full Investigation stage on the allegation(s) under investigation:
- 5.32.1 If it is concluded that the allegation(s) is unfounded, because it is mistaken or is frivolous or is otherwise without substance, then the allegation(s) are dismissed and the investigation moves to the **Outcomes and reporting stage** (section 6).
 - 5.32.2 If it is concluded that the allegation(s) is unfounded, because it is vexatious and/or malicious, then the allegation(s) are dismissed and the investigation moves to the **Outcomes and reporting stage** (section 6).
 - 5.32.3 If it is concluded that the allegation(s) warrants referral directly to another formal process of LSHTM, then the investigation moves to the **Outcomes and reporting stage** (section 6).
 - 5.32.4 If it is concluded that the allegation(s) warrants referral directly to an external organisation, then the investigation moves to the **Outcomes and reporting stage** (section 6).
 - 5.32.5 If it is concluded that the allegation(s) has some substance but, due to its relatively minor nature or because it relates to poor practice rather than to misconduct, will be addressed through education and training or other non-disciplinary approach, then the investigation moves to the **Outcomes and reporting stage** (section 6).
 - 5.32.6 If it is concluded that the allegation(s) is upheld in part, then the investigation moves to the **Outcomes and reporting stage** (section 6).
 - 5.32.7 If it is concluded that the allegation(s) is upheld in full, then the investigation moves to the **Outcomes and reporting stage** (section 6).
- 5.33 The work of the Panel is then concluded and the Panel should be disbanded. As the matter may then give rise to disciplinary or other action, the Chair and members of the disbanded Panel should not make any comment on the matter in question, unless formally sanctioned by LSHTM or otherwise required to by law. They should also remember that all information concerning the case was given to them in confidence.
- 5.34 Any queries or requests for comment addressed to the Chair or members of the Panel should be referred to the Designated Officer or delegate.
- 5.35 Those who have contributed to the disbanded Panel should have no further involvement in the Procedure, unless formally asked to clarify a point in their written report at a subsequent stage or as part of any subsequent action or process.
- 5.36 A role as Chair or member of the Panel rules out participation in any subsequent disciplinary or other process.
- 5.37 The Research Governance Committee will be informed of the result of Full Investigation Stage

5.38 The Full Investigation stage now ends.

6. Outcomes and Reporting Stage

- 6.1 **Purpose:** The purpose of the Outcomes and Reporting stage is to ensure that all necessary actions are taken at the conclusion of this procedure, including but not limited to: actions arising following any Initial Investigation or Full Investigation that may have taken place; and ensuring that the research record is correct.
- 6.2 **Conducted by:** The Designated Officer or delegate is responsible for ensuring that the actions described under this stage are carried out. Some actions may require the involvement of other departments within LSHTM and/or external organisations
- 6.3 **Timescale:** This will vary depending on the scale of action needed, but the Designated Officer should aim to ensure they are completed within three months of completion of the investigation. However, it is possible that some actions will require longer to complete.
- 6.4 **Process:** the required steps of this listed fall into two categories: “**Required actions**” which relate to any use of the Procedure and “**Actions required following [OUTCOME]**”, which relate solely to that particular outcome of the Procedure. All “Required actions” should be taken, followed by those relating to the particular outcome in question.
- 6.5 **Required actions:** The Designated Officer, working with the HRGI and others as necessary, should take any further action(s) they deem necessary to: address any misconduct the investigation may have found; correct the record of research, and/or address other matters uncovered during the investigation. Such recommendations might include but are not limited to:
- 6.5.1 whether following the conclusion of the operation of this Procedure, the matter should be referred to the LSHTM relevant disciplinary procedure; and/or
 - 6.5.2 whether following the conclusion of the operation of this Procedure, the matter referred to another relevant LSHTM process, including but not limited to the examination regulations, academic misconduct process or equivalent or the LSHTM financial fraud investigation process.
 - 6.5.3 what individuals and/or departments within LSHTM should be notified of the findings of the investigation, including but not limited to line managers, and Human Resources
 - 6.5.4 what external organisations should be informed of the findings of the investigation, with appropriate confidentiality, including but not limited to statutory regulators, relevant funding bodies, partner organisations and professional bodies, the latter being particularly relevant if concerns relate to Fitness to Practise; and/or
 - 6.5.5 informing research participants and other involved parties; and/or
 - 6.5.6 whether any action will be required to correct the record of research, including but not limited to informing the editors of any journals that have published articles concerning research linked to an upheld allegation of misconduct in research and/or by a person against whom an allegation of misconduct in research has been upheld; and/or
 - 6.5.7 whether procedural or organisational matters should be addressed by LSHTM or other relevant bodies through a review of the management of research and other measures as appropriate; and/or
 - 6.5.8 other matters that should be investigated, including allegations of misconduct in research which are either unrelated to the allegation in question or alleged to have been

- committed by persons other than the Respondent and/or other forms of alleged misconduct; and
- 6.5.9 communication of anonymised summary data on uses of this Procedure within a specific period (academic year or calendar year) to the Research Governance Committee and the Audit and Risk Committee, and dissemination of anonymised learning points within LSHTM as appropriate. This includes the annual anonymised summary that is added to the LSHTM website by the HRGI.
- 6.5.10 take into consideration any recommendations from the Full Investigation Panel
- 6.6 Actions required following conclusion that the allegation(s) is unfounded, because it is mistaken or is frivolous or is otherwise without substance:**
- 6.6.1 The Designated Officer or delegate shall take appropriate steps to preserve the good reputation of the Respondent. If the case has received any adverse publicity the respondent may be offered the opportunity to have an official statement released by LSHTM. The Communications team should be consulted prior to releasing any statement.
- 6.6.2 Those who have raised concerns/ made allegations in good faith will not be penalised and the Designated Officer shall take appropriate steps to preserve the good reputation of the Complainant.
- 6.6.3 Appropriate communications on the outcome and the reasons for it will be important to ensure good understanding of the process and outcome.
- 6.7 Actions required following conclusion that the allegation(s) is unfounded, because it is vexatious and/or malicious:**
- 6.7.1 The Designated Officer may consider recommending to the appropriate authorities that action be taken against anyone who is found to have made vexatious and/or malicious allegations of misconduct in research. This may include disciplinary action where the individual is internal to LSHTM.
- 6.7.2 The Designated Officer shall take appropriate steps to preserve the good reputation of the Respondent. If the case has received any adverse publicity the Respondent may be offered the opportunity to have an official statement released by LSHTM.
- 6.8 Actions required following conclusion that the allegation(s) warrants referral directly to another formal process of LSHTM:** Where this is necessary, the Designated Officer will inform the Complainant in writing of:
- 6.8.1 the reasons why the allegation cannot be investigated using this Procedure;
- 6.8.2 which process for dealing with complaints is appropriate for handling the allegation; and
- 6.8.3 that the allegation will be referred to the relevant department/ process.
- 6.9 The Designated Officer will then refer the matter to the relevant department/ process.
- 6.10 Actions required following conclusion that the allegation(s) warrants referral directly to an external organisation:**
- 6.10.1 When the Designated Officer has determined that the allegation does **not** relate to researchers or research under the auspices of LSHTM, the Designated Officer will inform the Complainant, in writing, of:
- 6.10.1.1 The reasons why LSHTM is not an appropriate body to investigate the allegation;
- 6.10.1.2 Which external organisation(s) might be an appropriate body to investigate the allegation;
- 6.10.1.3 Relevant information relating to contacting the external organisation(s).



- 6.11 When the Designated Officer has determined that, while the allegation does relate to researchers or research under the auspices of LSHTM, the allegation warrants referral directly to an external organisation, the Designated Officer or delegate will:
- 6.11.1 Contact the relevant external organisation(s), in writing, to inform them of the allegation and asking them to investigate or otherwise address it. The Designated Officer or delegate should also explain why LSHTM has concluded that the allegation warrants referral directly to the external organisation in question.
 - 6.11.2 Inform the Complainant, in writing, that the allegation is being referred directly to the external organisation(s) in question and provide the Complainant with relevant information so that they can contact the external organisation(s) in question if they so wish.
- 6.12 ***Actions required following conclusion that the allegation(s) has some substance but due to its relatively minor nature or because it relates to poor practice rather than to misconduct, will be addressed through education and training or other non-disciplinary approach:*** The Designated Officer or delegate shall ensure that the relevant education and training or other informal measures is provided either directly or by referring the matter to the relevant faculty or department
- 6.13 ***Actions required following conclusion that the allegation(s) is upheld in full or in part:*** The Designated Officer or delegate, in conjunction with relevant colleagues, should decide whether the matter should be referred to LSHTM’s disciplinary process or for other formal actions.
- 6.13.1 Should the allegations proceed to LSHTM’s disciplinary process, the report of the Full Investigation Panel should form the basis of the evidence that the disciplinary panel receives.
 - 6.13.2 All the information collected and brought to light through the Procedure should be transferred to the disciplinary process.
- 6.14 The Designated Officer or delegate should take such steps as are appropriate, given the seriousness of the allegations, to support the reputation of the Complainant and, if the allegation has been upheld in part rather than in full, the Respondent as appropriate, and any relevant research project(s).
- 6.15 Following the conclusion of the Procedure, the Designated Officer or delegate may need to recommend additional measures in addition to those that may be taken by way of the LSHTM disciplinary process.
- 6.15.1 Should the allegations proceed to LSHTM’s disciplinary process, the report of the Full Investigation Panel should form the basis of the evidence that the Disciplinary Tribunal receives. All the information collected and brought to light through this procedure should be transferred to the disciplinary process. The Tribunal will receive all information on the case in a meeting with the Chair of the Full Investigation Panel and the Designated Officer, to ensure that all relevant material is transferred.
- 6.16 Examples of potential actions that LSHTM may consider include, but are not limited to, the following. LSHTM should also remember the measures listed under “Required Actions”, above (see paragraph 6.5):
- 6.16.1 retraction/correction of published research, via notification of findings to editors/publishers;
 - 6.16.2 revocation of favourable opinions from the LSHTM ethics committees
 - 6.16.3 seizure and removal of data
 - 6.16.4 withdrawal/repayment of funding;

- 6.16.5 notifying research participants and other involved parties;
 - 6.16.6 notification of findings to relevant employers, statutory, regulatory, professional, grant-awarding bodies or other public body with a relevant interest;
 - 6.16.7 notifying other employing organisations;
 - 6.16.8 notifying other organisations involved in the research;
 - 6.16.9 adding a note of the outcome of the investigation to a researcher's file for any future requests for references;
 - 6.16.10 review internal management and/or training and/or supervisory procedures for research; and/or
 - 6.16.11 revocation of any degrees awarded on the basis of research that is the subject of a research misconduct finding.
- 6.17 Where an investigation has established research misconduct relating to a significant body of work over a period of time, LSHTM will wish to consider whether it needs to review other work carried out by the individual or individuals, including in work not flagged up in the course of the investigation.
- 6.18 **Conclusion of this stage and next steps:** The Complainant and Respondent will be informed of the actions taken at the final outcome of the matter. They will also be informed of the options for appeal open to them.
- 6.19 The Outcomes and Reporting stage of the Procedure is then concluded, with the Designated Officer and HRGI involved in follow-up actions, or receiving reports on them, as appropriate. As the matter may then give rise to disciplinary or other action, the Designated Officer and HRGI should remember that all information concerning the allegation and investigation was given to them in confidence.
- 6.20 Any queries or requests for comment on the use of the Procedure should be referred to the HRGI.
- 6.21 A role as the Designated Officer or HRGI rules out participation in any subsequent disciplinary process.
- 6.22 The Outcomes and Reporting stage now ends and the Procedure moves to the **Appeals** stage.

7. Appeals Stage

- 7.1 **Purpose:** The purpose of an appeals stage is to permit the Complainant and/or the Respondent to appeal in certain circumstances against the findings of an investigation carried out under this Procedure, in accordance with the requirements of *The Concordat to Support Research Integrity*.
- 7.2 **Conducted by:** The Designated Officer will establish an Appeals Panel, whose appointment is discussed under 'Process' (see paragraph 7.5). At least one member of the Appeals Panel must be from outside LSHTM.
- 7.2.1 If an appeal encompasses the actions/ decisions of the Designated Officer, then their role in this stage will be taken by the Pro Director Research and Academic Development.

- 7.3 **Timescale:** Any appeal should normally be heard within two months of the outcome of the investigation.
- 7.3.1 Any delays to this timescale will be explained to the Complainant and the Respondent in writing, presenting an estimated revised date of completion.
- 7.4 **Possible outcomes:** The Appeal Panel has the power to uphold, reverse or modify the following outcomes of the Procedure, including the decisions and/or recommendations associated with them. The decision of the Appeal Panel is final.
- 7.4.1 A conclusion of an Initial Investigation **or** of a Full Investigation that an allegation is unfounded, because it is mistaken or is frivolous or is otherwise without substance, and will be dismissed; **or**
- 7.4.2 A conclusion of an Initial Investigation **or** of a Full Investigation that an allegation is unfounded, because it is vexatious and/or malicious, and will be dismissed; **or**
- 7.4.3 A conclusion of an Initial Investigation **or** of a Full Investigation that an allegation has some substance but due to its relatively minor nature or because it relates to poor practice rather than to misconduct, will be addressed through education and training or other non-disciplinary approach, such as mediation, rather than through the next stage of the Procedure or other formal processes; **or**
- 7.4.4 A conclusion of a Full Investigation that an allegation is upheld in full; **or**
- 7.4.5 A conclusion of a Full Investigation that an allegation is upheld in part.
- 7.5 **Process:** Appeals are permitted on any or all of the following grounds:
- 7.5.1 Procedural irregularity in the conduct of the investigation up to and before the Appeal Panel.
- 7.5.2 Fresh evidence becoming available which was not, and could not, have been made available to the Investigator and/or the Full Investigation Panel.
- 7.5.3 There was evidence of bias in the process or decisions taken by the Designated Officer, Investigator and/or the Full Investigation Panel.
- 7.5.4 The recommendations made as part of an outcome of the Procedure/ subsequent actions taken are either excessive or inadequate in relation to the misconduct found by the investigation.
- 7.6 The Complainant and/or the Respondent may appeal against the following outcomes of the Procedure, including the decisions and/or recommendations associated with them:
- 7.6.1 A conclusion of an Initial Investigation **or** of a Full Investigation that an allegation is unfounded, because it is mistaken or is frivolous or is otherwise without substance, and will be dismissed; **or**
- 7.6.2 A conclusion of an Initial Investigation **or** of a Full Investigation that an allegation is unfounded, because it is vexatious and/or malicious, and will be dismissed; **or**
- 7.6.3 A conclusion of an Initial Investigation **or** of a Full Investigation that an allegation has some substance but due to its relatively minor nature or because it relates to poor practice rather than to misconduct, will be addressed through education and training or other non-disciplinary approach, such as mediation, rather than through the next stage of the Procedure or other formal processes; **or**
- 7.6.4 A conclusion of a Full Investigation that an allegation is upheld in full; **or**
- 7.6.5 A conclusion of a Full Investigation that an allegation is upheld in part.
- 7.7 Any appeal shall be made in writing to the Designated Officer within 10 days of being notified of the outcome of the Procedure. The written notice of appeal shall set out the grounds of appeal, and be accompanied, wherever possible, by supporting documentation.

- 7.8 The Designated Officer or delegate shall then, as soon as is practicable, appoint an Appeals Panel to undertake the appeals process. No individual involved in the Appeals Panel will have been involved at any stage previously. This includes the professional support to the Appeals Panel.
- 7.8.1 The Appeals Panel will normally consist of three persons. Depending on the circumstances of the investigation and at the discretion of the Designated Officer, the Appeals Panel may consist of a greater number of persons, for example to ensure that it contains sufficient expertise or diverse perspectives to reach a thorough and fair conclusion on the appeal.
- 7.8.2 One member of the Appeals Panel shall be from outside LSHTM.
- 7.8.2.1 At the discretion of the Designated Officer, the Appeals Panel may include multiple external members. This may be advantageous when the appeal involves multiple disciplines of research and/or is especially complex, and can help involved parties that the investigation process will be transparent, rigorous and fair.
- 7.8.3 One member of the Appeals Panel shall be an academic specialist in the general area within which the misconduct is alleged to have taken place (where allegations concern highly specialised areas of research they should instead have specialised knowledge of the field). Such a specialist can be drawn from within LSHTM, bearing in mind the conflict of interest requirements or from the Appeals Panel's external member(s). When allegations involve multiple disciplines of research, it may be necessary to increase the membership of the Appeals Panel so it contains sufficient expertise.
- 7.8.4 There would be advantage in the review of allegations that involve staff on joint clinical/honorary contracts for there to be on the Appeals Panel an appropriate member of staff from the other employing organisation(s).
- 7.8.5 Once convened, the membership of the Appeals Panel should not be added to. In the event that the membership falls below its initial number, the Designated Officer will determine whether to recruit additional members and continue the investigation from its current point or restart the Initial Investigation stage.
- 7.9 The Designated Officer will select one of the members of the Appeals Panel to act as its Chair. In the event of the Chair becoming unable to participate in the Appeals Stage once it is underway, the Designated Officer will select a new Chair from the members of the Appeals Panel and then consider the overall membership of the Appeals Panel.
- 7.9.1 At the discretion of the Designated Officer, the Chair may be selected from the Appeals Panel's external members; this can help reassure involved parties that the investigation process will be transparent, thorough and fair.
- 7.10 LSHTM may at its discretion permit observers to attend the Appeals stage where requested.
- 7.11 All persons appointed to carry out the Appeals stage, and all persons allowed to observe it, will confirm to the Designated Officer or delegate in writing that:
- 7.11.1 Their participation involves no conflict of interest
- 7.11.2 They will abide by the Procedure as it affects the work of the Appeals stage;
- 7.11.3 They will respect the confidentiality of the proceedings; and
- 7.11.4 They will adhere to the Principles and Standards of the Procedure.
- 7.12 Both the Respondent and Complainant may raise with the Designated Officer concerns that they may have about those chosen to carry out the Appeals stage but neither has a right of veto over those nominated. The Designated Officer will consider any concerns raised and whether new persons should be selected to carry out the Appeals Stage.

- 7.13 The Chair is responsible for keeping a full record of the work of the Appeals Panel, and should be supported in this by the administrative and other support identified by the Designated Officer to assist the Panel.
- 7.14 When making any decisions about the conduct or conclusion of the Appeals Stage, the Appeals Panel will do so by a vote, with the majority vote determining the outcome. In the event of any tie, the Chair has a casting vote.
- 7.15 The Appeals Panel will first decide whether the grounds for appeal are met.
- 7.16 If the grounds for appeal are met, the Appeals Panel will then review the conduct of the investigation and any evidence submitted in support of the appeals(s) in question, rather than carry out a re-investigation of the allegation(s) in question.
- 7.17 **Conclusion of this stage and next steps:** The Appeals Panel will decide whether it upholds, reverses or modifies the outcome in question of the Procedure, including the decisions and/or recommendations associated with it. The decision of the Appeal Panel is final.
- 7.18 The Appeals Panel shall write a report setting out its conclusions, giving the reasons for its decision and recording any differing views.
- 7.19 A summary of the conclusions will be sent to the Complainant and the Respondent for comment on matters of factual accuracy. The Appeals Panel will consider the responses received and if they consider that the report includes errors of fact, will modify the report as necessary.
- 7.20 The Appeals Panel will then submit their final report to the Designated Officer. The Chair and Appeals Panel will also hand over to the Designated Officer or their nominated representative all records/ material relating to the Full Investigation.
- 7.21 The Designated Officer shall convey the substance of the Appeals Panel's findings and recommendations to the Complainant, the Respondent and such other persons or bodies as they deem appropriate.
- 7.22 The Designated Officer or delegate will then undertake the actions necessary to implement the conclusions of the Appeals Panel, following relevant provisions of the **Outcomes and Reporting stage** and liaising with the HRGI and others, within and/or external to LSHTM, as necessary
- 7.23 The work of the Appeals Panel is then concluded and the Appeals Panel should be disbanded. As the matter may then give rise to disciplinary or other action, the Chair and members of the disbanded Appeals Panel should not make any comment on the matter in question, unless formally sanctioned by LSHTM or otherwise required to by law. They should also remember that all information concerning the case was given to them in confidence.
- 7.24 Any queries or requests for comment addressed to the Chair or members of the Appeals Panel should be referred to the Designated Officer.
- 7.25 Those who have contributed to the disbanded Appeals Panel should have no further involvement in the Procedure, unless formally asked to clarify a point in their written report at a subsequent stage or as part of any subsequent action or process.

7.26 A role as Chair or member of the Appeals Panel rules out participation in any subsequent disciplinary or other process.

7.27 The Appeals stage now ends.

8. Annual Statement

8.1 The Research Governance and Integrity Office (RGIO) is responsible for publishing an annual statement on their internet page on investigations into research misconduct, as per the ORI (Office of Research Integrity in the USA) and the Concordat on Research Integrity requirements. This includes filing the Assurance of Compliance with the HHS ORI, and the Annual Report on Possible Research Misconduct. The RGIO are committed to ensuring all research is conducted in compliance with the Good Research Practice policy.

8.2 The RGIO, on behalf of the Research Governance Committee, will also submit an annual report on activities to the Audit and Risk Committee.

9. Recording Allegations of Research Misconduct

9.1 The Research Governance and Integrity Office will maintain a register for all allegations of research misconduct, as well as proven cases. Records will be kept for at least 10 years, including those where there was found to be no case to answer. Such records will be stored separately from an employee's personnel file.

9.2 All reports should be sent to the HRGI who will store these for a minimum of 10 years (typically these will be stored in the Research Governance and Integrity Office).

10. References

Policy on Good Research Practice

Good Research Practice Policy (2019):
www.lshtm.ac.uk/research/researchgovernanceandintegrity/researchgovernance/index.html

LSHTM Royal Charter: https://www.lshtm.ac.uk/sites/default/files/LSHTM_Charter.pdf

Disciplinary Policies and Procedures for Staff

Policy and Procedures on Discipline and Performance for Academic staff:
[https://www.lshtm.ac.uk/sites/default/files/Disciplinary and Performance Academic Policy Procedure.pdf](https://www.lshtm.ac.uk/sites/default/files/Disciplinary%20and%20Performance%20Academic%20Policy%20Procedure.pdf)

Disciplinary and Dismissals Policy and Procedure for Professional Support Staff:
[https://www.lshtm.ac.uk/sites/default/files/Disciplinary and Dismissal PSP Policy Procedure.pdf](https://www.lshtm.ac.uk/sites/default/files/Disciplinary%20and%20Dismissal%20PSP%20Policy%20Procedure.pdf)

Associated LSHTM Policies and Procedures for Students

MSc Project Handbook:

www.lshtm.ac.uk/edu/taughtcourses/handbooks_regs_pols/index.html

Research Degrees Handbook: <https://www.lshtm.ac.uk/aboutus/organisation/academic-quality-and-standards/academic-regulations>

Academic Manual, Chapter 7: General Academic Regulations (specifically section 7.2: Academic Integrity (Assessment Irregularities) Policy:

<https://www.lshtm.ac.uk/aboutus/organisation/academic-quality-and-standards/academic-regulations>

Whistleblowing

Whistleblowing policy:

https://www.lshtm.ac.uk/sites/default/files/whistleblowing_policy.pdf

External

Medical Research Council (2014) Good Research Practice:

www.mrc.ac.uk/research/policies-and-resources-for-mrc-researchers/good-research-practice/

Medical Research Council (2014) Policy and Procedure for Inquiring into Allegations of Scientific Misconduct:

www.mrc.ac.uk/documents/pdf/mrc-policy-on-research-misconduct/

OECD Global Science Forum (2009) Investigating Research Misconduct Allegations in International Collaborative Research Projects, available at:

www.oecd.org/sti/sci-tech/42770261.pdf

RCUK Policy and Code of Conduct on the Governance of Good Research Conduct (2011) Integrity, Clarity and Good Management, available at:

Universities UK (2019) Concordat to support Research Integrity, available at:

<https://www.universitiesuk.ac.uk/topics/research-and-innovation/concordat-support-research-integrity>

UKRIO (2023) Procedure for the Investigation of Misconduct in Research, available at:

<https://ukrio.org/resources/publications/misconduct-investigation-procedure/>

Annex 1: Definition of Misconduct

Research misconduct may involve (note this list is not exhaustive):

- a. Fabrication – making up data results or other outputs and presenting them or recording them as if they are real
- b. Falsification – inappropriately manipulating research processes, or changing or omitting data
- c. Plagiarism – appropriation of other people’s material without giving proper credit in proposing, performing or reviewing research, or in reporting research results
- d. Failure to meet ethical, legal and professional obligations, such as:
 - i. Not observing legal, ethical and other requirements for research with humans or animals, or for the protection of the environment
 - ii. Breach of duty of care including failing to obtain informed consent
 - iii. Breach of confidentiality, misuse of personal data including inappropriate disclosures of the participant identity or the improper handling of privileged or private information on individuals collected during the research.
 - iv. Improper conduct in peer review of research proposals, results or manuscripts for publication
 - v. Deception in proposing, carrying out or reporting results of research
- e. Failure to follow approved and accepted research protocols/procedures, including:
 - i. Not obtaining appropriate permissions prior to the start of the study (i.e., relevant ethics committee approvals/favourable opinions and regulatory authority approvals)
 - ii. Not exercising due care in carrying out responsibilities for, or avoiding unreasonable risk or harm to:
 1. humans
 2. animals used in research
 3. the environment
- f. Misrepresentation/mismanagement of:
 - i. Data including suppression of relevant results or data and/or primary materials. This includes knowingly, recklessly or negligently presenting flawed interpretations
 - ii. Inappropriate claims to authorship or attribution of work and denial of authorship/attribution to persons who have made an appropriate contribution
 - iii. Interests including failure to declare competing interests of researchers or funders
 - iv. Qualifications, experience, and/or credentials
 - v. Publication history, through undisclosed duplication of publication, including undisclosed duplicate submission of manuscripts (self-plagiarism)
- g. Improper dealing with allegations of misconduct, including failing to address possible infringements, such as attempts to cover up misconduct and reprisals against whistle-blowers, or failing to adhere appropriately to agreed procedures in the investigation of alleged research misconduct.
- h. Engaging in Questionable Research Practices (QRPs) can also be defined as research misconduct. QRPs are defined as actions that violate traditional values of the research enterprise and that may be detrimental to the research process. Examples of QRPs include: selective outcome reporting, selective reporting of (dependent) variables, failure to disclose experimental conditions, rounding down the p-value.

Further information is provided in the Good Research Practice policy. For the avoidance of doubt, research misconduct includes acts of omission as well as acts of commission. Honest errors and differences in, for example, research methodology or interpretations do not constitute research misconduct

Annex 2: Standards

The Procedure will be carried out in accordance with the Standards outlined here in Annex 2, and the Principles set out in Annex 3. Those responsible for the operation of this Procedure must ensure that they are familiar with the Standards and Principles and refer to them with respect of all decisions and interpretations.

1. This procedure is based on the UK Research Integrity Office's "Procedure for the Investigation of Misconduct in Research" (v2.0, 2023).
2. The main policy governing research at LSHTM is the Good Research Practice policy.
3. Those conducting this Procedure will endeavour to do so in a way that retains the confidence of both the Complainant(s) and the Respondent(s). Every effort will be made to investigate allegations of research misconduct in the shortest possible timescale necessary to ensure a full and fair investigation.
4. If at any stage of this Procedure, a Respondent or anyone else whether involved in the matter or not raises a counter-allegation of misconduct in research or an allegation of misconduct in research unrelated to the matter under investigation, these allegations will be addressed under this Procedure as separate matters and will be forwarded to the Designated Officer for consideration.
5. If at any stage of this Procedure, a Complainant, Respondent or other person raises a complaint about the use or operation of this Procedure or any decision or action proposed or taken under this Procedure, or raises any other grievance, then the Designated Officer will seek the advice of Human Resources, Taught Programme Director (TPD)/Faculty Research Degree Director (FRDD) and other relevant departments, in confidence, to determine an appropriate course of action.
6. Where a Complainant, Respondent or other person involved in the investigation has difficulties at any stage of the procedure due to a disability, they should discuss this with the Designated Officer as soon as possible and reasonable adjustments will be made to ensure they are able to fully participate in the procedure.
7. However well managed, research misconduct matters can be difficult for all parties involved, including the complainant, respondent and those managing and running investigations. LSHTM will endeavour to support all parties in terms of their health and wellbeing at all stages of the procedure.
8. Reports generated by an investigation under this Procedure may be used in evidence by subsequent investigations under this Procedure, where a related matter is raised, or by other LSHTM processes (such as a disciplinary process).
9. If required to facilitate a full and fair investigation and/or the operation of any aspect of this Procedure, the Designated Officer, those persons and panels conducting and supporting Initial



Investigations and Full Investigations shall be free to seek confidential advice from persons with relevant expertise, both within LSHTM and outside it. To address technical aspects raised by a matter, they may also employ relevant expertise and use of tools or computer software for assessing different forms of misconduct such as plagiarism, data manipulation and fabrication. Those seeking advice will, so far as is possible, anonymise the information provided to make no information available which could lead to the identification of the Complainant, Respondent or other individuals involved in the case. Persons consulted will be subject to the same requirements on confidentiality as others involved in the process. Persons who might be consulted include but are not limited to:

- a. experts in particular disciplines of research; or
 - b. experts in particular aspects of the conduct of research, such as members of research ethics committees, statisticians, editors of academic journals or equivalent persons from relevant areas of dissemination in research; and/or experts in addressing misconduct in research and poor practice; or
 - c. representatives from LSHTM departments such as: RGIO, Legal, Human Resources, Taught Programme Director (TPD)/Faculty Research Degree Director (FRDD), Finance; Governance/Registry, Health and Safety, Library and Archive Services, Information and Technology Services or the equivalents; or
 - d. the Advisory Service of the UK Research Integrity Office; or
 - e. legal advisers.
10. Confidential records will be maintained on all aspects, and during all stages, of the Procedure and notes will be made of all meetings convened under the Procedure.
11. The Designated Officer will retain all reports, correspondence, transcripts of meetings and other documentation relating to the operation of this Procedure. Advice should be sought from the relevant department on the Organisation's records retention policy for enquiries involving staff and/or students. In the absence of Organisational standards, the normal retention period for such records will be 6 years plus current (also known as 6 years +1), defined as 6 years after the last entry in a record, then followed by first review or destruction to be carried out in the additional current (+1) year. After the retention period, organisations must retain anonymised summary information of investigations (i.e., of the sort which is reported in annual statements required by *The Concordat to Support Research Integrity*).
12. Records must only be retained beyond the normal retention period if:
- a. their retention can be justified for statutory, regulatory, or legal reasons; and/or
 - b. the research project to which the records relate is still ongoing; and/or
 - c. the retention period of the research project to which the records relate is longer.
13. The Designated Officer will identify suitable administrative and other support to assist them and other persons responsible for the operation of this Procedure. In particular, support from Human Resources and Student Services may be appropriate. Those selected to provide such support will confirm to the Designated Officer that their participation involves no conflict of interest and that they will respect the confidentiality of the proceedings.
14. In addition to the administrative and other support identified by the Designated Officer, as in paragraph 13 above, the Head of Research Governance and Integrity may also advise and assist the Designated Officer and other persons responsible for the operation of this

Procedure. The Head of Research Governance and Integrity or alternate as described above will confirm to the Designated Officer if their participation involves a conflict of interest (see Principle of Integrity in Annex 3).

15. Legislation, guidance and standards of good practice applicable to research, and thus would be measured against in any proceeding include, but not limited to:

All LSHTM policies, as outlined in the Regulatory Documents section of the website, particularly the Good Research Practice policy
 All LSHTM procedures, particularly the Standard Operating Procedures for research available on the RGIO website
 Standards and guidelines for specific methodologies, eg ICH Good Clinical Practice (R2) guidelines detailing the conduct of clinical trials

Compliance with all ethical guidelines, including but not limited to

the World Medical Association's Declaration of Helsinki (1964, as amended (currently 2013)

CIOMS International Ethical Guidelines for Health-related Research Involving Humans (2016), as well as other established standards in biomedical research.

In addition, the Interventions and Observational A ethics committees comply with the US Federal Policy for the Protection of Human Subjects (also known as the Common Rule, i.e. 45 CFR part 46). The Interventions committee complies with the Food and Drug Administration regulations on Protection of Human Subjects (21 CFR 50) and on Institutional Review Boards (21 CFR 56).

All local, in-country regulations and requirements required by the sponsor and host institution, for example (but not limited to):

Medicines and Related Products Act 2014, Republic of The Gambia

National Drug Policy and Authority (Conduct of Clinical Trials) Regulations, 2014, Uganda

Uganda National Council for Science and Technology (UNCST) 2014. National Guidelines for Research involving Humans as Research Participants. Kampala, Uganda: UNCST

Uganda National Council for Science and Technology (UNCST) 2016. Research Registration and Clearance Policy and Guidelines. Kampala, Uganda: UNCST

UK Medicines for Human Use (Clinical Trials) Regulations 2004

UK Human Tissue Act 2004

UK Policy Framework for Health and Social Care Research (2017) (formerly the Research Governance Framework for Health and Social Care (2005))

UK Data Protection Act 2018 (General Data Protection Regulation (GDPR), incorporated into UK legislation as the (for research projects only)

Research integrity guidelines

Concordat to support Research Integrity by Universities UK

Singapore Statement on Research Integrity

Montreal Statement on Research Integrity in Cross-Boundary Research Collaborations

It is noted that this list is not exhaustive and that other standards or guidelines may apply to the research conducted. All researchers are responsible for knowing and complying with the applicable standards in their disciplines.

Annex 3: General Principles for the Investigation of Allegations of Research Misconduct

1. Misconduct in research is a serious matter. The investigation of allegations of misconduct in research must be conducted in accordance with the highest standards of integrity, accuracy and fairness.
2. Those responsible for carrying out investigations of alleged misconduct in research should always act with integrity and sensitivity.
3. The following principles of Data Protection, Fairness, Confidentiality, Integrity, Prevention of Detriment, and Balance as defined below must inform the use of this Procedure for the investigation of allegations of misconduct in research.

Data Protection

4. The use of this Procedure to investigate or otherwise respond to any allegation will constitute the processing of personal data of living individuals. Such processing is regulated by the Data Protection Act 2018 (as amended). It is LSHTM's duty to comply with the data protection principles with respect to personal data and accordingly any investigation or use of this Procedure will be carried out in accordance with such principles, as set out in Schedule 1 of the above Act. LSHTM recognises its duty to consider the nature of the personal information in question and where necessary treat such information as sensitive personal data in accordance with the Data Protection Act 2018 (as amended).

Fairness

5. The investigation of any allegations of misconduct in research must be carried out fairly and in accordance with the statutory human rights of all parties involved.
6. Those responsible for carrying out this Procedure should do so with knowledge of:
 - 6.1 the statutory obligations of LSHTM and the rights of employees according to current law;
 - 6.2 any additional rights and obligations particular to LSHTM and/or its employees and/or its students – for example those bestowed by university statutes and ordinances.
7. Where anyone is formally accused of misconduct in research, that person must be given full details of the allegations in writing.

8. When someone is investigated for alleged misconduct in research under this Procedure, they (the Respondent) must be given a reasonable opportunity to set out their case and respond to the allegations against them.
9. The Respondent must also be allowed to:
 - 9.1 ask questions;
 - 9.2 submit evidence in their defence;
 - 9.3 suggest witnesses for the Investigator and/or Full Investigation Panel to interview; the Investigator and/or Full Investigation Panel may then choose to invite the suggested witnesses to interview
 - 9.4 raise points with the Investigator and/or Full Investigation Panel, as appropriate, about any information given by any witness (regardless of who has called the witness in question).
10. The Respondent, Complainant and any witnesses involved in the Initial Investigation stage or the Full Investigation stage may:
 - 10.1 If they are staff or students of LSHTM, be accompanied to interviews by a colleague, or trade union or student union representative, or whoever else is specified in any additional contractual rights (such as by university statutes and ordinances) when they are required or invited to attend interviews or meetings relating to this Procedure;
 - 10.2 If they are external to LSHTM, while they will not have a contractual right to be accompanied when they are required or invited to attend interviews or meetings relating to this Procedure, it is strongly advised that they be offered the right to be accompanied by a friend.
 - 10.3 seek advice and assistance from anyone of their choosing

Confidentiality

11. LSHTM will ensure that, as far as possible, the proceedings of any investigation are treated as confidential. However, where there is a conflict between the need for confidentiality and the need to seek the truth, the latter must prevail.
12. The Procedure should be conducted as confidentially as is reasonably practicable. The confidential nature of the proceedings should be maintained provided this does not compromise either the investigation of the misconduct allegations, any requirements of health and safety or any issue related to the safety of participants in research.
13. The confidential nature of the proceedings is essential in order to protect the Complainant, the Respondent and others involved in the Procedure.
14. It is important that in the conduct of an investigation using this procedure that the principles of confidentiality and fairness are applied with appropriate balance for both the Respondent and the Complainant.
15. The identity of the Complainant or the Respondent should not be made known to any third party unless:
 - 15.1 it has been deemed necessary (by those conducting the investigation) in order to carry out the investigation and/or to carry out required/ necessary actions or disclosures following the outcome of the investigation;

- 15.2 it is necessary as part of action taken against the Respondent if (at the end of the Procedure and/or any subsequent process, such as a disciplinary process, and after any appeals processes) the allegations have been upheld;
- 15.3 it is necessary as part of action taken against a person who has been found to have made malicious, vexatious or frivolous allegations;
- 15.4 it is the stated policy of the employer/ funder/ other national body that the identity of individuals proved through appropriate disciplinary and appeals processes to have committed misconduct in research should be made public.
16. Any disclosure to a third party of the identity of the Complainant or Respondent, or of any other details of the investigation, should be made on a confidential basis. The third party should understand this, and that they must respect the confidentiality of any information received.
17. LSHTM and/or its staff may have contractual/legal obligations to inform third parties, such as funding bodies or collaborating organisation(s), of allegations of misconduct in research. In such cases, those responsible for carrying out this Procedure should ensure that any such obligations are fulfilled at the appropriate time through the correct mechanisms, always keeping in mind the legal rights of the employees, students and others involved in the allegations.
18. While the allegations are under investigation using this Procedure (and/or LSHTM's disciplinary process), the Complainant, the Respondent, witnesses or any other persons involved in this Procedure should not make any statements about the allegations to any third parties, unless formally sanctioned by LSHTM or otherwise required to by law.
19. Breaching confidentiality may lead to disciplinary action, unless covered by the Public Interest Disclosure Act and/or LSHTM's own grievance¹⁷ or whistleblowing¹⁸ procedures.
20. In the event of any conflict between the principle of confidentiality and any of the other principles of this Procedure, those conducting the Procedure should consider the principle of balance, and use their judgement to choose the appropriate solution.
21. Confidential records should be maintained on all aspects, and during all stages, of the Procedure. It is the responsibility of the Designated Officer to see that such records are maintained and made available at all stages for any use of LSHTM's Disciplinary Processes.

Integrity

22. An investigation into allegations of misconduct in research must be fair and comprehensive. The investigation should be conducted expediently although without compromise to the fairness and thoroughness of the process.

¹⁷ [Grievance Procedures for Academic Staff](#) and for [Professional Services Staff](#)

¹⁸ [Whistleblowing Procedure](#)

23. Anyone asked to take part in the processes as an Investigator or a member of a Panel must make sure that the investigation is impartial and extensive enough to reach a reasoned judgement on the matter(s) raised.
24. Similarly, those who give evidence to the investigation should do so honestly and objectively in accordance with the Principles of the Procedure and should be provided with relevant sections of the Procedure before giving evidence.
25. All parties involved must inform the Designated Officer or their delegate immediately of any interests that they have which might constitute a conflict of interest as regards any aspect of the allegations, the investigation, the area(s) of research in question, or any of the persons concerned. Where the Designated Individual has any interest which might constitute a conflict¹⁹, they should declare any such conflicts and refer the investigation to their nominated alternate, who should decide if they should be excluded from involvement in the investigation, recording the reasons for the decision.
26. To preserve the integrity of this Procedure, great care must be taken to ensure that all relevant information is transferred to those involved in the various stages of the procedure.
27. Those responsible for carrying out the Procedure should recognise that failure to transfer information could lead to the process being unfair to the Respondent and/or the Complainant. It could also lead to an appeal being made on the grounds of a failure to observe the Procedure or to the collapse of the investigation.

Prevention of Detriment

28. In using this Procedure, and in any action taken as a result of using the Procedure, care must be taken to protect:
 - 28.1 individuals against frivolous, vexatious and/or malicious allegations of misconduct in research;
 - 28.2 the position and reputation of those suspected of, or alleged to have engaged in, misconduct, when the allegations or suspicions are not confirmed; and
 - 28.3 the position and reputation of those who make allegations of misconduct in research in good faith, i.e. in the reasonable belief and/or on the basis of supporting evidence that misconduct in research may have occurred.
29. It is acknowledged that allegations may be made for what appear to be malicious reasons. The Procedure should still be used where the Complainant makes a formal complaint, to establish whether the allegations are of sufficient substance to warrant investigation.
30. Anyone accused of misconduct in research is entitled to the presumption of innocence.
31. Initial and Full Investigation stages should establish, on the balance of probabilities, the truth of any allegations.
32. Any formal steps taken to discipline or otherwise reprimand the Respondent, or take steps which might undermine their good name or reputation (or that of any other party), must be taken through LSHTM's disciplinary process which provides the Respondent with the right of appeal. Only when allegations have been upheld through LSHTM's disciplinary process and,

¹⁹ [Conflict of Interest policy](#)

where called upon, the appeals process, may it be appropriate to apply any sanctions to the Respondent.

33. LSHTM must take all reasonable steps to ensure that the Respondent (or any other party) does not suffer because of unconfirmed or unproven allegations.
34. Involvement of the Respondent in the Procedure should not prevent the Respondent from being considered:
 - 34.1 for promotion;
 - 34.2 or the completion of probation;
 - 34.3 or other steps related to their professional development.
35. LSHTM may choose to suspend the implementation of any promotion, completion of probation or any similar step, for the period that allegations are investigated using the Procedure, rather than delay the actual consideration of such matters.
36. If the allegations are upheld at the end of the Procedure, subject to LSHTM's disciplinary process and/or appeals process, LSHTM's normal rules with respect to steps related to professional development, such as those detailed above, should apply.
37. It should be made clear that any actions that might be taken by the Designated Officer in response to the notification of allegations of research misconduct are not to be regarded as a disciplinary action and do not in themselves indicate that the allegations are believed to be true by LSHTM. The Designated Officer and any Investigators and members of any Full Investigation Panels should take steps to make it clear to the Respondent, Complainant and any other involved parties that these actions are necessary to ensure that the allegations of misconduct in research can be properly investigated.
38. Appropriate action should be taken against:
 - 38.1 Respondents where the allegations of misconduct in research have been upheld, in full or in part, in accordance with this Procedure; and
 - 38.2 Anyone who is found to have made frivolous, vexatious and/or malicious allegations of misconduct in research.

Balance and Judgement

39. Those responsible for carrying out this Procedure must be aware that there may be occasions when a balance has to be struck in the application of the Principles and/or its Standards (see paragraph 7): for example, it may, in certain circumstances prove to be impracticable to undertake a thorough and fair Initial Investigation of the allegations without releasing the Complainant's identity to the Respondent.
40. The Designated Officer should be responsible for resolving any such conflicts between the Principles, between the Standards, and/or between the Principles and the Standards, keeping in mind at all times that the primary goal of this Procedure is to determine the truth of the allegations via a thorough and fair investigation, conducted in a timely and transparent manner, and with appropriate confidentiality. The Designated Officer, or delegate, can seek guidance from UKRIO and other bodies, as well as seeking legal advice.

41. In addition, the Designated Officer should be responsible for ensuring the integrity of this Procedure and any actions taken as a consequence of it. The Designated Officer should decide the course of action to be taken in cases of doubt.
42. The Designated Officer or their delegate should keep a written record of all decisions taken throughout all the steps of the Procedure. The Designated Officer or their delegate should liaise closely with the Investigator and the Chair of the Full Investigation panel to ensure that a proper record is maintained throughout the Procedure.

General Principles

43. Allegations of research misconduct may be brought to the attention of LSHTM internally or externally by an individual or by an organisation.
44. Complaints via a whistleblowing route are acceptable, and endeavours will be made to ensure that the Complainant's identity is kept confidential and will ensure that it remains so after the investigation is concluded unless disclosure is required by law or by the regulators. The Designated Officer and Head of Research Governance and Integrity will retain the Complainant's details to ensure an appropriate record of the investigation is maintained.
45. Nominated staff may be asked to attend meetings and/or to aid in any investigations. These include senior staff in Human Resources, Legal, Finance, Research Governance and Integrity Office, and/or Governance and Support Services (MRCG), Research Governance Office (MRCU) if the allegation refers to staff from the Units, depending on the allegations made.
46. LSHTM, the Respondent and the Complainant, may seek legal advice on any aspect of the proceedings at any stage.
47. When allegations of misconduct in research are raised which include/relate to allegations of bullying/ harassment, LSHTM will determine whether those allegations are investigated under this procedure or another LSHTM process, for example bullying/ harassment procedure or disciplinary process.
48. Financial fraud or misuse of research funds or research equipment may be addressed under LSHTM's financial fraud investigation process or equivalent, instead of under this procedure.
49. If other investigations are taking place in parallel, eg a criminal investigation, the LSHTM investigation may defer and await its completion.
50. The LSHTM process for investigating allegations of research misconduct will continue until its natural end point, including:
 - a. any individual(s) concerned leave or has left the jurisdiction of LSHTM, either before the operation of this Procedure is concluded or before the allegation(s) of research misconduct was made; or
 - b. the Complainant(s) withdrawing the allegation at any stage; or
 - c. the Respondent(s) admitting, or having admitted, the allegation in full or in part; or
 - d. the Respondent(s) admitting, or having admitted, other forms of misconduct, whether research misconduct or otherwise; and/or
 - e. the Complainant(s) and/or the Respondent(s) withdrawing from the Procedure

51. Where allegations relate to a Respondent who is no longer a member of staff, or student at LSHTM, collaboration for the investigation will be sought with other organisation(s), as required. This may include crossing national boundaries²⁰.
52. Every effort will be made to investigate allegations of research misconduct in the shortest possible timescale necessary to ensure a full and fair investigation. This will vary according to the time required to investigate a specific allegation.
53. The Designated Officer, or their delegate, may seek confidential advice from persons with relevant expertise, both from within LSHTM and external, including from UKRIO.
54. Confidential records will be maintained on all aspects, and during all stages, of the procedure and minutes will be made of all formal meetings convened under this procedure. Retention of all reports, correspondence, transcripts of meetings and other documentation will be retained by the Head of Research Governance and Integrity (as outlined in Section 9).
55. Allegations of misconduct may be required to be notified to funding bodies without necessarily being proven or upheld by the Initial Investigation or Full Investigation Panel, for example US funders require compliance with 42 CFR 93, subpart C, paragraph 93.309 which notes the Office for Research Integrity (ORI) is to be notified at the decision to initiate an investigation. The Head of Research Governance and Integrity will undertake these notifications and retain all records. Notifications of research misconduct will only take once the allegation has been investigated and proven.

Annex 5: Glossary

Complainant: a person who makes an allegation of research misconduct

Respondent: the person against whom an allegation of research misconduct is directed, or the person who is the subject of the inquiry or investigation

Designated Officer: the Chief Operating Officer, or their alternate, Pro-Director Research and Academic Development

²⁰ For cross-national research, see the [Montreal Statement](#) and [Russell Group Statement of Cooperation](#)

Annex 6: Standard headings in an investigation report

1. Executive summary
2. applicable regulations/policies/guidelines
3. Background
4. Outline of complaint
5. Investigation process
6. Investigation results
7. Recommendations (these should ideally be in the form of Corrective and Preventive Actions)
8. References
9. Appendices (eg witness statements, evidence)