



Academic Guidance 8:

Procedures for Dealing with Misconduct in Research (Staff)

2026-27

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Introduction

1. Misconduct allegations in research can have wide-ranging and damaging consequences, harming the integrity of research, bringing the individuals involved and the organisation into disrepute and causing harm to those involved. It can also damage public confidence in research. It is therefore vitally important that organisations have robust Procedures to investigate alleged misconduct fully and fairly.
2. We firmly believe in the quality of UK research and in the integrity of our researchers. This process forms part of a wider obligation to maintain these standards, a shared commitment to support rigour, integrity and excellence in research and a demonstration of our responsibilities.
3. Kingston University is committed to acting in accordance with the principles and 5 commitments outlined in the Concordat to Support Research Integrity. This document specifically describes the processes for 'Commitment 4: questionable research practices and potential research misconduct' and underpinned by our wider commitment:
 1. We are committed to maintaining the highest standards of rigour and integrity in all aspects of research.
 2. We are committed to ensuring that research is conducted according to appropriate ethical and legal and professional frameworks, obligations and standards.
 3. We are committed to supporting a research environment that is underpinned by a culture of integrity and based on good governance, best practice and support for the development of researchers.
 4. We are committed to using transparent, robust and fair processes to deal with allegations of research misconduct should they arise.
 5. We are committed to working together to strengthen the integrity of research and to reviewing progress regularly and openly.
4. These Procedures have been informed by the recommendations of:
 - The UK Research Integrity Office's Procedure for the Investigation of Misconduct in Research
 - The MRC's Policy and Procedure for Inquiry into Allegations of Scientific Misconduct
 - RCUK Policy and Code of Conduct on the Governance of Good Research Conduct
 - [2025 Concordat to Support Research Integrity](#)
5. These Procedures will be subject to review by the University Research & Knowledge Exchange Committee every 2 years or at need.

Objectives

6. The objectives of the Procedure are to:
 - ensure that an investigation is fair, thorough, and conducted with appropriate confidentiality in a timely and transparent manner
 - provide an agreed standard process and associated resources to minimise errors in the conduct of investigations
 - reassure those under investigation, those raising concerns, and other involved parties, that a nationally-adopted template Procedure adopted will be used

7. The further objectives of this document are:

- to ensure investigations are completed in a timely manner, bearing in mind the need to support all parties involved
- to publishing policies and processes accessible to the research community related to questionable research practices and research misconduct
- to identify confidential reporting mechanisms and named points of contact
- to lay out our fair and transparent processes, managing conflicts of interest, using external advisers where needed, and offering appeals processes
- ensuring that all parties, including Respondents, Instigators, responsible parties and Investigators have a full understanding of the process, expectations of them, and how to access assistance.

Principles

8. Allegations of misconduct in research are very serious and can be emotional for the parties involved. Those responsible for carrying out this Procedure are expected to act with integrity and sensitivity and to ensure that all reasonable steps are taken to protect all parties involved from undue pressure, victimisation, or unwarranted negative consequences. They should act in line with the principles outlined below. More detail is available in the Investigator's guidance document.

- **Data Protection.** Information processed in relation to allegations constitutes personal data and as such must be processed in compliance with Data Protection and the UK General Data Protection Regulation (GDPR).
- **Fairness.** Investigations must be carried out consistently, without unreasonable delay and in accordance with statutory human rights.
- **Confidentiality** is essential to protect the Respondent, Instigator and all others involved, but should not compromise the investigation, nor any safety issues. Any necessary disclosures of identities or detail MUST be made on a justified and confidential basis.
- **Prevention of Detriment.** Anyone accused of misconduct in research is entitled to the presumption of innocence whilst full Investigation establishes, on the balance of probabilities, the truth of any allegations. Positions and reputations of those involved should be protected during the investigation and individuals should be protected against frivolous, vexatious and malicious allegations. Involvement of the Respondent in the process should not prevent their professional development, including consideration for promotion or completion of probation, although implementation of these may be delayed pending outcomes.
- **Balance.** Those carrying out this process must be aware that there may be occasions when a balance has to be struck in the application of the Principles and/or Standards. The Responsible Person has overall responsibility for resolving any such conflicts to ensure that a thorough and fair investigation, conducted in a timely and transparent manner, and with appropriate confidentiality determines the truth of the allegations.

Definitions

Term	Definition
Appeals Contact	PVC Research, Simon Wortham If unavailable or having prior involvement, please contact the PVC KE & Innovation, Martin Davies.

Contact Point	Our Contact Point will retain a log of all formal processes instigated in response to allegations of staff research misconduct. They can also be contacted to allege Research Misconduct. The current contact is Juliet Parry, Head of Research Systems Governance & Funding. When not available, please contact the PVC Research, Simon Wortham.
Instigator	The person making the allegation (this may include external organisations such as journals). Where allegations of misconduct are made by an individual or body external to the University, that individual or body will be made aware of the University's Procedures and of the University's expectation that they will participate in the Procedures and comply with their requirements.
Investigator	An experienced member of academic staff appointed by the Responsible Person to undertake an initial investigation.
Research Misconduct	Misconduct in research includes acts of omission as well as acts of commission. <i>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." (The Concordat to Support Research Integrity (2019), Commitment 4).</i> Honest errors and differences in, e.g. research methodology or interpretations do not constitute research misconduct.
Receipt of communication	When a communication was received by the intended recipient. For example, it may be when an email arrived in their account, or if away it would be upon their return to work.
Responsible Person	The individual nominated by the Organisation for each area to have responsibility for supervising the Procedure for investigating allegations of misconduct in research; ensuring the record of information during the investigation is maintained and reported to the Contact Point; reporting the investigation outcomes to the Respondent and Instigator; informing involved internal contacts and external organisations where indicated; and taking decisions at key stages of the Procedure. The Responsible Person for each area is the Dean. If unavailable or involved in the allegation, the PVC Research will nominate a suitable alternative.
Respondent	The person accused of misconduct

Working days	When periods of days are referred to in this document, unless otherwise stated a 'day' is normally a <u>University</u> working day, which is any day except weekends, bank holidays and the period between Christmas and New Year when the University's administrative offices are closed. This applies even when some areas of the University, such as libraries and learning spaces, are open during these times.
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Purpose

9. The purpose of this process is to discharge the Organisation's responsibilities sensitively and fairly in respect of the investigation of allegations of research misconduct. Each procedural section commences with a box stating the purpose of that stage. The Procedure will be carried out in accordance with the Standards set out later in this section and the Principles set out above. Those responsible for the operation of this Procedure must ensure that they are familiar with the Standards and Principles and refer to them in relation to decisions and interpretations.
10. Organisation Statute(s) take precedence over anything set out in this Procedure. Notwithstanding the arrangements which follow, the Head of the Organisation or their nominee has the right to suspend a member of staff and the right to suspend a student in accordance with the relevant Organisation Statute(s). Nothing in this Procedure shall limit the right of the Organisation or a member of staff of the Organisation or a student of the Organisation to exercise their rights under any Statutes and Ordinances concerning discipline and grievance.
11. At any time, an employee may have confidential discussions and consultation about concerns of possible misconduct with their nominated Human Resources representative and seek advice about appropriate Procedures to report allegations.
12. This Procedure is intended to identify whether research misconduct has occurred and if so, the seriousness of the misconduct (usually Serious Misconduct, or if significant and/or extensive, potentially Gross Misconduct). When allegations of research misconduct are upheld, in full or in part, this may result in action being taken under the Organisation's disciplinary Procedures as appropriate, or under another relevant process. Reports generated by this Procedure may be used in evidence by the Organisation's disciplinary Procedures, by subsequent investigations under this Procedure and by other Organisational processes. In addition, subject to data protection considerations, they may be released, in full or in part or summary form, in reporting the matter to any appropriate external organisation.
13. This Procedure is intended to identify whether research misconduct has occurred and how it may be redressed and prevented from recurring. If at any stage the process is abortively terminated (e.g. by resignation of a key individual), without concluding that the complaints should be dismissed, the University will consider the seriousness of allegations outstanding, the strength of evidence supporting the allegations, the potential need for corrective action and the implications for the future career of the individual. Where serious concerns remain that misconduct may have occurred which have not been resolved, the individual complained against should be advised of this and be asked to see the investigation or hearing through to conclusion. Where they do not agree to this, they should be advised that the details of the outstanding case may (without prejudice) be passed to any future employer or 'bona fide' enquirer about their

career at the University, and may also be passed to any appropriate regulatory or professional supervisory body.

Scope

- 14.** This Procedure applies to research conducted solely or in conjunction with others in the University or other bodies or in conjunction with other bodies. It relates to any person conducting research under the auspices of the University, including but not limited to:

- current members of staff;
- independent contractors or consultants;
- visiting or emeritus staff undertaking research activity on site
- honorary staff, staff on joint contracts
- former staff (see details below)

This Procedure is only applicable in regard of misconduct which is alleged to have occurred during the time the staff were employed or otherwise acting under the auspices of the University. The Procedures do not apply to persons who are employed by other organisations and do not also have University status as above, even if those individuals were engaged in collaborative research with staff of the University.

Students are deemed to be undertaking training and are covered by:

- [Academic Regulations 6 Academic Integrity – Taught Courses](#)
- [Academic Regulations 7 Academic Integrity – Research Degrees](#)

Any issues beyond the scope of those policies would be the responsibility of their module leader / supervisor respectively and would fall under the scope of this policy.

- 15. Research:** Investigations leading to the generation of new knowledge as defined by the Frascati definition (Frascati Manual 2015: Guidelines for Collecting and Reporting Data on Research and Experimental Development, OECD 2015). Non-exhaustive examples:

Research	Not Research
Funded and unfunded activity Basic research, applied research, experimental development and evaluation for the purposes of improvement and development. Activity with direct relevance to the needs of commerce, industry, culture, society, and to the public and voluntary sectors; scholarship; the invention and generation of ideas, images, performances, artefacts including design, where these lead to new or substantially improved insights; and the use of existing knowledge in experimental development to produce new or substantially improved materials, devices, products and processes, including design and construction. Development of new analytical techniques	The development of teaching materials that do not embody original research The application of existing knowledge to provide expert advice (consultancy). Routine testing and routine analysis of materials, components and processes such as for the maintenance of national standards

- 16. Former staff** are covered by this policy. The University does not have powers to require former employees who are now employed elsewhere to comply with investigations, but will act within its powers to establish the truth of any

allegations and to right any wrongs identified. Where such investigations are historic, they will adhere to the standards relevant at the time as far as is practicable.

17. Where potential misconduct may span institutions the University will collaborate where joint investigations may be warranted and terms of reference can be agreed.
18. **Other Policies.** Where complex concerns may cross multiple University policies, each aspect must be investigated according to the appropriate policy. However, it is expected that investigations and hearings be aligned as far as possible to allow parallel concurrent consideration and to minimise stress to Respondents. E.g.:
 - Allegations of fraud are handled in accordance with the Procedures set out in the [University Fraud Response Plan](#).
 - Procedures relating to alleged bribery are handled in association with the University [anti-bribery policy](#)
 - The dignity at work policy covers unacceptable behaviour in the workplace, including harassment, bullying, victimisation and discrimination.
 - The University Disciplinary Procedure (as above) covers other issues that are not the subject of a specific policy.
 - The Procedures relating to investigation and discipline of students for misconduct in the prosecution of research, are set out in the [Academic Misconduct \(Research Degrees\)](#) and [Student Disciplinary Regulations](#).

Standards

19. All responsible for the operation of this Procedure must ensure that they are familiar with these Standards, as well as the Principles, and will refer to them with respect of all decisions and interpretations.
 - This Procedure will be conducted as to retain the confidence of both the Instigator(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.
 - Any counter-allegation of research misconduct or an allegation unrelated to the matter under investigation raised during this process will be addressed as separate matters under this Procedure and forwarded to the Responsible Person for consideration.
 - If a complaint is raised during the Procedure regarding the operation or activities under this Procedure, or if any other grievance is raised, the Responsible Person will seek advice in confidence from relevant professional departments to determine an appropriate course of action.
 - If a person involved in the investigation has difficulties at any stage of the Procedure due to a disability, they should discuss this with the Responsible Person at the earliest possible time, to allow reasonable adjustments to be made to enable full participation in the Procedure.
 - However well managed, research misconduct matters can be difficult for all parties involved, including the Instigator, Respondent and those managing and running investigations. The Responsible Person should consider how best to support all parties in terms of their health and well-being at all stages of the Procedure.
 - 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 Organisational processes (such as a disciplinary process).
 - If needed to facilitate a full and fair investigation, those conducting and

supporting Initial Investigations and Full Investigations shall be free to seek confidential expert advice internally or externally. They may also employ tools or computer software for assessing different forms of misconduct such as plagiarism, data manipulation and fabrication. When seeking such advice, anonymisation must be applied to ensure no information available which could lead to the identification of the Instigator, 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. They may include e.g. the Contact Point, experts in particular disciplines of research; research ethics committee members; statisticians; academic journal editors; experts in research dissemination; experts in addressing research misconduct and poor practice; representatives of professional departments; the Advisory Service of the UK Research Integrity Office; legal advisers

- Confidential records will be maintained on all aspects, and during all stages, and notes will be made of all meetings convened under the Procedure. These should be stored in the central location provided and will be subject to standard University retention policies. Anonymised summary information only will be retained after this period.
- All persons appointed to investigate, assist or provide expert advice under the Procedure will confirm to the responsible in writing that:
 - Their participation involves no conflict of interest, seeking advice if unsure
 - They will abide by the Procedure;
 - They will respect the confidentiality of the proceedings; and
 - They will adhere to the Principles and Standards of the Procedure.

If the Responsible Person has any potentially conflicting interests, they should declare such conflicts to the PVC-Research, who should decide if they should be excluded from involvement in the investigation, recording the reasons for the decision.

- Where an allegation relates to research misconduct which may be placing others at risk, the Responsible Person will notify the Director of Human Resources of the issue, who will advise the Vice Chancellor if there are grounds for suspension of the employee concerned. The Vice Chancellor will ensure removal of the risk or, if necessary, suspend the Respondent on full pay pending the outcome of the investigation.
- Recommendations for resolution should be fair and transparent and avoid the use of non-disclosure agreements.

Forms of Research Misconduct

Research misconduct (see definitions): includes but is not limited to...

Type	Description
Breach of duty of care	Which involves deliberately, recklessly or by gross negligence: - disclosing improperly the identity of individuals or groups involved in research without their consent, or other breach of confidentiality - placing any of those involved in research in danger, whether as subjects, participants or associated individuals, without their prior consent, and without appropriate safeguards even with consent; this includes reputational danger where that can be anticipated - not taking all reasonable care to ensure that the risks and dangers, the broad objectives and the sponsors of the research are known to participants or their legal representatives, to ensure appropriate informed consent is obtained properly, explicitly and transparently - not observing legal and reasonable ethical requirements or obligations of care for animal subjects, human organs or tissue used in research, or for the protection of the environment; misuse of personal data - improper conduct in peer review of research proposals or results (including manuscripts submitted for publication); this includes failure to disclose conflicts of interest; inadequate disclosure of clearly limited competence; misappropriation of the content of material; and breach of confidentiality or abuse of material provided in confidence for peer review purposes. - failure to follow University Procedures and processes in respect of research and management of research, especially where pertaining to human subjects or their data - where acting on behalf of another, e.g. managing a project during absence, inappropriate redirection of their ideas, intellectual property or work (written or otherwise), without acknowledgement or permission, beyond reasonable expectation of independence of the role Research is often a collaborative process and there is an expectation that the process will be collegiate at all stages. Shared ideas or outcomes may sometimes be taken in different directions by different members of the group. This should involve collaborative discussion to ensure the intended direction will not prevent or limit other group members from using those ideas or outcomes. - Purposeful limitation may be considered a breach of duty of care especially where it blocks career advancement.
Fabrication	This includes the creation of false data or other aspects of research, including documentation and participant consent and presenting / recording them as if they were real.
Falsification	This includes the inappropriate manipulation and/or selection of research processes, materials, equipment, data, imagery and/or consents.

Misrepresentation	Including: • Misrepresentation of data, for example suppression of relevant findings and/or data, or knowingly, recklessly or by gross negligence, presenting a flawed interpretation of data; • Undisclosed duplication of publication, including undisclosed duplicate submission of manuscripts for publication; • Misrepresentation of interests, including failure to declare material interests either of the researcher or of the funders of the research; • Misrepresentation of qualifications and/or experience, including claiming or implying qualifications or experience which are not held; • Misrepresentation of involvement, such as inappropriate claims to authorship and/or attribution of work where there has been no significant contribution, or the denial of authorship where an author has made a significant contribution.
Misconduct mismanagement	Improper dealing with allegations of misconduct: • failing to address possible infringements, such as attempts to cover up misconduct and reprisals against whistle-blowers • failing to adhere appropriately to agreed Procedures in the investigation of alleged research misconduct accepted as a condition of funding • includes the inappropriate censoring of parties through the use of legal instruments, such as non-disclosure agreements.
Mismanagement or inadequate preservation of data and/or primary materials	Including failure to: • keep clear and accurate records of the research Procedures followed and the results obtained, including interim results; • share records and data and/or provide access to authorised collaborators • hold records securely in paper or electronic form; • make relevant primary data and research evidence accessible to others for reasonable periods after completion of the research; • manage data according to the research funder's data policy and all relevant legislation; • wherever possible, deposit data permanently within a suitable repository.
Plagiarism	This includes the general misappropriation or use of others' ideas, intellectual property or work (written or otherwise), without acknowledgement or permission.

Safeguards: An allegation of misconduct in this context is potentially defamatory and therefore actionable in law. For the protection of the Respondent and the Instigator these Procedures must be conducted in strict confidentiality and disclosed only to those identified as having a role in the Procedures.

A presumption of innocence is maintained until the investigation process is complete and Instigators who have made allegations in good faith, whether substantiated or not, will be protected.

- 20.** General misconduct in relation to research should be investigated using the appropriate route e.g. the Bullying, Harassment, Victimisation & Sexual Misconduct Policy. Where research misconduct and general misconduct in relation to research form part of the same allegation, the investigations can, where appropriate, be conducted concurrently by the same Investigator(s); please seek advice from HR.

Please ensure that any general misconduct issues in relation to research are reported to the Contact Point for inclusion in our mandatory annual report. Any such allegations should also be checked for other reporting requirements e.g. most funders have policies relating to reporting bullying and harassment; the Contact Point can advise and manage any formal reports required.

Informal Resolution

- 21.** Kingston University recognises that mistakes and honest errors can be made in any field of human endeavour and that less experienced researchers in particular may make minor infractions where there is no evident intention to deceive.

If line managers suspect such infraction may be occurring through limited experience, they should invite the employee to an informal meeting. This discussion should take place as early as possible and as part of normal day to day management.

It should explore if errors have occurred, and if they have, ways to redress them (see also paragraphs section on informal resolution in Investigators' guidance document) and seek ways to increase understanding informally through mentoring, education and guidance. If the informal process proves insufficient, if the infractions are not minor, or if repeated, the formal process must be applied.

- 22. If a formal complaint has been made**, internally or externally, including referral through the whistleblowing process, **a formal response is mandatory**. This formal process would therefore commence.

Procedure for the Investigation of Misconduct in Research

Timeframes

- 23.** It should at all times be borne in mind that this process is the examination of a formal allegation. The process is usually extremely stressful upon the Respondent, upon the Instigator who may have a personal interest, and may also be stressful for Investigators, witnesses and others involved. Care to minimise stress as far as is practical should be taken. As such, every effort must be made to investigate allegations of research misconduct in the shortest possible timescale necessary to ensure a full and fair investigation. There is an expectation that the time taken to examine will be the minimum practical time and that the maximum time allowance should not be taken unless specifically to ensure a fair outcome. The table below summarises usual expectations in addition to maximum time allowances. If it is essential to a full and fair outcome, extensions will be allowed, but should be based upon exigencies of the process itself and should ideally consist of no more time than indicated. If Respondent personal circumstances make this unviable, advice should be sought from HR.

Table 1. Expected and usual maximum timeframes of process stages

Stage	Expected timeframe	Maximum timeframe	Extensions
Receipt of allegations	5 days	10 days	none
Initial investigation	20 days	30 days	Up to 10 days, dependent on availability and complexity
Full investigation	40 days	3 calendar months	By agreement, where warranted by complexity of the case
Outcomes & reporting	5 days (notification)	5 days (notification)	Implementation timeframe as required
Appeals	10 days	15 days	By agreement, where warranted by complexity of the case

Making an Allegation

- 24.** Anyone may raise a concern relating to research misconduct; it is not limited to members of the organisation. In the first instance and where appropriate, they attempt to address the issue with the individual concerned or an appropriate senior colleague and proceed to a formal complaint if not satisfied with the outcome of an informal approach. If there are concerns regarding this approach e.g. that the Instigator's own position could be jeopardised if they raise a particular concern directly, advice may be sought from the Contact Point, or the whistleblowing process may be used.
- 25.** The Instigator makes an allegation of misconduct, in confidence. When raising concerns, Instigators should provide a summary of the allegation along with any other information and enclose any evidence to support their concerns. This may take place in writing to the Contact Point or to the whistleblowing service or to the Responsible Person. The Responsible Person will be responsible for the examination of the allegation (if the Dean is the subject of the allegation, the PVC Research will arrange a substitute).
- 26.** If the allegation is received via the Contact Point, it will be logged and passed to the Responsible Person for action. If received via any other route, at this point in the process the Responsible Person MUST log all allegations with the current staff Contact Point: j.parry@kingston.ac.uk, who will maintain a log of ongoing investigations and outcomes. The outcome of each stage as it progresses should also be notified to the Contact Point for logging.

The Responsible Person is responsible for acknowledging receipt to the Instigator.

Receipt of Allegations

- 27.** There is an initial screening to assess if the allegation is deemed to fall within the scope of these Procedures.

Purpose: the purpose of the Receipt of Allegations Stage is to assess an allegation of research misconduct received to determine the most appropriate process to address it. The primary aim is to determine whether the matter falls under the institutional Procedure for investigating misconduct in research. Its aim is **NOT** to investigate the substance of the matter raised.

28. The Responsible Person would usually perform the screening themselves, but may appoint a senior colleague, that is equal or higher in grade to the Respondent and independent from the allegation, to consider the issue and report.
29. The Responsible Person should also consider the further stages of the process in order to be able to act promptly if next steps are warranted. E.g. they should prepare to appoint an Investigator if the allegation warrants initial investigation. The Responsible Person should identify suitable administrative and other support to assist them and other persons responsible for the operation of this Procedure, including seeking HR support where appropriate. They should also seek advice on further steps that may be required e.g. if and when funding bodies should be notified (Contact Point).
30. Upon notification of the allegation, the Contact Point will prepare confidential sharable online storage. Any materials received and letters sent should be held within that storage area, for confidentiality, for sharing at any warranted future stages and to document the process.
31. The Responsible Person must then inform the Instigator in writing within ten working days that:
 - i) the allegation falls within the Procedures and warrants initial investigation
 - ii) the allegation has been dismissed as either outside the scope of the Procedures or unwarranted
 - iii) the allegation has been referred to an alternative Procedure

If the allegation will proceed to initial investigation, the Responsible Person will formally inform each Respondent confidentially and separately in writing:

- An allegation of misconduct in research has been made which involves them.
- A summary of the allegation(s) and a copy of the Procedure.
- That it has been determined at the Receipt of Allegations stage that the matter has sufficient substance and falls under this Procedure and therefore will proceed to the 'Initial Investigation' stage.
- That they will be allowed to respond to the allegation(s) and set out their case.
- An outline of the next steps and approximate timescales. Ideally, this should include the identity of the Investigator and when they are likely to be in contact.

The relevant template letter within the Investigator's Guidance document should be used as the basis for this communication. The anonymity of the Instigator must be maintained.

The Responsible Person must also notify the Contact Point of the outcome.

Initial Investigation

Purpose: the purpose of the Initial Investigation Stage is to determine whether there is prima facie evidence of research misconduct; or what alternative action(s) should be taken.

32. As soon as is practicable, the Responsible Person will, appoint an Investigator to undertake an Initial Investigation into the allegation(s). The Investigator will be an experienced member of academic staff. They will usually be from within the organisation and may be from or outside the department concerned, depending on the circumstances of the investigation. If the Investigator subsequently becomes unable to participate, the Responsible Person shall reappoint and decide whether the investigation can be continued or if restarting may be necessary to find a fair result.

- 33.** The Responsible Person will formally write to the Instigator and the Respondent to inform them of the Investigator, ideally in the same communication as point **32** above. The Respondent and Instigator may raise any concerns that they may have about the person chosen to carry out the Initial Investigation, but neither has a right of veto. Any such concerns should be made in writing to the Responsible Person within 3 days of actual receipt of the notification. The Responsible Person will consider any concerns raised and whether any changes should be made to those selected to carry out the Initial Investigation Stage.
- 34.** The Investigator will normally aim to complete the Initial Investigation Stage within 30 working days following instruction from the Responsible Person provided this does not compromise the Standards and Principles of this Procedure and the full and fair investigation of the allegation. Any delays to this timescale will be explained to the Instigator, the Respondent, the Responsible Person and the Contact Point in writing, presenting an estimated revised date of completion.
- 35.** The Investigator will be provided with access to the confidential store of information already collected. All evidence collected, notes of meetings and reports should be stored in the specific central confidential storage. They will contact the Respondent, the Instigator and relevant witnesses identified, including by the Respondent or Instigator in their responses. Care should be taken not to miss opportunities to gather relevant evidence.
- 36.** The Investigator shall assess the information obtained and any additional information they require to come to the conclusion(s). In the interests of fairness and impartiality and to help ensure confidence in the process, both the Respondent and the Instigator should have the opportunity to provide input into the investigation whether in writing or by interview, and the Respondent should be allowed to respond to the allegations. When contacting them for either interview dates or written responses, the Investigator should be mindful of the expected timeframe, setting appropriate deadlines (taking any known circumstances into account) where necessary. Template letters at Annex 1 of the related Guidance for Leaders and Investigators Implementing Procedures for Dealing with Misconduct in Research (Staff) document should be used.
- 37.** Where an allegation has been raised relating to a large body of work, or work carried out over a significant period, the Investigator will need to carry out a sufficient investigation to reach a robust conclusion on the allegation(s). This can take time and resources, and an approach should be discussed with the Responsible Person.

Template letters request a structured response, identifying the relevance of evidence provided. Respondents should be aware that provision of a large unstructured body of evidence is likely to extend the timeframe of the review. Whilst the inclination to provide all material related to the project(s) in question is entirely understandable, building a structured response is likely to provide a better representation and faster outcome.

- 38.** Review of evidence uses a 'balance of probability' standard of proof i.e. the activity is more likely to have occurred than not. A summary of the findings will be sent to the Instigator 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.
- 39.** The Investigator will then submit their final report to the Responsible Person, referencing records/material in the central store as necessary. They will set out the conclusions of the Initial Investigation on each allegation, as below, and cover

any other matters they wish to highlight to the Responsible Person. Each allegation may have one of the following outcomes, where compatible, secondary outcomes are also possible. E.g. a) and also c), but not a) and also b) for the same allegation.

- a. A Full Investigation is warranted as the allegation is serious and has sufficient evidence
 - b. has some substance, but is either minor in nature or relates to poor practice rather than misconduct and should be addressed through a non-disciplinary approach
 - c. should be referred directly to a different institutional process e.g. staff misconduct; Bullying, Harassment, Victimisation & Sexual Misconduct etc.
 - d. should be referred directly to an external organisation such as funding bodies (if this has not occurred earlier in line with their requirements), statutory regulators or professional bodies (especially where there are concerns relating to Fitness to Practise)
 - e. is unfounded, without substance and will be dismissed e.g. mistaken, frivolous, methodological difference of opinion etc.
 - f. is vexatious and/or malicious, unfounded, and will be dismissed
- 40.** The work of the Investigator is then concluded, and they play no further role, except if clarification or points in their report is required. They should not make any comment on the matter in question, in case it may affect any further actions and should maintain confidentiality. Any queries or requests for comment addressed to the Investigator should be referred to the Responsible Person.
- 41.** The Responsible Person shall notify the Respondent, Instigator, Contact Point and other necessary persons of the substance of the Investigator's report within 3 days of receipt. They should also action the outcomes of the report e.g. instigating the Full Investigation if so recommended, or other outcomes and reporting if not.
- 42.** If the investigation has identified prima facie evidence of research misconduct, the Responsible Person should consider who else should be notified in confidence. For example, does the Respondent hold any research funding or supervise a funded research student, and what does the funder's policy require? Research Councils require notification at this stage and t reserve the right to take appropriate action, after consultation with the University, about any duties being performed for UKRI.

Full Investigation

Purpose: the purpose of the Full Investigation Stage is to determine whether each allegation of research misconduct is upheld in full, in part or not upheld; and to recommend actions to address any misconduct or other matters found and to correct the record of research.

43. Given that outcomes of a full investigation stage may intersect with other University processes, and the human resource implications, the Responsible Person should ensure that their HR Advisor is fully informed and seek their advice if required.
44. As soon as is practicable, the Responsible Person will, appoint Full Investigation Panel and identify any administrative support necessary – commensurate to the extent of work affected by the allegations.

The Panel will usually consist of 3 persons, but more can be used if required to cover the necessary range of expertise. In accordance with The Concordat to Support Research Integrity, **at least one Panel member must be from outside the organisation**. 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. Where joint employment across organisations is involved, there should be representation from the other employing organisation, which would not be counted as external. The Responsible Person will select one of the Panel to act as Chair. Consider the transparency (and perception thereof) and fairness of the process when selecting.

If the Chair becomes unavailable during the process, the Responsible Person will select a new Chair from the Panel members and consider the make up of the panel and whether further members are now required.

45. The Respondent and Instigator may raise any concerns that they may have about the persons chosen to carry out the Full Investigation, but neither has a right of veto. Any such concerns should be made in writing to the Responsible Person within 3 days of actual receipt of the notification. The Responsible Person will consider any concerns raised and whether any changes should be made to the selected panel members.
46. The Panel will be provided with access to relevant records in the confidential store of information already collected. All evidence collected, notes of meetings and reports should be stored in the specific central confidential storage. The Chair will be responsible for ensuring a full record of the evidence is maintained, assisted by the administrative support identified. The Responsible Person will provide each panel member with:
 - a. a copy of this Procedure
 - b. details of the allegation(s) to be considered
 - c. a copy of the Receipt of Allegations stage outcome
 - d. a copy of the report of the Initial Investigation stage
 - e. a summary of correspondence with the Instigator(s) and the Respondent(s) to date
 - f. a summary of any pertinent evidence secured in prior stages.

All appointed to carry out the Full Investigation, will confirm to the Responsible Person that:

- Their participation involves no conflict of interest
- They will abide by the Procedure and adhere to the Principles and Standards
- They will respect the confidentiality of the proceedings and data protection requirements

47. The Panel will normally reach its conclusions within three calendar months of being established, subject to the exigencies of the case, as noted in the Timeframe section. This may depend on the number and complexity of the allegations under investigation. The primary concern must be a thorough and fair investigation of the allegation(s), conducted in a confidential, timely and transparent manner. Any delays to this timescale must be notified to and agreed with the Responsible Person and the Contact Point and the chair must write to the Respondent and Instigator, explaining and presenting an estimated revised date of completion.
48. The Responsible Person will formally write to the Respondent and Instigator that the Procedure has moved to the Full investigation stage and that they will be interviewed as part of the process, and allowed to provide evidence. Internal staff will also be informed that they may be accompanied to any meetings by a colleague or Trade Union representative and it is recommended that external Instigators are allowed to be accompanied by a friend. The Panel will liaise with the individual and the representative/colleague to agree dates for a meeting within a reasonable period of time.
49. Kingston University usually chooses to maintain the confidentiality of the identity of the Instigator. However, if circumstances are such that a proper investigation cannot be held without informing the Respondent of the Instigator's identity, or effectively making them aware through the nature of the allegations, the Responsible Person may choose to reveal the identity, taking HR advice and the requirements of other policies (e.g. Whistleblowing) into account. In these circumstances, the Instigator should be made aware at this point that identity is being disclosed.
50. The Chair of the Panel is responsible for the conduct of the Full Investigation. The Panel decides its way of working based on the provisions of this stage of the Procedure and the information provided, as to what information it needs and whom it wishes to interview/ take statements from in addition to the Instigator and the Respondent in order to make a full and fair conclusion of whether the allegation is made in good faith and a conclusion on the allegations based on review and assessment of the evidence. Relevant witnesses may include those suggested by the Instigator or Respondent. When making any decisions about the conduct or conclusion of the Full Investigation, the Panel will attempt to reach a consensus by discussion.
51. The Panel must separately interview the Instigator and the Respondent. Where there are multiple Instigators and/or Respondents, each must be interviewed separately (at which they may be accompanied). Where there are multiple Instigators and/or Respondents, each must be interviewed separately. The Respondent must be allowed to respond to the allegations made against them, set out their case and submit their evidence for consideration by the Panel, before interview. They can also suggest witnesses for the Panel to interview. 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.

52. Upon reaching a conclusion on the allegation(s) under investigation, the Panel shall write a report setting out their conclusions for each allegation, giving the reasons for its decision and recording any differing views. The standard of proof used by the Full Investigation is that “on the balance of probabilities” meaning that the activity was more likely than not to have occurred.
53. The Panel Chair should send the outcome of the investigation to the Instigator and the Respondent for comment on matters of factual accuracy. The Panel will consider the responses received and modify the report as necessary if they consider errors of fact to have been included.
54. There are three possible outcomes of the investigation in relation to each allegation:
- a. **no misconduct has occurred** and the Procedures are complete e.g.
 - is unfounded, because it is mistaken or is frivolous or is otherwise without substance and will be dismissed
 - is unfounded, because it is vexatious and/or malicious, and will be dismissed
 - b. misconduct has not occurred, but **serious scientific errors have been identified** e.g.
 - due to its nature or because it relates to poor practice rather than to misconduct, will be addressed through education and training or other approaches such as mediation, rather than through the next stage or formal processes
 - warrants referral directly to another formal process of the University, e.g. examination regulations, academic misconduct process; Bullying, Harassment, Victimisation & Sexual Misconduct Procedure; disciplinary Procedure
 - c. **misconduct is upheld** in full or in part
55. The Panel submit the full and final report to the Responsible Person, setting out the conclusions of the Full Investigation stage on the each allegation under investigation, their recommendations regarding further actions to be taken and any other matters they wish to draw to the attention of the University. The Panel may also make recommendations, for consideration by the Responsible Person regarding any further action(s) which should be taken by the University 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.

The Chair and Panel will ensure all records/ material relating to the Full Investigation are complete in the central storage and that none are retained elsewhere in any format. As the matter may then give rise to disciplinary or other action, the Chair and members of the disbanded Panel should continue to maintain confidentiality.

Outcomes and Reporting

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 actions arising following the Initial Investigation or Full Investigation and ensuring that the research record is correct.

56. The Responsible Person shall convey the substance of the Panel's findings and recommendations as they deem appropriate:
- Within 5 working days, the Respondent shall receive a full copy of the findings and recommendations plus an explanation of outcomes/next steps

as per the separate guidance document. They should be informed of the appeal options available and that, unless an appeal is raised, the investigation has now concluded. If the allegation will be referred to a different process or organisation, it should include an explanation of why this process/organisation is not appropriate, where it is being referred and why

- Within 5 working days, the Instigator shall receive a copy of the outcome of each allegation and of any detail or rectification that affects them or their interests specifically. They should be informed of the appeal options available and that, unless an appeal is raised, the investigation has now concluded. If the allegation will be referred to a different process or organisation, it should include an explanation of why this process/organisation is not appropriate, where it is being referred and why
- The Contact Point shall receive a full copy of the Panel's findings and recommendations for the record and will report the overall outcome of the investigation to the University Research & KE Committee maintaining the anonymity of the individuals concerned
- Steps should be taken to protect the reputation of the Respondent. A clear statement should be made to any individuals who will have been aware of the allegations and need to know the outcome
- The Responsible Person is also responsible for considering and actioning any other actions required, bearing in mind the panel recommendations. They should consider:
 - whether the matter should be referred to the Organisation's relevant disciplinary Procedure
 - where an investigation has established research misconduct relating to a significant body of work over some time, the University will wish to consider whether it needs to review other work carried out by the individual or individuals concerned, including work not specifically flagged up in the course of the investigation.
 - whether the matter should be referred to another relevant University process
 - what external organisations should be informed of the findings of the investigation, with appropriate confidentiality, including statutory regulators, relevant funding bodies, partner organisations, other current employers of the party and professional bodies, the latter being particularly relevant if concerns relate to Fitness to Practise
 - whether any action will be required to correct the record of research, including informing the publishers and editors of any journals that have published articles concerning research linked to an upheld allegation of misconduct in research or to correct honest errors
 - whether procedural or organisational issues relating to the management of research have been identified and should be addressed
 - informing research participants or patients, parents/guardians/legally Responsible Persons, doctors etc.
 - other matters that should be investigated, e.g. allegations of research misconduct unrelated to the allegation in question, alleged to have been committed by persons other than the Respondent, other forms of alleged misconduct
 - appropriate action where allegations are judged to be malicious
 - if non-disciplinary action such as education and training has been recommended, the Responsible Person shall ensure these are provided either directly or via referral and ensure they are completed

57. The Responsible Person should work with the Contact Point and others as necessary, to ensure that relevant information on the investigation is fully and

accurately maintained as a record and is available to subsequent actions and processes as required.

This concludes the Outcomes and Reporting stage, but the Responsible Person is responsible for any ongoing monitoring required and ensuring any ongoing duty of care to involved parties.

58. Involvement in prior stages in any capacity (Investigator, support, witness etc.), including Initial Investigation, Full Investigation, Responsible Person or Contact Point precludes participation in any subsequent processes such as Appeals and formal Disciplinary processes.

Appeals

Purpose: The purpose of an appeals stage is to permit the Respondent or the Instigator to appeal in certain circumstances against the findings of an investigation carried out under this Procedure, by the requirements of The Concordat to Support Research Integrity

59. Any appeal shall be made in writing to the Appeals Contact within 10 working 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.
60. The Complainant and/or the Respondent may appeal against the outcomes of the Procedure, including the decisions and/or recommendations associated with them. Appeals may be permitted on any or all of the following grounds:
- a. Procedural irregularity in the conduct of the investigation up to and before the Appeal Panel that could have had a material impact on the outcome.
 - b. Fresh evidence becoming available which was not available to the Investigator and/or the Full Investigation Panel.
 - c. There was evidence of bias or unfairness in the process or decisions taken by the Responsible Person, Investigator and/or the Full Investigation Panel.
 - d. The recommendations made as part of an outcome of the Procedure/ subsequent actions taken are either excessive or inadequate concerning the misconduct found by the investigation.
61. The Appeals Contact will then carefully assess the appeal to determine whether it falls within one or more of the grounds for appeal set out above, seeking clarification from the person(s) submitting the appeal and advice from HR and/or experts as necessary.
- If the appeal does not fall within one or more of the grounds for appeal set out above, then the appeal is dismissed and this decision should be communicated to the person who submitted the appeal, an appropriate explanation of the reason behind the matter not proceeding further. The Appeals stage now ends.
 - If the appeal does fall within one or more of the grounds for appeal, the Appeals Contact shall then, as soon as is practicable, appoint an Appeals Panel to undertake the appeals process, and any administrative support required.
62. An Appeals Panel usually consists of 3 people, although more may be included where necessary to ensure sufficient expertise or diverse perspectives to reach a thorough and fair conclusion. It may not include anyone involved at an earlier stage of the same investigation. At least one Panel member must be from **outside the organisation**. At least one member shall be an academic

specialist in the general area within which the misconduct is alleged to have taken place, and where joint employment across organisations is involved, there should be representation from the other employing organisation, which would not be counted as external. The Responsible Person will select one of the Panel to act as Chair. Consider the transparency (and perception thereof) and fairness of the process when selecting.

All appointed to the Appeals Panel, will confirm to the Appeals Contact that:

- Their participation involves no conflict of interest
- They will abide by the Procedure and adhere to the Principles and Standards
- They will respect the confidentiality of the proceedings and data protection requirements

63. The Respondent and Instigator may raise any concerns that they may have about the persons chosen to carry out the Appeal, but neither has a right of veto. Any such concerns should be made in writing to the Appeals Contact within 3 days of actual receipt of the notification. The Responsible Person will consider any concerns raised and whether any changes should be made to the selected panel members.

64. The Appeals Panel will 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. When making any decisions about the conduct or conclusion of the Appeals Stage, the Appeals Panel will do so by reaching a consensus.

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 support identified. They will be given access to the prior records and should ensure all records are retained in this space.

65. The Appeals Panel will decide outcomes as below in relation to each decision / recommendation called into question. The decision of the Appeal Panel is final.

- The panel decides to uphold the original outcome
- The panel modifies the original outcome and any associated decisions/recommendations
- The panel reverses the original outcome

66. The panel will send a pertinent summary of the conclusions to the Instigator and the Respondent for comment on matters of factual accuracy. The Appeals Panel shall write a report setting out its conclusions, giving the reasons for its decision and recording any differing views. They will consider the responses received from the Instigator and Respondent, modifying as necessary to address if they consider that errors of fact have been included.

67. The Appeals Panel will then submit their final report to the Appeals Contact, who will:

- convey the Appeals Panel's findings and recommendations to the Respondent
- convey the Appeals Panel's findings and recommendations to the Instigator
- convey the Appeals Panel's findings and recommendations to other appropriate bodies and persons
- ensure the conclusions are implemented and followed up, as per the Outcomes and Reporting stage, delegating as necessary
- ensure the panel have saved all materials in the designated folder and conclude their involvement

68. Any queries or requests for comment addressed to the Chair or members of the Appeals Panel should be referred to the Alternative Named Person

Further Resources

[The-Concordat-to-Support-Research-Integrity-2025.pdf](#)

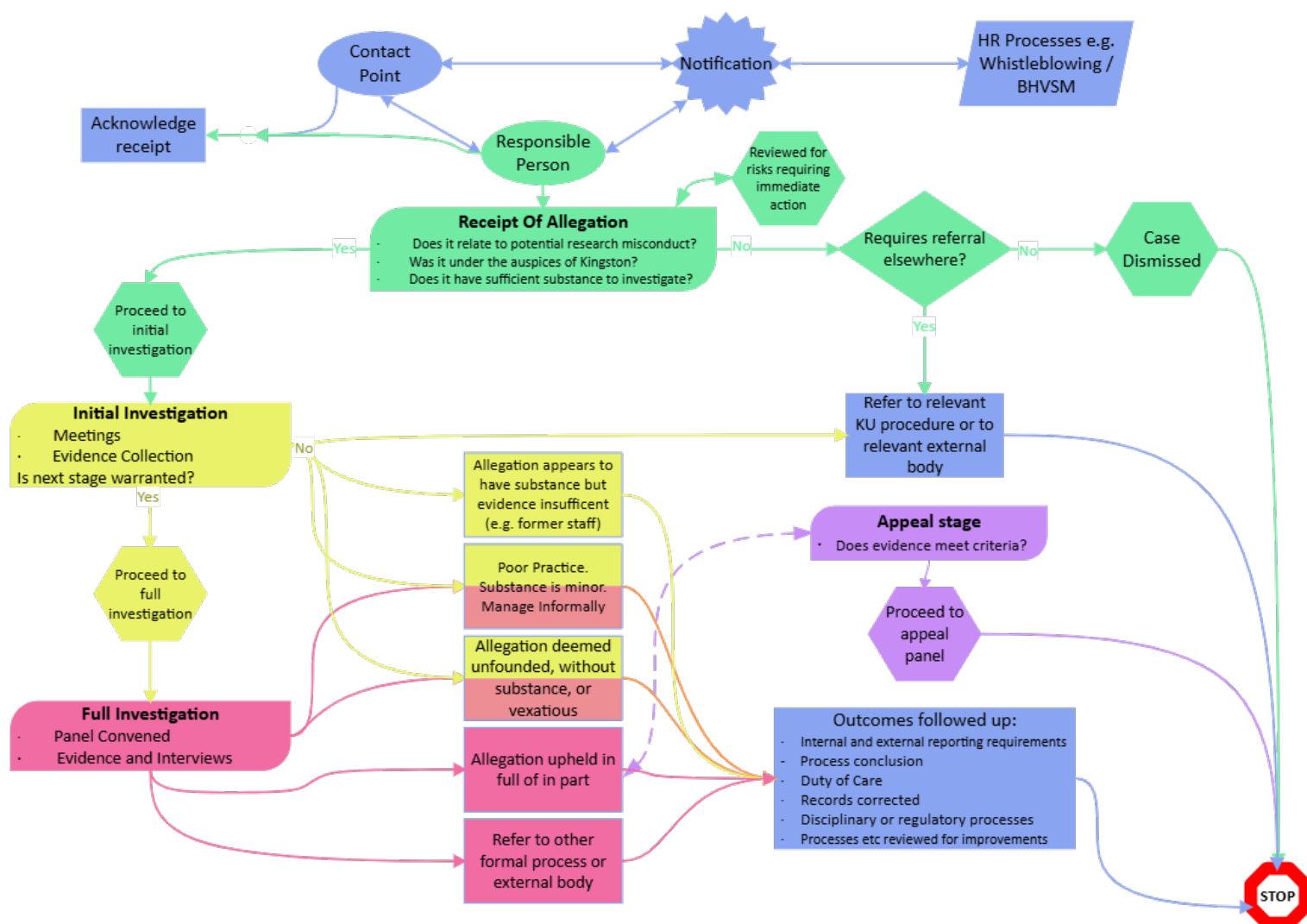
[What is research misconduct? - UK Research Integrity Office](#)

[UKRIO-Procedure-for-the-Investigation-of-Misconduct-in-Research-V2.pdf](#)

<https://ukrio.org/resources/>

[The Embassy of Good Science](#)

Summary Diagram



APPENDIX 1

Policy/Regulation Detail Information

Policy/Regulation owner	Director of Research Excellence & Head of Graduate Studies; and Head of Research Systems, Governance & Funding
Policy/Regulation Department owner	Academic Services - Research
Committee(s) responsible for review and approval	Research and Knowledge Exchange Committee to Academic Council
Version number	2026-2027.1
Periodic review frequency	Every six years
Last review date	2020-2021
Next review date	2026-2027