UNIVERSITY OF ABERDEEN

FRAMEWORK FOR RESEARCH GOVERNANCE

The University of Aberdeen

Framework for Research Governance

Table of Contents

UNIVERSITY OF ABERDEEN

FRAMEWORK FOR RESEARCH GOVERNANCE

1. INTRODUCTION

This document provides a framework for research governance at the University of Aberdeen. It includes the principles which underpin the University's approach to research governance and indicates the University's governance structures, policies and guidelines which have been developed to ensure that the University conforms to the highest standards of research governance.

2. STANDARDS AND EXPECTATIONS

The University defines research as:

"Any form of disciplined enquiry which aims to contribute towards a body of knowledge or theory".

In ensuring that the University achieves the highest standards of research governance, accountability and responsibility, the University seeks to conform to all relevant external research governance guidelines and codes of practice, including those issued by the various research councils.

The University expects the highest standards of integrity, quality and transparency to be adhered to by its researchers. Its *Policy and Guidelines on Good Research Practice* and related document, the *Statement on the Handling of Allegations of Unacceptable Research Conduct (see Appendix 3 or access via the following link: http://www.abdn.ac.uk/ppg/index.php?id=69&top=68*) indicate the standards of good practice required to be adopted by researchers throughout the University, and which are intended to satisfy the requirements of the various funding authorities and professional bodies.

Researchers are required to adhere to the highest levels of research ethics in accordance with the University's *Research Ethics Framework (see Appendix 4 or access via the following link: http://www.abdn.ac.uk/ppg/index.php?id=69&top=68)* and also to conform to the research governance and ethics requirements set out by national and international regulatory and professional bodies (e.g. the NHS).

The University promotes and disseminates guidance on best practice in research governance and ethical review, through senior management and policies and procedures. Promotion of best practice in research governance is overseen by the Advisory Group for Research Ethics and Governance.

3. GENERAL PRINCIPLES

The University of Aberdeen expects its research to be conducted fairly and ethically, in the spirit of openness and with the highest standards of integrity. The general principles underpinning its Framework for Research Governance are:

3.1 Excellence

Researchers should strive for excellence when conducting research and aim to produce and disseminate work of the highest quality. The University's Framework for Research Governance is designed to support these goals.

3.2 Honesty and Integrity

At the heart of all research, regardless of discipline, is the expectation that all researchers will be honest and will act with integrity in respect of their own actions in carrying out research, and in their responses to the actions of other researchers. This applies to the full range of research activity irrespective of discipline, and includes experimental design, generating and analysing data, publishing results and acknowledging the direct and indirect contributions of colleagues, collaborators and others.

The University takes seriously its responsibilities under the UK Bribery Act 2010 *(effective from 1 July 2011)* and any activities which might be construed to fall within the definition of bribery under the Act will be dealt with in accordance with the University's Statement on the Handling of Allegations of Unacceptable Research Conduct. Bribery is defined as giving someone a financial or other advantage to encourage that person to perform their functions or activities improperly, or to reward that person for having already done so. Facilitation payments to induce officials to perform functions which they are otherwise obligated to perform are always considered to be a bribe. Bribery does not include *bona fide* hospitality or similar business expenditure that is *reasonable and proportionate).*

3.3 Openness and Accountability

While the University recognises the need for researchers to protect their own research interests in the process of planning their research and obtaining their results, it encourages researchers to be as open as possible in discussing their work with fellow researchers, and with the public. Once results have been published, the University expects researchers, where appropriate, to make available relevant data and materials to others, on request.

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

3.4 Training and Skills

The University will provide training and development opportunities for its researchers and also the necessary resources to enable them to conduct research to the required standards. It will support researchers in identifying training needs and similarly, researchers should ensure that they have the necessary skills, training and resources to carry out their research, and should report and resolve any unmet needs identified.

3.5 Environmental Impact

The University will always seek to minimise any expected or potential negative impact on the environment from its research activities and will engage with the public to inform and stimulate debate on topical issues.

4. ADVISORY GROUP ON RESEARCH ETHICS AND GOVERNANCE

Research Governance at the University of Aberdeen is overseen by the Advisory Group on Research Ethics and Governance (AGREG).

The composition of the Advisory Group is flexible, but should include:

- A Vice-Principal (Convenor)
- Director of Research of each College
- One representative nominated by each College
- One postgraduate student (nominated by the Student Association)

The remit of the University's Advisory Group on Research Ethics and Governance is:

(i) To develop policy and guidance on research governance and ethical issues.
(ii) To have oversight of all research-related ethical issues within the University and to ensure that appropriate structures are in place to encourage best practice.
(iii) To maintain an interaction with the National Research Ethics Service (NRES) Committee North of Scotland (formerly the NHS Grampian Research Ethics Committee).
(iv) To report to the University Committee for Research, Income Generation and Commercialisation on research governance and ethical issues.

The Group will monitor the University's research governance and ethical performance regularly to ensure that it remains consistent with the requirements of the various funding bodies, and will seek to

promote best practice across the institution. It will also co-ordinate the annual return of the Research Council UK (RCUK) Research Conduct Survey.

The Group will also consider questions of principle and difficult cases, and provide policy and quality assurance guidance. Any serious research-related ethical concern that is not covered by the remit of local ethical review groups / arrangements should be referred to the Group.

5. COLLEGE RESEARCH GOVERNANCE STRUCTURES

The institutional Advisory Group on Research Ethics and Governance provides overarching guidance on the scope and operation of research governance responsibilities across the University to ensure rigour and consistency in its Governance and ethical review procedures. It also facilitates interaction and sharing of experience and best practice between the Colleges. The Directors of Research from each College provide an interface between their College governance structures and the Advisory Group, and a link across Colleges. However, it is expected that each College will manage its own local research governance arrangements and Local Ethical Review Process (LERP) in accordance with guidelines provided by AGREG, and related University policies, codes, and guidance and the requirements of relevant funding and professional bodies.

Responsibility for oversight and guidance on research governance within each College is provided as follows:

- College of Arts and Social Sciences: College Research Committee
- College of Life Sciences and Medicine: College Research and Commercialisation Committee
- College of Physical Sciences: College Research and Commercialisation Committee

Beneath these Committees, each College has local research governance and ethical review Committees which have delegated authority to implement, monitor and revise College research governance and ethical review processes, to ensure that they conform appropriately to the research governance requirements appropriate to the disciplines of each College, as well as those of the University, relevant funding bodies and external partners or authorities.

A summary of the College ethics and governance structures is given below.

College of Arts and Social Sciences: The College Research Ethics and Governance Committee has devolved authority from the Research Committee with a remit to monitor and revise governance and ethical review structures, policies and process across the College, and to ensure that arrangements are implemented at School level. Each School within the College also has a Research Ethics officer who will oversee governance and ethical arrangements at a localised level and will be a member of the College Research Ethics and Governance Committee. For further information on research ethics and governance arrangements within the College, see www.abdn.ac.uk/cass.

College of Life Sciences and Medicine: The College Committee for Research and Commercialisation has over-arching responsibility for all research related issues within the College. However, the scope of Research activity in the College means governance requirements for the College are complex and broad, and must adhere to a number of diverse external partners and regulatory bodies including, for example, the Home Office, the Medicines and Healthcare products Regulatory Agency (MHRA) and the National Research Ethics Service (NRES) of which the North of Scotland Research Ethics Committee (NOSREC) is the local committee. The College has extensive research governance structures in place across its Schools and Institutes in order to meet all of the national and international regulatory and legislative requirements for best practice in research governance. These include the College Ethics Review Board and the Rowett Institute of Nutrition and Health Ethics Committee. This also includes monitoring programmes and training workshops. For further information on research ethics and governance arrangements within the College, see: http://www.abdn.ac.uk/iahs/research/research-governance/ & http://www.abdn.ac.uk/clsm/staff/cerb/

College of Physical Sciences: Research governance within the College of Physical Science is overseen by the College Ethics Board which considers research ethics and governance matters within the College and liaises with discipline ethical review committees, to ensure that research proposed and undertaken within the College satisfies the University requirements for research ethics and

governance, and the requirements of external regulators and funding bodies. For further information on research ethics and governance arrangements within the College, see: http://www.abdn.ac.uk/cops/research/reg/

6. RESEARCH GOVERNANCE: CODES, GUIDELINES AND POLICIES

For a comprehensive list of the key internal and external Policies, Guidelines and Codes for research ethics and governance please see *Appendix 1.*

7. REGISTRATION OF RESEARCH PROJECTS

The University considers institutional registration of research projects as essential to its achieving the highest standards of research governance. Registration of research facilitates quality assurance, monitoring, audit and reporting procedures, and ensures that a record of essential information is stored and can be retrieved when required.

As noted above in section 2 of this document, the University defines research as:

"Any form of disciplined enquiry which aims to contribute towards a body of knowledge or theory".

The University registers and retains records of all research applications for external funding channelled (and approved) through the University's central sections, Research and Innovation (R&I) and Research Financial Services (RFS). This *research grants database* is managed by RFS and contains details of all applications regardless of whether an application for funding is or is not successful.

Other areas across the University operate local arrangements for registering *unfunded* research projects (for example, the Division of Applied Health Sciences). In addition to these, the University intends to register all unfunded research projects through the University's new Research Information System - Pure, when it is fully enabled.

8. SIGNING AUTHORITY FOR RESEARCH GRANT APPLICATIONS

All research grant applications to external funding bodies must include a completed internal cover sheet, regardless of to which funding body the application will be submitted.

All research grant application cover sheets are subject to internal authorisation / sign off at an appropriate level(s) prior to submission to funding bodies. This is based predominantly on the financial value of applications. The cover sheets are designed to identify the full range of fundable resources a project might utilise, and allow Research Financial Services (RFS) to manage the resource cost identification process with research applicants. The procedures are summarised below:

- All applications require authorisation by Research and Innovation (by the Director / Deputy Director / or Business Development Officer depending on value and contractual and intellectual property right issues) **and** Research Financial Services (Research Accountants / Research Finance Manager).
- All applications also require signature by Heads of School/Directors of Research (within Institutes) and where relevant, by Theme/Programme Leaders and Heads of Division.
- Higher value applications are referred to Heads of College (values varying by College) and the Finance Director (if significant institutional contributions may be required).
- Applications above a £1million threshold are also referred to the Senior Vice-Principal or Vice-Principal for Research and Knowledge Exchange.
- Applications which involve more than one College require sign-off by relevant parties within each College involved (e.g. an application above a certain financial value might require sign-off by the Head of every School and the Head of each College involved in the application).

The internal cover sheets for grant applications also require confirmation of the following;

- That a contractual risk assessment has been carried out **and**
- That internal peer review processes have been followed.

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

9. UNIVERSITY PEER REVIEW POLICY FRAMEWORK

The University has a *Peer Review Policy Framework (Appendix 5 /* http://www.abdn.ac.uk/ppg/index.php?id=69&top=68) which outlines the conditions and processes in place across the institution for peer review of research grant applications to external funding bodies. The key conditions which determine peer review within the University are as follows:

- The value of a research grant, fellowship, studentship or equipment application
- The experience of an applicant. The University requires all first time applicants to have their applications peer reviewed. Thereafter, variations in College requirements apply.

Within the *Peer Review Policy Framework*, the variations in peer review processes of each College are outlined in detail. However, the key elements of the College procedures are summarised below:

- Grant Categories - Peer review requirements for grant applications vary by College according to broadly defined categories. These are; application values, the back ground/status of the Principal Investigator (in terms of experience), and to which funding bodies applications are to be submitted.
- Peer Review Processes - Each of the Colleges have processes which require peer review of grant applications at various stages prior to their final submission. These processes are set against pre-determined timelines, and each application will require internal College "sign-off" (normally by the relevant Head of School or Institute Director of Research) prior to submission to R & I and RFS. The Colleges also work closely with Research and Innovation (R&I) and Research Financial Services (RFS) in undertaking the College peer review processes.
- Training and Guidance - Each College is required to develop best practice guidelines for applicants and reviewers, and to implement these through training made available to all colleagues.

The Peer Review Policy Framework is monitored and reviewed by the University's Committee for Research, Income Generation and Commercialisation on an annual basis.

10. RESEARCH INVOLVING THE USE OF ANIMALS

As required by the Home Office and the Animal (Scientific Procedures) Act 1986, the University has a central Ethical Review Process (ERP) and Committee for research involving the use of animals. Information on the Ethical Review Process can be obtained from Policy, Planning and Governance.

The University website has a statement regarding its use of animals in research which indicates that the University is committed to avoiding the use of animals in research unless absolutely necessary. It also indicates that the University is committed to the widespread promotion and implementation of the 3Rs in all research involving the use of animals. The 3Rs are defined below:

- Reduction - this refers to the development of methods which facilitate reducing the number of animals used in research, by improving experimental design or by sharing data.

- Refinement - this refers to improvements to scientific procedures and husbandry which minimise actual or potential pain, suffering, distress or lasting harm and/or improve animal welfare in situations where the use of animals is unavoidable.

- Replacement – this refers to methods that avoid or replace the use of animals defined as 'protected' under the Animals (Scientific Procedures) Act 1986 in an area where they would otherwise have been used.

11. RESEARCH INVOLVING HUMANS SUBJECTS

Where it is necessary to conduct research on or involving humans (including their tissue, organs or data) the University will conform to the highest standards of research governance and to relevant

legislation, and will carry out its research with the utmost care and respect for human welfare and rights.
Research on humans must normally take place under informed consent. Research participants must take part voluntarily and free of any coercion. All research staff and participants must normally be informed fully about the purpose and methodologies of the research, the associated risks of participation and the proposed uses of the research. For example, consent must be sought for any samples which might be used for future research.

12. SPONSORSHIP

All research conducted in the Health Service or Community Service is governed by the Scottish Executive document, *Scottish Executive Health Department (SEHD) Research Governance Framework for Health and Community Care (http://www.cso.scot.nhs.uk/publications/ResGov/Framework/RGFEdTwo.pdf*). This requires that all clinical research involving human participants, their organs, tissue or data must have an identified research sponsor. The document defines a research sponsor as an 'individual, organisation or group taking on responsibility for securing the arrangements to initiate, manage, monitor and finance a study.'

In addition, research involving the use of medicinal products must comply with the *Medicines for Human Use (Clinical Trials) Regulations 2004 (http://www.legislation.gov.uk/uksi/2004/1031/contents/made)* which defines a sponsor, in relation to a clinical trial, as 'the person who takes responsibility for the initiation, management and financing (or arranging the financing) of a trial'. Further information on this can be obtained from the College of Life Sciences and Medicine Research Governance Manager.

The *SEHD Research Governance Framework for Health and Community Care* stipulates that any research requiring the collaboration of the NHS or Community care services in Scotland must have an organisation willing and able to take on the responsibilities of research sponsor.

The research Sponsor takes responsibility for:

- Assessment of the quality of the research proposed, the quality of the research environment within which the research will be undertaken and the experience and expertise of the Principal Investigator and other key research staff involved.
- Ensuring that arrangements are in place for the research team to access resources and support to deliver the research as proposed.
- Ensuring that agreements are in place which specifies responsibilities for the funding, management and monitoring of research.
- Ensuring that arrangements are in place to review significant developments as the research proceeds, particularly those which put the safety of individuals at risk, and to approve modifications to the design.

These responsibilities are not new, but the *SEHD Research Governance Framework for Health and Community Care* requires collaborating organisations to be clear about how the responsibilities are allocated between partners.

For sponsorship guidelines for researchers, please contact the College of Life Sciences and Medicine Research Governance Manger.

13. HANDLING AND STORAGE OF PERSONAL DATA

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

All research staff and students must comply with the University *Policy on Data Protection* (*Appendix 6 / http://www.abdn.ac.uk/foi/contents/access/data-protection/*) which complies fully with the *Data Protection Act (1998)* (*http://www.legislation.gov.uk/ukpga/1998/29/contents/enacted*) which covers personal data collected for the purposes of research. Data collected for the purposes of research must be dealt with in accordance with the DPA unless certain exemptions in the Act apply (section 33). All researchers should ensure they are familiar with the requirements of the Act.

Guidance on keeping research records is given below.

14. UNIVERSITY GUIDELINES ON KEEPING OF RESEARCH RECORDS

The *University Guidelines on Keeping of Research Records* (Appendix 7 / http://www.abdn.ac.uk/ppg/index.php?id=69&top=68) provide general guidance for researchers on the storage of research records. In accordance with the *University Policy and Guidelines on Good Research Practice*, they indicate that all researchers are required to keep clear and accurate records of the procedures followed and approvals granted during the research process. This includes records of the interim results obtained as well as final research outcomes. This demonstrates good practice and good research conduct.

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

Guidance on retention periods for research records is available in the *University's Retention Schedules* (*Appendix 8 /* http://www.abdn.ac.uk/ppg/index.php?id=40&sub=39&top=7) and from the University Records Manager. The length of time required will vary according to types of study, differing ethical requirements attached to research, internal policy and the requirements of external regulatory and funding bodies.

Due to the diverse requirements for the retention of research records across the Institution, Standard Operating Procedures will also exist at local levels, particularly in areas of research involving the collection and use of data on human subjects.

15. RESEARCH GOVERNANCE AND ETHICS TRAINING

The University is committed to ensuring that all researchers (students and staff) receive training in research ethics and governance as part of its over-riding commitment to ensuring that the institution achieves the highest standards of research governance.

The University has committed to developing generic training programmes in research ethics and governance, which will be delivered retrospectively for all existing staff and students involved in research, and as part of the induction process for new research staff and students.

All centrally run training sessions will include training on the key generic issues which underpin research ethics and governance, and the dissemination of all major institutional research ethics and governance policies and guidelines, including the *University Framework for Research Governance* the *Policy and Guidelines on Good Research Practice*, the *Statement on the Handling of Allegations of Unacceptable Research Conduct* and the *Research Ethics Framework*, with associated appendices.

Specialised training modules tailored to specific areas of research will be developed and delivered at local levels where they do not already exist. These will vary according to different types of research and research disciplines.

Training at local levels should comply with external regulatory and legislative requirements and may involve or be carried out by external partners, such as the NHS. Training in ethics and governance at local levels will also adhere to the requirements of funding bodies, including the Funding Councils.

The development and delivery of training in research ethics and governance is being overseen and coordinated by the University Advisory Group on Research Ethics and Governance.

16. INTERNAL HEALTHCHECKS AND MONITORING

The University carries out research ethics and governance Healthchecks across the Institution on an annual basis. The Annual Healthcheck is coordinated centrally by the Advisory Group on Research Ethics and Governance and every School is reviewed. They are intended to identify existing good practice and to highlight any weaknesses in the University's current research ethics and governance arrangements.

At local levels, monitoring arrangements are in place as required, and by way of good practice. For example, the Institute of Applied Health Sciences has a Monitoring and Audit Group (MAGI) which aims to review relevant research processes with a view to assuring their quality and rigour, and identifying any issues which require to be addressed. The level and amount of monitoring is reflective of the types of research undertaken in different areas.

The University Committee for Research, Income Generation and Commercialisation will monitor the effectiveness of the University Peer Review Policy Framework on an annual basis.

17. FACILITIES, EQUIPMENT AND RISK ASSESSMENT

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

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

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

18. HEALTH AND SAFETY

All research and related work will be conducted in compliance with the University's Health and Safety Policy *(Appendix 9 /* http://www.abdn.ac.uk/safety/policy/*)*. The University takes all reasonable and practicable steps to safeguard the health and safety of all employees and students while at work and to protect other persons from hazards to health and safety arising out of University activities. It is incumbent upon all research staff to recognise specific hazards, identify them for each research project and ensure that steps to avoid risk from any such hazard are specified in any given protocol.

19. WHISTLEBLOWING

Staff and students and lay members of the University are expected to report any actual or potential infringements of research ethics and research misconduct. The University's Code of Practice on Whistleblowing (*Appendix 10* / http://www.abdn.ac.uk/hr/uploads/files/whistleblowing.pdf) sets out procedures for reporting concerns and how allegations will be investigated.

The Advisory Group for Research Ethics and Governance is responsible for ensuring that all reported breaches of the University Research Governance or Ethics Frameworks are investigated, and that remedial and/or disciplinary action is taken if appropriate.

TABLE OF APPENDICES

APPENDIX 1

RESEARCH ETHICS AND GOVERNANCE: INSTITUTIONAL AND EXTERNAL POLICIES, GUIDELINES AND CODES

Institutional Documents (listed alphabetically)

- Code of Practice on Conflicts of Interest: http://www.abdn.ac.uk/admin/conflict_interest.shtml
- Code of Practice on Student Discipline (Academic Quality Handbook Appendix 5:15): http://www.abdn.ac.uk/registry/quality/appendices.shtml
- Code of Practice for Postgraduate Taught Students, Programme Co-ordinators, Heads of School, Heads of Graduate School and College PG Officers (Academic Quality Handbook Appendix 5:3): http://www.abdn.ac.uk/registry/quality/appendices.shtml
- Code of Practice for Research Students, Supervisors, Heads of School, Heads of Graduate School and College PG Officers (Academic Quality Handbook Appendix 5:4): http://www.abdn.ac.uk/registry/quality/appendices.shtml
- Conflict of Interest - Staff and Students: http://www.abdn.ac.uk/admin/conflict_interest.shtml
- Code of Practice on Whistleblowing: http://www.abdn.ac.uk/hr/uploads/files/whistleblowing.pdf
- Disciplinary Procedures: *http://www.abdn.ac.uk/hr/policy/staffing/other/#d*
- Grievance Procedures: *http://www.abdn.ac.uk/hr/policy/staffing/other/#d*
- Museum's Collections & Galleries Policies: http://www.abdn.ac.uk/historic/museum/museum_policies.shtml
- Plagiarism – Procedures for dealing with allegations of (Academic Quality Handbook Appendix 5:16): http://www.abdn.ac.uk/registry/quality/appendices.shtml
- The University Guidelines on Keeping Research Records: http://www.abdn.ac.uk/sfre/goodpractice/research-records/
- The University Health and Safety Policy: http://www.abdn.ac.uk/safety/policy/
- The University Peer Review Policy Framework: http://www.abdn.ac.uk/ppg/index.php?id=69&top=68
- The University Policy on Data Protection: http://www.abdn.ac.uk/foi/contents/access/data-protection/
- The University Policy and Guidelines on Good Research Conduct: *http://www.abdn.ac.uk/ppg/index.php?id=69&top=68*)
- Statement on the Handling of Allegation of Unacceptable Research Conduct: *http://www.abdn.ac.uk/ppg/index.php?id=69&top=68*)
- The University Research Ethics Framework: *http://www.abdn.ac.uk/ppg/index.php?id=69&top=68*
- The University Retention Schedules: http://www.abdn.ac.uk/ppg/index.php?id=40&sub=39&top=7

External Documents

- BBSRC Statement on Safeguarding Good Scientific Practice: http://www.bbsrc.ac.uk/publications /policy/good_scientific_practice.html
- Chief Scientists Office Research Governance Framework: http://www.cso.scot.nhs.uk/publications/ResGov/ResGov.htm
- Data Protection Act (1998): (*http://www.legislation.gov.uk/ukpga/1998/29/contents/enacted*)
- EPSRC Guide to Good Practice in Science and Engineering Research: http://www.epsrc.ac.uk/funding/managing/Pages/goodpractice.aspx
- ESRC Framework for Research Ethics: http://www.esrc.ac.uk/about-esrc/information/research-ethics.aspx
- MRC Ethics Series - Good research practice: http://www.mrc.ac.uk/Ourresearch/Ethicsresearchguidance/index.htm
- NERC Ethics Policy: http://www.nerc.ac.uk/about/work/policy/ethics/
- Scottish Executive Health Department (SEHD) Research Governance Framework for Health and Community Care http://www.cso.scot.nhs.uk/publications/ResGov/Framework/RGFEdTwo.pdf
- Medicines for Human Use (Clinical Trials) Regulations 2004: http://www.legislation.gov.uk/uksi/2004/1031/contents/made
- RCUK Policy and Code of Conduct on the Governance of Good Research Conduct: http://www.rcuk.ac.uk/Publications/researchers/Pages/grc.aspx
- UK Research Integrity Office – Code of Practice for Research: Promoting Good Practice and Preventing Misconduct: http://www.ukrio.org/sites/ukrio2/the_programme_of_work/code_of_practice_for_research.cfm
- Universal Ethical Code for Scientists: http://www.berr.gov.uk/dius/science/science-and society/public_engagement/code/page28030.html

APPENDIX 2

UNIVERSITY OF ABERDEEN STRATEGIC PLAN FOR 2011 - 2015

The University's Strategic Plan for 2011-2015 was approved by the University Court at its meeting on 29 March 2011. The Strategic Plan can be accessed via the following link:

http://www.abdn.ac.uk/about/strategic-plan.php

APPENDIX 3

UNIVERSITY OF ABERDEEN

POLICY AND GUIDELINES ON GOOD RESEARCH CONDUCT
AND
STATEMENT ON THE HANDLING OF ALLEGATIONS OF UNACCEPTABLE RESEARCH CONDUCT

This document should be read in conjunction with the University Statement on the Handling of Allegations of Unacceptable Research Conduct.

1. INTRODUCTION

The University of Aberdeen expects that all its research activities will be conducted to the highest standards of integrity. This includes the publication of materials, preparation of conference papers and the conduct of peer review, whether internally or externally. This document indicates the standards of good research conduct which are required to be adopted throughout the University and which are intended to satisfy the requirements of all funding authorities.

The Policy and Guidelines apply to all individuals involved in research, including visiting researchers, research support staff, students and research managers and administrators. Researchers should also adhere to the highest level of research ethics, in line with requirements set out by national and international regulatory bodies, professional and regulatory research guidance, and research ethics frameworks issued in appropriate areas.

The onus lies with researchers to establish that they have met the highest standard that could reasonably be expected of them. Good research conduct will be promoted and promulgated throughout the University by senior managers including Vice-Principals, Heads of Colleges, Directors of Research and Heads of Schools/Departments and Supervisors. The Policy and Guidelines, and their compliance in Colleges, will be reviewed annually by the University Advisory Group on Research Ethics and Governance. The aim is to promote integrity and rigour in research conduct, and to create a culture in which the following will be understood and observed:

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

2. INTEGRITY IN RESEARCH

Researchers must be honest and open in respect to their own actions in research and in their responses to the actions of other researchers. This applies to the whole range of research work, including experimental design, generating and analysing data, applying for funding, publishing results and acknowledging the direct and indirect contributions of colleagues, collaborators and others. Plagiarism, including self-plagiarism [1], deception or the fabrication

[1] *Self plagiarism occurs when the creator of a work uses that work, or parts of it, in subsequent research papers or other output, without appropriate acknowledgement that the material has previously been published.*

or falsification of results will be regarded as unacceptable research conduct and will be treated as gross misconduct under the terms of the University's disciplinary procedures. Researchers are encouraged to report cases of suspected unacceptable conduct to their supervisors, Head of School/Department or Head of College and to do so in a responsible and appropriate manner. *(See also Code of Practice on Whistleblowing http://www.abdn.ac.uk/hr/uploads/files/whistleblowing.pdf)*

Researchers are required to declare any real or potential conflicts of interest in their research work, and to seek assistance, if required, from their direct supervisor in the most effective way of managing any such conflict.

3. OPENNESS IN RESEARCH

While recognising the need for researchers to protect their own research interests, the University encourages all researchers to be as open as possible in discussing their work with others and with the public. Once results have been published, the researchers are expected to make available relevant data and materials to other researchers on request, provided that this is consistent with any ethical approvals and consents which cover the data and materials and any intellectual property rights. The University will normally grant access to its own collections, taking account of all ethical and other relevant issues. In return it would hope that research results would be deposited with the appropriate collection.

The University recognises that publication of the results of research may need to be delayed for a reasonable period pending protection of intellectual property arising from the research. However, any such period of delay in publication should be kept to a minimum.

4. ROLE OF PROFESSIONAL BODIES

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

5. LEADERSHIP AND SUPERVISION IN RESEARCH

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

Supervisors are required to supervise all stages of a research process, including outlining or drawing up a hypothesis, preparing applications for funding, protocol design, data recording and data analysis. It is the responsibility of the research supervisor to explain best research practice and ethical considerations as early as possible. All researchers should undertake appropriate training, for example, in research design, regulatory use, ethics, confidentiality, record keeping and data protection and management. To assist in these matters all new researchers will receive the University of Aberdeen Policy and Guidelines on Good Research Practice within the first month. In addition, all research staff will have a contractual right to at least 3 days of training per year.

Postgraduate students undertaking research should receive training in the University's Policy and Guidelines on Good Research Conduct at their induction and throughout their programme of study. It will be a condition of their transition beyond their first year that they have been trained in good research practice and satisfactorily understood the University's

Policy and Guidelines (see also the *University Code of Practice for Research Students, Supervisors, Heads of School, Heads of Graduate School and College Postgraduate Officers* and the *Code of Practice for Postgraduate Taught Students, Programme Co-ordinators, Heads of School, Heads of Graduate School and College Postgraduate Officers*).

6. MANAGEMENT AND OWNERSHIP OF RESEARCH

At the outset of any research, researchers should be clear on management and ownership of:

- Data and samples used or created in the course of the research; and
- The results of the research.

Researchers are required to seek guidance from their immediate supervisor if clarity is needed on any aspect of such management or ownership

All researchers must keep clear and accurate records of the procedures followed and approvals granted during the research process, including records of the interim results obtained as well as of the final research outcomes. This is necessary not only as a means of demonstrating proper research practices, but also in case questions are subsequently asked about either the conduct of the research or the results obtained. The maintenance of accurate records is also important for potential subsequent commercialisation of research. Researchers must adhere to the University *Guidelines on Keeping of Research records (http://www.abdn.ac.uk/ppg/index.php?id=69&top=68)*.

Data generated in the course of research must be kept securely in paper (e.g. lab book or equivalent) or electronic format, as appropriate and in accordance with good practice in the storage of primary data, record-keeping and ethical issues. Back-up records should always be kept for data stored on a computer. Guidance on retention periods can be found in the University's Retention Schedules (http://www.abdn.ac.uk/central/records-management/retention-schedules.pdf) and taking account of guidelines published by scientific and learned societies, and other professional bodies.

7. ETHICAL PRACTICE IN RESEARCH

All researchers must adhere to the University Research Ethics Framework (http://www.abdn.ac.uk/ppg/index.php?id=69&top=68)

i. Research involving human participants

Approval from the appropriate research ethics committee is required for all research involving human participants or biological samples. Approval from other regulatory bodies such as the Human Fertilisation and Embryology Authority or the Gene Therapy Advisory Committee in the UK should also be sought where necessary.

Researchers should ensure the confidentiality of personal information relating to the participants in research, and that the research fulfils any legal requirements such as those of the Data Protection Act 1998.

ii. Research involving animals

All research involving the use of animals must have the appropriate approval through the University Biological Services Ethical Review Committee. Such research may require Home Office licences for the investigator and the project. Researchers must consider, at an early stage in the design of any research involving animals, the opportunities for reduction, replacement and refinement of animal involvement (the three Rs).

iii Research involving oral data collection

Research involving the collection, preservation and use of sound and video oral material must conform to relevant ethical and technical practice.

8. RISKS OF RESEARCH MISUSE

In progressing their investigations, researchers must actively consider any risk that their research could potentially generate outcomes which could be misused for harmful purposes. Research which involves potentially harmful agents, or which generates knowledge which might be misused should be identified as a risk. As examples, this might be research which demonstrates how to render a vaccine ineffective, or research which enables weaponization of a biological agent or toxin. Where such risks exist, they should seek advice as to the steps to be taken to minimise such risks from the relevant College Director of Research.

9. PUBLICATION AND AUTHORSHIP PRACTICE

Results of research should be published in an appropriate form consistent with the academic discipline. It is the responsibility of the lead author to ensure familiarity with the appropriate form. No paper, abstract, report or other output should be submitted without the permission of every individual named on the output, and no person should be named as a contributor without their consent. Anyone who consents to being listed as an author on a paper should accept responsibility for ensuring that they are familiar with the contents of the paper and can identify their contribution to it.

The University of Aberdeen must be correctly named in the address for a publication

The practice of honorary authorship is unacceptable.

The contribution of formal collaborators and all others who directly assist or indirectly support the research must be properly acknowledged.

Revised and approved by the Advisory Group on Research Ethics and Governance in March and June 2010 to conform to RCUK Policy & Code of Conduct on the Governance of Good Research Conduct

STATEMENT ON THE HANDLING OF ALLEGATIONS OF UNACCEPTABLE RESEARCH CONDUCT

This statement should be read in conjunction with the University's Policy and Guidelines on Good Research Conduct. Where international collaborative research is involved, the guidance provided by the OECD Global Science Forum on Investigating Research Misconduct Allegations in International Projects (A Practical Guide April 2009) will also be considered.)

1 DEFINITION OF UNACCEPTABLE RESEARCH CONDUCT

1.1 Unacceptable Research Conduct' is defined by the University as:

- **Fabrication**, including the creation of false data and other aspects of research, including documentation and participant consent

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

- **Plagiarism** is the use, without adequate acknowledgment, of the intellectual work of another person. A researcher cannot be found to have committed plagiarism where it can be shown that they have taken all reasonable care to avoid representing the work of others as his or her own.

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

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

    - keep clear and accurate records of the research procedures followed and the results obtained including interim results

    - hold records securely in paper or electronic form

    - make relevant primary data and research evidence accessible to others for reasonable periods after the completion of the research *(data should normally be preserved and accessible for 10 years but for projects of clinical or major social, environmental or heritage importance, for 20 years or longer)*

    - manage data according to the research funder's data policy and all relevant legislation

    - wherever possible, deposit data permanently within a national collection

- **Financial impropriety in accounting for research funds, intentional unauthorised use**,

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

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

    - disclosing improperly the identity of individuals or groups involved in research without their consent, or other breach of confidentiality

    - placing any of those involved in research in danger, whether as subjects, participants or associated individuals, without their prior consent, and without appropriate safeguards even with consent; including reputational danger where that can be anticipated

    - not taking all reasonable care to ensure that the risks and dangers, the broad objectives and the sponsors of the research are known to participants or their legal representatives, to ensure appropriate informed consent is obtained properly, explicitly and transparently

    - not observing legal and reasonable ethical requirements or obligations for the care of animal subjects, human organs or tissue used in research, or for the protection of the environment

    - improper conduct in peer review of research proposals or results (including manuscripts submitted for publication); this includes failure to disclose conflicts of interest; inadequate disclosure of clearly limited competence; misappropriation of the content of material; and breach of confidentiality or abuse of material provided in confidence for peer review purposes

    - Failure to follow established protocols

1.2 It does not include honest error or honest differences in the design, execution, interpretation or judgement in evaluating research methods or results, or unacceptable research conduct unrelated to the research process. Similarly it does not include poor research unless this encompasses the intention to deceive.

2 THE UNIVERSITY'S ATTITUDE

2.1 The University will investigate all allegations of unacceptable research conduct made against its staff and students. Such allegations against staff must be made in writing and addressed to the Secretary to the University. The Secretary will arrange for the allegations to be investigated by a small committee convened by a Vice-Principal (normally the Vice-Principal with responsibility for research) and including, where appropriate, the relevant Head of College, Head of School/Department and a subject specialist, who may be a member of staff or an external assessor invited to assist with the investigatory process. In undertaking the investigation the Committee will follow the General Principles of the University's Disciplinary Procedures, and where necessary, will consult with the Director of Human Resources. If the Committee upholds an allegation of unacceptable research conduct, it will determine an appropriate penalty. The member of staff will be advised that under the terms of the University's Disciplinary Procedures a case may be made to the Principal seeking his/her dismissal on grounds of gross misconduct. The member of staff will also be

advised of his/her rights of appeal against the decision as described within the Disciplinary Procedures.

An allegation of unacceptable research conduct by a registered student will be dealt with under the Code of Practice on Student Discipline. If unacceptable research conduct is established, their programme of study/research may be terminated through the Student Disciplinary Procedures.

2.2 The University's procedures will apply to visiting researchers while based in the University and should be brought to their attention as part of the organisation of the visit. Where a case of unacceptable research is established this will be reported to the home institution of the visiting researcher. A member of staff visiting another institution must familiarise him/herself with the host institution's policy on unacceptable research conduct and adhere to its requirements in addition to the requirements of this policy.

2.3 The University will immediately inform, in confidence, the appropriate Director of an external funding agency about any allegations of serious unacceptable research conduct which might concern external funding agencies (including acting as a supervisor for an externally-funded postgraduate student or engaged in peer review activities) specifically where it seems that there are reasonable grounds to believe that the allegation may be substantiated on investigation. In all cases involving suspension it will inform the external funding body. It is at the discretion of the University to determine what constitutes 'serious misconduct'. The University will also inform the appropriate Director of the outcome of any such investigation.

2.4 The University will inform the appropriate Director, in confidence, of *all* instances of unacceptable research conduct involving externally funded researchers that have resulted in the allegations being substantiated.

2.5 The University has a Code of Practice on Whistleblowing relating to the treatment of whistleblowers under the Public Interest Disclosure Act 1998. This includes a clear statement that unacceptable research conduct is taken seriously by the University and that any member of staff raising *bona fide* concerns in good faith can do so confidentially, and without fear of suffering any detriment, but equally disciplinary procedures are in place to deal with malicious allegations. The Code of Practice also includes a clear indication of the procedures in which such *bona fide* concerns by staff may be brought to the attention of a designated individual within the institution.

3 PRINCIPLES FOR INVESTIGATION BY THE UNIVERSITY OF ALLEGATIONS OF UNACCEPTABLE RESEARCH CONDUCT

3.1 The University has in place formal written procedures (contained within the general Disciplinary Procedures) for dealing with allegations of unacceptable research conduct against its staff and students. The University would, where appropriate, take legal advice on implementing these procedures to ensure that the procedures comply with all legal obligations for the conduct of such investigations from time to time in force.

3.2 The University endorses the following principles when investigating allegations of unacceptable research conduct:

- the responsibilities of those dealing with the allegation must be clear and understood by all interested parties;

- measures are in place to ensure an impartial and independent investigation and to ensure that line management obligations or other interests of those dealing with the allegation do not conflict with these procedures;
- those undertaking research at the University are contractually obliged to participate in and comply with the procedures;
- the University will treat investigations of unacceptable research conduct confidentially;
- anyone accused of unacceptable research conduct should have the right to respond and to be accompanied by a person of his/her own choosing at any formal misconduct hearing;
- all interested parties will be informed of the allegation at an appropriate stage in the proceedings;
- the allegation will be dealt with in a fair and timely manner;
- proper records of the proceedings will be kept;
- the outcome will be made known as quickly as possible to all interested parties;
- anyone found guilty of unacceptable research conduct will have the right to an appeal;
- if appropriate, efforts will be made to restore the reputations of the accused party if the allegation is dismissed.

The appropriate general Disciplinary Procedures include guidance in respect of appeals against an investigation decision.

4 INVOLVEMENT OF EXTERNAL FUNDING AGENCIES

4.1 Receipt of allegations

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

4.2 Investigations by external funding agencies

As stated above, it is the University's responsibility to investigate allegations of unacceptable research conduct made against its staff and students and this would be funding agencies preferred course of action in most cases. However, in exceptional cases, external funding agencies may wish to undertake their own investigation into alleged cases of research misconduct which concern their funded researchers (for example where the reputation of an external funding agency is at risk or where they are dissatisfied with the investigation undertaken by the University). Any investigations by an external funding agency would normally only be undertaken following consultation between the Appropriate Director of the external agency and the appropriate representative(s) of the University.

If an allegation of unacceptable research conduct is substantiated, an external funding agency may consider it own appropriate sanctions in addition to those applied by the University.

Revised and approved by the Advisory Group on Research Ethics and Governance in March and June 2010 to conform to RCUK Policy & Code of Conduct on the Governance of Good Research Conduct

APPENDIX 4

UNIVERSITY OF ABERDEEN

RESEARCH ETHICS FRAMEWORK

1 INTRODUCTION

The University of Aberdeen is committed to the highest standards of corporate governance, accountability and responsibility and seeks to conform to all relevant governance guidelines and codes of practice, including those issued by the various research funding councils and the Scottish Funding Council.

The University expects the highest standards of integrity to be adhered to by its researchers. It has a Policy and Guidelines on Good Research Practice (Appendix 3 of the Aberdeen Framework for Research Governance) which indicate the standards of good practice required to be adopted by researchers throughout the University, and which are intended to satisfy the requirements of the various funding authorities. Policy and Guidelines on Good Research Practice should be accompanied by the Statement on the Handling of Allegations of Unacceptable Research Conduct (also Appendix 3).

In addition to the requirements of the various funding bodies, the University has a responsibility to protect the rights of human subjects involved in research projects and to protect them from harm, and to ensure that data and other information about research and research subjects is handled with due consideration to legislation and institutional guidelines, and is not used without the consent of the individuals concerned. The University's Guidelines on Keeping of Research Records are included at Appendix 9 of the Framework for Research Governance. The University also has a responsibility to avoid the use of animals in research unless absolutely necessary (see para.6).

Good research practice is promoted and promulgated throughout the University by Senior Managers, and is ultimately overseen on behalf of Senate and Court by the University Advisory Group on Research Ethics and Governance, which was established in January 2005.

2 UNIVERSITY ADVISORY GROUP ON RESEARCH ETHICS AND GOVERNANCE

The remit of the University's Advisory Group on Research Ethics and Governance is:

(i) To develop policy and guidance on research governance and ethical issues.
(ii) To have oversight of all research-related ethical issues within the University and to ensure that appropriate structures are in place to encourage best practice.
(iii) To maintain an interaction with the National Research Ethics Service (NRES) Committee North of Scotland (formerly the NHS Grampian Research Ethics Committee).
(iv) To report to the University Committee for Research, Income Generation and Commercialisation on research governance and ethical issues.

The Advisory Group will monitor the University's research governance and ethical performance regularly to ensure that it remains consistent with the requirements of the various funding bodies, and will seek to promote best practice across the institution. It will also co-ordinate the annual return of the Research Council UK (RCUK) Research Conduct Survey.

The Group will also consider questions of principle and difficult cases, and provide policy and quality assurance guidance. Any serious research-related ethical concern that is not covered by the remit of local ethical review groups / arrangements should be referred to the Group.

3 RESPONSIBILITY OF COLLEGES

The institutional Advisory Group provides overarching guidelines on the scope and operation of ethical approval processes to ensure that the University is addressing its research governance responsibilities consistently across the institution. This will also facilitate interface and sharing of experience between the Colleges. However, it is expected that each College will manage its own Local Ethical Review Process (LERP) in accordance with all guidelines provided by the Advisory Group, the requirements of relevant funding and professional bodies, and taking account of all related University policies, codes, and guidance documents (see Appendix 1 of the Framework for Research Governance for a comprehensive list of University policies, codes and guidance documents that relate to research ethics and governance).

Each College has in place formal arrangements to ensure the ethical scrutiny, to whatever extent required, of all research proposals before a research project can commence. Further information on local ethical review processes in place can be found on the College websites, as follows:

- College of Arts and Social Sciences: www.abdn.ac.uk/cass
- College of Life Sciences and Medicine: www.abdn.ac.uk/clsm
- College of Physical Sciences: www.abdn.ac.uk/cops

Each College is required to provide a report to each meeting of the institutional Advisory Group on the activities of the LERP and on any significant issues that have arisen.

Colleges must ensure that staff and students are alerted to the need to consider any requirements for ethical approval relating to research to be undertaken. Colleges and schools should also seek to raise research ethics awareness in general. A checklist of issues relating to research which would require ethical approval is included at Appendix A of this document.

The University should not delegate its institutional responsibility for ethical matters to external bodies; however, for some types of research, separate ethical approval arrangements are in place which means that it may not be necessary for the University to repeat an ethical review process. Some of these arrangements are described below, otherwise, advice should be sought from the College Research Directors, or from the University Advisory Group on Research Ethics and Governance.

4 NHS NORTH OF SCOTLAND RESEARCH ETHICS SERVICE

The University works closely with the North of Scotland Research Ethics Service (NOSRES). As required under the Framework established by the Secretary for State, NOSRES considers all research projects involving NHS patients, staff or premises, including studies falling within these categories done by students. NOSRES is part of the national Central Office of Research Ethics Committees (COREC) which allocates ethical review applications around the country. NOSRES is also willing to consider other projects such as those involving community-based studies, which might not strictly need its approval. Where ethical approval has been given by the NOSRES, further ethical approval consideration of the same project by the University will not normally be required.

5 UNDERTAKING RESEARCH OUTWITH THE UNIVERSITY OR THE UK

Some research projects involve work outwith the University or the UK. Where research involving human participants is being undertaken at another institution or outwith the UK, and has already been ethically approved where necessary, formal evidence of such approval will normally be accepted as sufficient to meet the University's requirements. However, the primary responsibility for securing relevant ethical approval lies with the institution that

employs the researcher, and it must be satisfied that appropriate ethical review and approval has been undertaken.

The University respects the traditions and cultures with which it has dealings, however, where there is conflict between local customs and the ethical principles and values set out by the University this should be brought to the attention of the relevant College Director of Research or the institutional Advisory Group on Research Ethics and Governance.

6 RESEARCH INVOLVING THE USE OF ANIMALS

As required by the Home Office and the Animal (Scientific Procedures) Act 1986, the University has a central Ethical Review Process (ERP) and Committee for research involving the use of animals. Information on the Ethical Review Process can be obtained from Policy, Planning and Governance.

The University website has a statement regarding its use of animals in research which indicates that the University is committed to avoiding the use of animals in research unless absolutely necessary. It also indicates that the University is committed to the widespread promotion and implementation of the 3Rs in all research involving the use of animals. The 3Rs are defined below:

- Reduction - this refers to the development of methods which facilitate reducing the number of animals used in research, by improving experimental design or by sharing data.

- Refinement - this refers to improvements to scientific procedures and husbandry which minimise actual or potential pain, suffering, distress or lasting harm and/or improve animal welfare in situations where the use of animals is unavoidable.

Replacement – this refers to methods that avoid or replace the use of animals defined as 'protected' under the Animals (Scientific Procedures) Act 1986 in an area where they would otherwise have been used.

7 WHISTLEBLOWING

Staff and students and lay members of the University are expected to report actual or potential infringements of research ethics and research misconduct. The University's Code of Practice on Whistleblowing (Appendix 12 of the Framework for Research Governance) sets out procedures for reporting concerns and how allegations will be investigated.

The Advisory Group for Research Ethics and Governance is responsible for ensuring that all reported breaches of the University Research Governance or Ethics Frameworks are investigated, and that remedial and/or disciplinary action is taken if appropriate.

- *First approved by Senate and Court May 2008*
- *Updated November 2010*
- *Updated May 2011*

APPENDIX A

UNIVERSITY OF ABERDEEN

RESEARCH ETHICAL REVIEW CHECKLIST

Research ethics refers to the moral principles underpinning research at all stages, from developing a project grant application, data collection, to writing up and dissemination of findings. The University is committed to promoting and facilitating the ethical conduct of research conducted by all of its staff and postgraduate and undergraduate students.

This checklist (or an equivalent college, school or discipline specific checklist) should be used for every research project that involves human participants. This includes surveys or interviews, focus groups or observation techniques. It must be completed before potential participants are approached to take part in any research. Where a college, school or discipline specific ethics approval process has already been undertaken, completion of this checklist should not be required.

The checklist aims to identify whether or not a full application for ethics approval needs to be submitted, and should be used in conjunction with appropriate college, school or department ethical review guidelines. The Principal Investigator, or where the PI is a student, the supervisor, is responsible for ensuring that the checklist review is undertaken, and for exercising appropriate professional judgement. Where a research project is being undertaken outwith a College (e.g. by staff within the University Administration), the checklist should be completed and signed off by a relevant line manager.

Name and status of applicant (e.g. staff/postgraduate or undergraduate student) and **relevant School/Department:**

If student – name of supervisor:

Title and brief description of proposed research project and intended participant group:

Declaration: I have read the relevant college/school/department and funding council guidelines for conducting research with Human Participants. YES/NO

If the answer to any of the questions 1 – 13 below is YES, further information should be provided and guidance sought. In **all** cases involving research by students, whether or not any question is answered YES, the form should be submitted to your supervisor for signature.

1. (i) Is the study externally funded? If Yes, (ii) please state which funding agency and; (iii) whether the funding agency requires proof of Ethical approval	(i) Yes/No (ii) (iii) Yes/No
2. Does the study involve clinical populations (i.e. have participants been identified as a result of their status as a patient)?	Yes/No
3. Does the study involve children (under 18 years)?	Yes/No
4. Does the project involve vulnerable adults such as individuals with mental health problems or learning disabilities, or prisoners or young offenders up to the age of 21?	Yes/No
5. Does the study involve participants who are unable to give informed consent?	Yes/No
6. Does the study involve any clinical procedure?	Yes/No
7. Are drugs, placebos or other substances to be administered to participants, or will the study involve invasive or potentially harmful procedures of any kind?	Yes/No
8. Could the study induce psychological stress or anxiety, or cause harm or negative consequences beyond the risks encountered in normal life?	Yes/No
9. Is pain or more than mild discomfort for subjects likely to result from the study?	Yes/No
10. Does the project involve the collection of material that could be considered of a sensitive personal, medical or psychological nature?	Yes/No
11. Does the project involve the use of animals and procedures not covered by the Animal Scientific Procedures Act 1986?	Yes/No
12. Does the project use covert research techniques?	Yes/No
13. Will the subjects of the study include staff or students of the University?	Yes/No

Where you have answered "YES" to any question please provide further information in the box below. If you wish to make a fuller response please submit this on a separate sheet

Further information:

If you are a member of staff and have answered "NO" to **all** of the questions, then no further action will required, and the completed checklist should be filed with your research records.

In **all** cases involving research by students (i.e. whether or not any question is answered YES) the form should be submitted to your supervisor for signature. If you are an **undergraduate student** the form together with your project proposal should be submitted to your supervisor in the first instance. **You should also retain a copy for your own reference.**

If you have answered "YES" to any of the questions, you may have to apply to a relevant Ethics Committee for approval and the form should be sent to the relevant School or College Research Ethics Committee and guidance sought.

Principal Investigator

Signed _____

Date _____

Supervisor (where appropriate)

Signed _____

Date _____

APPENDIX 5

UNIVERSITY OF ABERDEEN
INTERNAL PEER REVIEW POLICY FRAMEWORK

INTRODUCTION

This document is the overarching University of Aberdeen framework for internal peer review for research grant applications to external funding bodies.

UNIVERSITY POSITION ON PEER REVIEW

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

The University has internal peer review procedures in place by College, which vary according to specific conditions, including:

- The values of research grant, fellowship, studentship or equipment applications. Each College has a threshold after which peer review must take place;
- The experience of applicants: all first time applicants will be peer reviewed across the University, with variations after that applied by College.

KEY PRINCIPLES

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

- **Opportunity for peer review for all staff**: internal support must be available to all funding applicants in order to aid personal improvement and the improvement of success rates of applications. In some cases, such as where applicants are relatively inexperienced, peer review will be a requirement.
- **Support for Unsuccessful Applicants**: in order to improve application success rates and to enhance the early career development of research staff, there should be support mechanisms in place for unsuccessful applicants, geared towards improvement and consideration of other possible funders.
  The University expects the risk of rejection to be reduced by the development of support mechanisms and a cultural shift towards sharing feedback, which will make easier the provision of additional support where appropriate.
- **Light Touch Peer Review Processes**: peer review processes should be administratively “light touch” in order to best facilitate implementation as a norm as part of the relevant application processes. An appropriate level of stringency must be maintained in order for the peer review process to be suitably effective.
- **Transparency and Sharing of Best Practice:** peer review processes should be open and transparent, though should remain confidential where appropriate. A transparent process is expected to facilitate the sharing of best practice.

PEER REVIEW PROCEDURES - KEY ELEMENTS SUMMARISED

The College procedures each lay out criteria and processes for internal peer review for research grant and fellowship applications to external funding bodies. The key elements of these procedures are summarised below:

- **Grant Categories**: within each of the Colleges all grant applications will have peer review if they fall within broadly defined categories. Categories are based on: application values, the background / status of the Principal Investigator (in terms of experience), and according to which funding bodies applications are submitted.
- **Peer Review Processes**: the three Colleges have each developed processes which involve reviews of applications at various stages, prior to eventual submission. These processes are set against pre-determined timelines, and each application will require internal "sign-off" prior to submission, normally by the relevant Head of School or the Institute Director of Research. (Separate consideration is to be given to revising the processes for the internal sign-off of cover sheets). The Colleges will also work closely with Research and Innovation (R&I) and Research Financial Services (RFS) as part of their peer review processes.
- **Training and Guidance:** each College will develop best practice guidelines for applicants and reviewers, which will be incorporated in training sessions and made available to all colleagues.

MONITORING AND ASSESSMENT

The implementation and success of the Peer Review Policy Framework will initially be assessed every 6 months. This monitoring process will be overseen by the University Committee on Research, Income Generation, and Commercialisation.

COLLEGE INTERNAL PEER REVIEW DOCUMENTS

The College internal peer review documents are provided as Appendices to this document:

- **Appendix A**: College of Arts and Social Sciences: Peer Review of Funding Applications
- **Appendix B**: College of Life Sciences and Medicine: Mentoring and Peer Review Process and Conditions (currently under revision)
- **Appendix C**: College of Physical Sciences: Procedure for Internal Peer Review for Grant Proposals

Appendix A

UNIVERSITY OF ABERDEEN

COLLEGE OF ARTS AND SOCIAL SCIENCES

PEER REVIEW POLICY

Background

The College's current Peer Review Policy was introduced in 2010 in response to the University's "Research Excellence Agenda" which identified the need to improve consistency in achieving a high level of performance in research and improving success rates when making applications to external funding organisations.

To address these issues, the Agenda promotes enhanced training and mentoring opportunities for research colleagues across the University. And the College Peer Review Policy incorporates these issues.

The College of Arts and Social Sciences recognises the importance of success rates for external funding applications as an indicator for the Research Excellence Framework; in the determination of standings in published league tables; and also in recognition of the amount of time and effort spent by colleagues across the institution in the development of applications.

Following the success of the initial Peer Review Policy, the College Research Committee have agreed it should now be reviewed and reinforced to ensure it continues to support academics and helps with the development of high quality applications.

At the time of the development of the previous policy, a number of UK Research Councils had indicated an expectation that institutions will monitor all applications in order to reduce the effort in peer review and the Councils' resources. Since then, most Research Councils have begun introducing methods to reduce the number of applications received, with the ESRC recently following the example of the EPSRC by expressing its commitment to introduce a Demand Management Strategy.

A consultation process has been undertaken by the ESRC which suggests several possible options of managing application numbers including: Sanctions applied to individuals and/or institutions, banning applications (for a set time) when agreed quality threshold has not been met on a repeated basis; institutional quotas for the number of applications allowed; and, the possibility of charging institutions for applications made. It is expected that all Research Councils will seek to implement a strategy to manage demand and further details will be released as they become available.

In an attempt to control the number of applications received by Research Councils, it is clear that even greater emphasis is to be placed on self regulation by institutions. It is therefore prudent for the College to revise its Peer Review Policy and procedures to address the emerging expectations of the funding bodies' and provide colleagues with support and guidance when developing funding proposals.

Further to upcoming requirements, it is an historical trend that institutions with robust, compulsory peer review policies achieve higher success rates in their applications.

In response to the developments of Research Councils, the University Committee on Research, Income Generation and Commercialisation recently considered a paper proposing additional support for researchers to address the success rates of applications. Among other things, the paper considered ways of utilising the feedback received by unsuccessful applicants as a way of addressing development needs, and the introduction of mentoring interviews for colleagues submitting unsuccessful applications to funding bodies.

The College Research Committee has agreed that a formalisation of the peer review process and development opportunities would be a helpful way of enhancing the existing policy. It was further suggested that processes be formalised to ensure colleagues fully consider feedback from reviewers and allow Heads of School to be informed of reviewer comments, and consider whether these have been addressed in advance of approving an application.

This revised Peer Review Policy for the College of Arts and Social Sciences applies to all colleagues and to applications to all external funding organisations. The process is designed to provide guidance and support to applicants throughout their career.

It is acknowledged and appreciated that academic colleagues take a considerable amount of time to complete applications and the purpose of internal peer review is to deliver practical and constructive feedback and guidance with the expectation that, if followed, it will improve the likelihood that submissions will be successful.

Peer Review

- Compulsory[2] peer review will only apply to applications where the University of Aberdeen is leading the bid. Where researchers from the University are part of a consortium it is presumed that the bid will be peer reviewed by other members. In addition, where Aberdeen researchers are co-investigators or partners it is expected that peer review will take place as part of the process of developing the proposal.
- Peer review is compulsory for all fellowship applications and all research project grant applications with a total value greater than £15,000.
- Peer review is compulsory for all applications where the lead applicant has not previously made a successful application for external funding (regardless of the value of the current application). Colleagues who have little experience of writing funding applications are encouraged to undertake voluntary peer review until they become familiar with the application process[3].
- Peer review is compulsory for all applications where the applicant has not received an award within the previous 12 months, or where, over a 24 month period, they have had three consecutive bids that have not received an award.
- All researchers developing bids to external funding bodies will be offered the opportunity for voluntary peer review in advance of submission (for any value of award).
- Colleagues will be offered peer review at all stages during the development of proposals, from initial ideas through to the presentation of the final application.
- The Business Development Officer in Research and Innovation will continue to notify the appropriate Head of School and School Director of Research as soon as they become aware of an applicant commencing work on a proposal for external funding. The School Director of Research will contact the applicant to advise them of the requirement or opportunity (as appropriate) for peer review throughout the development of the application.
- Where colleagues wish for their final application to be reviewed (and where bids are subject to compulsory peer review), a robust version of the application must be submitted to the School Director of Research (or the nominated peer reviewer) four weeks in advance of the funding application deadline. This timescale will allow appropriate time for feedback to be provided and considered by applicants in advance of being submitted to Research and Innovation. In exceptional cases (e.g. when funding is announced at short notice), agreement should be reached with the School Director of Research in advance to allow for a shorter lead in time for the peer review process.
- School Directors of Research will identify and approach colleagues with experience of securing external funding from a range of organisations and across discipline areas to act as reviewers. In addition, lists of reserve peer reviewers who would be well placed to respond to requests received at short notice should be drawn up and held

[2] As determined within this policy

[3] It should be understood by colleagues that procedures vary between funding bodies and it may therefore be helpful to seek peer review for all first applications to any funding body regardless of previous success with other funders.

within School administrative offices to allow last minute reviews to be carried out as appropriate and necessary.

- The School Director of Research will ensure that confirmation is provided when peer review has been undertaken. School Directors will provide the relevant Head of School with copies of comments for reference when reviewing and authorising applications for submission. Colleagues in Research and Innovation will be notified of an application having been peer reviewed by notification included on the internal cover sheets.
- Colleagues in Research and Innovation and Research Financial Services will not submit any application for funding without the signed approval of the Head of School or designated deputy.
- The College seeks the support of Heads of Schools in ensuring that the work carried out by reviewers throughout the process is recognised and considered in terms of the Workload Allocation Model. In addition, School Directors of Research will monitor reviewer lists to ensure that the workload of peer review (and, where appropriate, mentoring) is spread appropriately.

Training and Development

The University is committed to providing development opportunities to colleagues throughout their career. Since the first iteration of the College Policy, we have liaised with colleagues in Staff Development who have introduced a new grant writing workshop series to address training needs previously identified by researchers.

- Specific feedback from peer review will remain confidential between reviewer; applicant and Head of School. Peer reviewers will provide general feedback to School Directors of Research on a regular basis with the aim of identifying common areas where training would be beneficial. School Directors of Research will report back to the College Research Committee where areas of development will be agreed and the provision of appropriate training will be progressed thereafter with colleagues in Research and Innovation and the Staff Development Team in HR.
- School Directors of Research will encourage all colleagues (especially those who have not received funding as lead applicant within the past 24 months) to take advantage of the Grant Writing workshop series.
- Where a colleague has had two applications for external funding turned down in a rolling 12 month period, the School Director of Research will carry out applicant interviews following the receipt of the second application outcome[4]. These interviews will be supportive with the intention of assuring success in future applications. To prepare for these interviews, Directors of Research should liaise with colleagues in R&I to gain background information on the specific funding calls applied to, and with the initial peer reviewer for general feedback on the submissions.
- All colleagues are requested to provide copies of any comments received from funding organisations' to the School Director of Research, College Director of Research and the Business Development Officer in Research and Innovation. This applies to both successful and unsuccessful applications and all information will be treated confidentially, used only to help identify general training needs.
- School Directors of Research are to identify potential mentors from within their School. Mentoring and training opportunities will be available to all colleagues on request[5] and where a colleague has had three consecutive funding applications that have not been awarded in a rolling 24 month period, their peer reviewer and/or School Director of research will present this option to the researcher. All mentoring provision should be tailored specifically to the needs of the individual researcher.

[4] Where an application outcome is unknown 9 months following the application deadline, it will be assumed that is was unsuccessful and the applicant will be approached for interview.
[5] Subject to resource availability

- Schools will maintain records of all Peer Reviews that have been undertaken. Notes should include details of the name of applicant; mane of reviewer; value of award; funding body/award applied for; title of application and date of review.

Appendix B

UNIVERSITY OF ABERDEEN

COLLEGE OF LIFE SCIENCES AND MEDICINE

PEER REVIEW AND MENTORING PROCESS

Mentoring & Peer Review Process and Conditions

The University's "Research Excellence Agenda" has identified a need for the University to improve its consistency in achieving a high level of research performance, including improving our success rates in winning external research grant funding.

To address this point, it has been agreed that there is a need for the University to move towards a system of internal peer review for certain proposals being submitted to external funding bodies. This is in line with several of our competitor institutions, who already have similar processes in place. There are indications that internal peer review will become an essential eligibility criterion for submissions to Research Councils in the near future. Therefore, we have a window of opportunity to introduce a system of peer review that suits our needs and preferences before this becomes a compulsory eligibility activity for all submissions to research councils.

In the College of Life Science and Medicine, the College Executive and Research Directors have decided that, in the first instance, there will be two broad categories of grants for which there will be a compulsory, formal mentoring or peer review process that must be completed before submission to the external funding body*. These categories are:

- Junior/mid range fellowships, new investigator applications and all grants from research staff who have not yet had a successful grant awarded as a lead applicant
- All grant proposals with a possibility of being over £250,000 if applying to a funder with full economic costing (fEC) **OR** over £150,000 if applying to Chief Scientist Office (CSO) or a funder without fEC (Note that for the School of Psychology the threshold for peer review has been set at £50,000 for all proposals)

*Contract research for industry is excluded from this process many of our most successful colleagues already undertake. This process is intended to be supportive and constructive, and it is hoped that we will quickly benefit through an increase in the numbers of successful grants. This process is not intended to take the place of any informal peer reviewing process that is undertaken with colleagues, but should add value to current processes.

Definitions Fellowships and New Investigator awards will be defined as those grants that are termed "fellowships" or "new investigator awards", or similar wording by the external funding body, or any grant where a postdoctoral fellow will be the principal applicant and be expected to work independently to deliver the research project. This category will include career development awards. This category does not include Senior Fellowships or Personal Research Fellowships (those fellowships awarded at professorial level). **First grant as lead applicant** will be defined as any applicant's first project grant application as lead applicant, where the value of the grant is expected to exceed £20K, and will hold meaning until the first successful application to any external funding body.

Procedures

1) Fellowship/New Investigator applications and first grant as lead applicant

Potential applicants falling into the above categories will be asked to provide an abstract and a statement of the competitiveness of their application at an early stage, and in any case **at least 8 weeks** before any funding body deadline. This abstract and statement should be submitted to Research & Innovation (R&I), who will forward these documents to the relevant

Head of School (and Head of Division if School of Medicine & Dentistry) and Institute Research Director, copying in the College Director of Research for information. The applicant will be given the opportunity to discuss the application with the Head of School/Division and/or Institute Research Director (or delegated deputy if appropriate).

This group will make the decision as to the suitability of the applicant and proposed research to the funding opportunity, and if satisfied that the applicant and the proposed research are appropriate, then at least one Mentor will be allocated to the applicant.

Discussions with the Mentor(s) should not replace discussions with colleagues, and these discussions should continue throughout preparation of the proposal. The applicant is encouraged to seek the further advice of colleagues and peers, but only the allocated Mentor(s) will ultimately advise the Head of School/Division on the suitability of the application for submission. The Mentor(s) should act as an advisor/support only, and should not be expected to draft, revise or mark up any proposal. However, the Mentor(s) should give the applicant sufficient advice and support, written when appropriate, on the general content, format, research plan, competitiveness and suitability of the research proposal to inform the development of the application. In addition to the advice and support directly from the Mentor(s), the Mentor(s) should ensure that the applicant seeks appropriate additional peer review of the final proposal prior to submission.

Each Mentor must sign the internal cover sheet before submission (or in exceptional circumstances signal approval in another way such as by email). By giving approval, the Mentor is confirming that the application is, in their opinion, of sufficient quality and competitiveness for submission. The Head of School/Division will only sign the internal cover sheet following approval from the Mentor(s). If a Mentor does not see the final application or does not believe that the application has a reasonable chance of success, he/she will advise the Head of School/Division accordingly so that the Head of School/Division can decide whether or not to sign off the application. In the absence of the Head of School/Division or designated deputy, then the Head of College or College Director of Research will substitute.

R&I will not be permitted to authorise submission of the application without Head of School/Division or designated deputy's signature on the internal cover sheet.

2) All grants over £250K (FEC) or £150K (CSO or non-FEC funder) with the UoA academic as lead applicant (Note that this threshold is set at £50,000 for the School of Psychology).

All applicants whose grants fall into this category and where the lead investigator is based in the College of Life Sciences and Medicine will be required to show evidence of peer review by at least two colleagues before submission. At least one of the reviewers should not be directly involved in the application (for example as a co-applicant). All potential applicants in this category should disseminate their proposal to two academic colleagues to request their review of early as possible to maximise the value of this process, and to give the reviewers sufficient time to review. It would be appropriate to arrange peer review for a**t** leas**t 2** week**s** before the submission deadline in order to address any concerns of the peer reviewers. If any applicant is in doubt as to who could be a suitable peer reviewer for their proposal, then the advice of their Institute Research Director, Head of School/Division or Research Programme Leader should be sought.

The reviewers will review the draft submission, and offer advice to the applicant on the general content, format, presentation, research plan, competitiveness and suitability of the research proposal.

Both reviewers will be required to sign the internal cover sheet (or in exceptional circumstances indicate in another way such as by email) to confirm that they have reviewed the submission. They will be asked to summarise their opinion of the quality of the (latest) version of the proposal that they reviewed by assigning the application into one of four categories:

1) No changes suggested
2) Minor changes suggested
3) Substantive changes recommended
4) Major concerns, submission not advised There are tick boxes on the cover sheet for this purpose. There is no obligation on the peer reviewer to review multiple drafts of the proposal.

If a reviewer's assessment falls in the "substantive changes recommended" or "major concerns, submission not advised" category, a full copy of the peer reviewer's comments together with a written description of how the reviewer's comments have been addressed by the applicants should be attached to the coversheet. These should then be sent to the Head of School/Division well in advance of the deadline to allow due consideration.

The Head of School/Division (or designated deputy) will only sign off the application if peer review has been undertaken and appropriately responded to and all other required signatures are in place.

It is expected that all eligible applications will follow these procedures; in the absence of any comments/signature from peer reviewers, it will be at the submission of the proposal.

R&I will not be permitted to authorise submission of the application without Head of School or a designated deputy's signature on the internal cover sheet.

Other Considerations

Fellowships:

- The Head of School/Division and Institute Research Director will be sympathetic to requests to change the allocated mentor, for example for competitive or conflict of - interest issues.

- Accurate costing will not be required for the abstracts of eligible applications, but a description of the likely resource required should be detailed in the abstract. Research Financial Services (RFS) should be approached for accurate costing when the full application is started and should be kept informed by the applicant of any changes to the proposal that will have a knock on effect on the project costing.

All Applications:

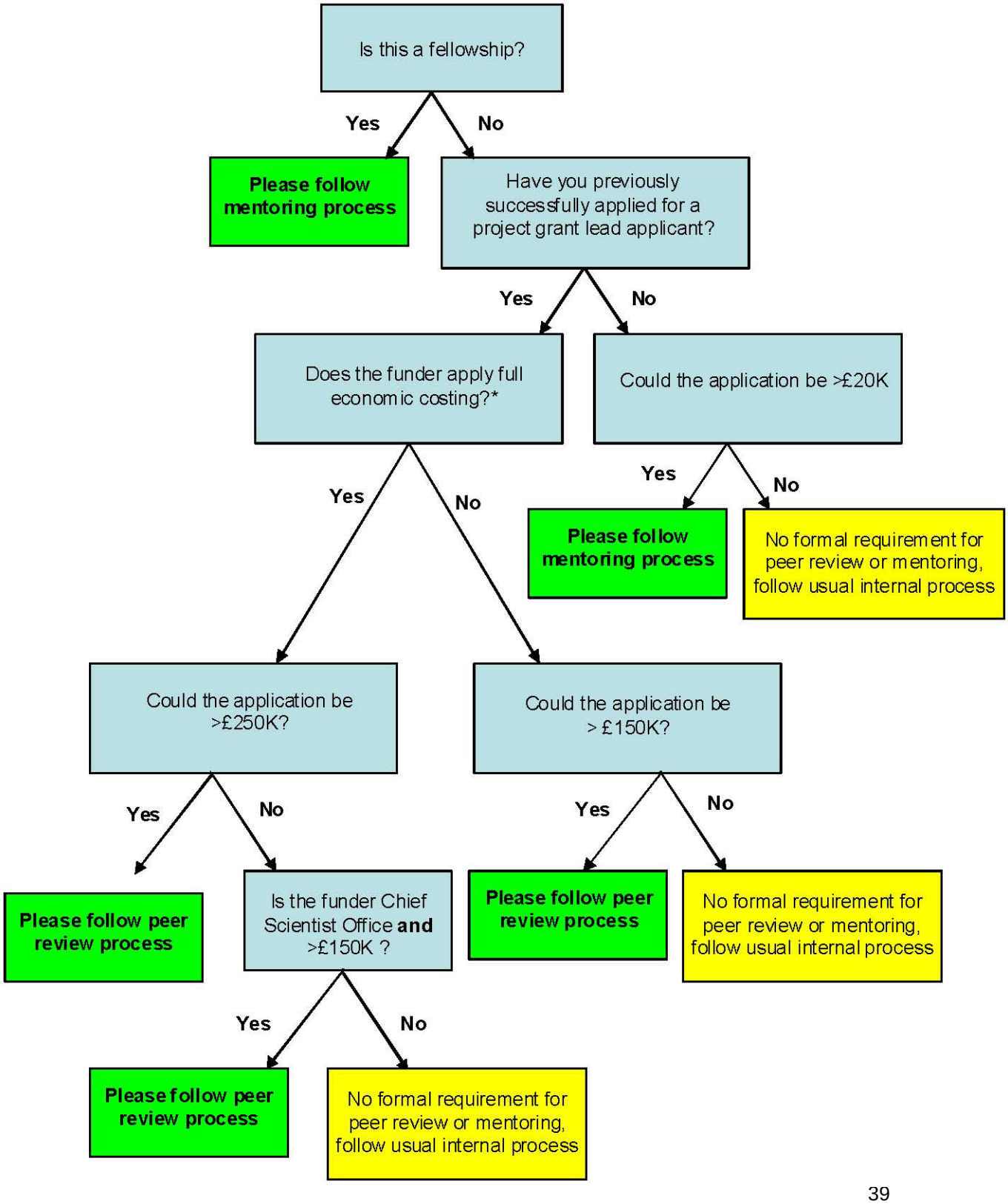
- All applicants are encouraged to liaise with the points of contact at the funding body to optimise the fit of their proposal within the call and remit of the funding body.
- The College understands that absences due to prior commitments/unforeseen circumstances are inevitable, and may result in the levels of notice described here not always being possible. If an applicant is aware that that he/she will be absent in the weeks before a deadline and that this could impact on interactions with the reviewers/mentor or on getting the final draft to the reviewers/mentor, it will be imperative for the applicant to inform the reviewers/mentor as soon as possible such that a contingency plan can be formulated. Only under exceptional circumstances, will the Head of School, Head of College or Senior Vice Principal (depending on the financial value of the proposal) decide to permit submission in the absence of mentoring/peer review.
- R&I will be tracking which members of the College have been peer reviewers/mentors on applications, and this will be periodically
- Mentoring/peer review is spread appropriately.
- The College will expect successful applicants who have been through these processes to act as internal peer reviewers where appropriate for future applications.
- A process chart for the scheme is in the Appendix to this paper.
- It is recognised that there are likely to be ways in which these processes can be improved. With this in mind, periodically, feedback will be sought from applicants who

have been through the mentoring or peer review process.

Appendix

CLSM Mentoring and Peer Review Process

Please use this process chart to determine what procedure you should follow before submission of your grant application. Please refer to the "College of Life Sciences and Medicine Mentoring & Peer Review Process and Conditions" for detailed explanation of the relevant processes.



Appendix C

UNIVERSITY OF ABERDEEN

COLLEGE OF PHYSICAL SCIENCES

PROCEEDURE FOR INTERNAL PEER REVIEW FOR GRANT PROPOSALS

Background

The Research Excellence Agenda paper, discussed at CRIGC and UMG, proposes that each College consider and establish an internal peer review system in response to poor success rates with RCUK, particularly AHRC, ESRC and EPSRC. Also, it appears likely that RCUK will make evidence of a robust internal peer review process an eligibility criterion for submission of applications.

Peer review of Research Applications

The requirements of the Research Excellence Agenda were discussed at the College Executive (15/10/09), and the Director of Research and Commercialisation and the Heads of School were asked to develop a system of peer review for CoPS.

It has been agreed that the peer review process should operate as follows:

- Peer review will apply to all research grant, fellowship, studentship and equipment applications above £15k (excluding KTPs, travel grants and other small grants where success rates are already high).

- The additional administrative burden will be kept as light as possible, and Heads of School will retain discretion over matters relating to peer review e.g. there may be occasional circumstances where it is not appropriate.

- Near final or final proposals should be submitted to the Head of School 4 weeks before any published deadline or before intended submission. The Head of School will forward the proposal to an appropriate reviewer, who will comment on the scientific case and, where appropriate, letters of support. This feedback will be returned to the Head of School within 10 days. The PI will then have an opportunity to respond to and revise the proposal in the light of these comments. Once the Head of School is satisfied that the application has been reviewed and amended as appropriate, the application will be signed off and forwarded to R&I [within their deadlines for submission]. The standard cover sheet for applications should be amended to allow the Head of School to confirm that peer review has taken place.

- Guidance on what will be expected of applicants and reviewers, and the role of R&I in the application process will be developed and disseminated through the School and College committees and websites and incorporated into College Principal Investigators' training events.

The internal peer review procedure is not intended to replace any informal procedures that are currently in place for early discussion of proposals within research groups.

It is recommended that this paper be circulated for information/comment to College Research & Commercialisation Committee prior to formal implementation.

25/11/09

APPENDIX 6

UNIVERSITY OF ABERDEEN

POLICY ON DATA PROTECTION

The Data Protection Act 1998 (DPA) was passed in order to implement the EU Data Protection Directive (95/46/EC) and applies to all data relating to, and descriptive of, living individuals (defined by the Act as " personal data") which are held either electronically or in a structured manual filing system. The Act came into force on 1st March 2000, with most of its provisions becoming effective on 24th October 2001. The scope of the Act will be extended to data held in unstructured manual filing systems from 1st January 2005. The University of Aberdeen is committed to a policy of protecting the rights and freedoms of individuals with respect to the processing of all data held by it which affects their privacy, whether in their personal or family life, business or professional capacity. The University adheres to the JISC Data Protection Code of Practice for the HE and FE Sectors.

The University holds a wide range of personal data about individuals such as employees, students, graduates and others, defined as *data subjects* in the Act. Such data may only be processed in accordance with this policy and with the terms of the University's Notification to the Information Commissioner (Ref.: Z7266585), which sets out the purposes for which the University holds and processes personal data. Any breach of the policy may result in the University, as the registered *Data Controller*, being liable in law for the consequences of the breach. This liability may extend to the individual processing the data and his/her Head of School under certain circumstances.

This policy applies regardless of where the data is held and, in respect of automatically processed data, the ownership of the equipment used, if the processing is for University of Aberdeen purposes.

PRINCIPLES

All data users must comply with the eight Data Protection Principles. The Principles define how data can be legally processed. 'Processing' includes obtaining, recording, holding or storing information and carrying out any operations on the data, including adaptation, alteration, use, disclosure, transfer, erasure, and destruction.

- Personal data shall be processed fairly and lawfully.
- Personal data shall be held only for one or more specified and lawful purposes and shall not be further processed in any manner incompatible with that purpose or purposes.
- Personal data shall be adequate, relevant and not excessive in relation to the purpose for which it is processed.
- Personal data shall be accurate and where necessary kept up to date.
- Personal data processed for any purpose shall not be kept for longer than is necessary for that purpose.
- Personal data shall be processed in accordance with the rights of data subject under the DPA.
- Appropriate technical and organisational measures shall be taken against unauthorised or unlawful processing of personal data and against accidental loss or destruction of the data.
- Personal data shall not be transferred to a country or a territory outside the European Economic Area unless that country or territory ensures an adequate level of protection for the rights and freedoms of data subjects in relation to the processing of personal data.

The DPA defines both *personal data* and *sensitive personal data*. Data users must ensure that the necessary conditions are satisfied for the processing of personal data and in addition that the extra, more stringent, conditions are satisfied for the processing of sensitive personal data.

"Personal data" has a broad ranging definition and can include not only items such as home and work address, age, telephone number and schools attended but also photographs and other images, if focussed on an individual and disclosing information which is biographical in a significant sense. "Sensitive personal data" consists of racial/ethnic origin, political opinion, religious or similar beliefs, trade union membership, physical or mental health or condition, sexual life and criminal record.

STATUS OF THE POLICY

The policy has been approved by the University Court. Any breach will be taken seriously and may result in action being taken under the appropriate disciplinary code.

RESONSIBILITIES OF HEADS OF SCHOOLS, HEADS OF SECTION AND OTHER MANAGERS

Heads of School and managers of administrative and support services have a responsibility to ensure compliance with the Act and this Code, and to develop and encourage good information handling practices, within their areas of responsibility. All users of personal data within the University have a responsibility to ensure that they process the data in accordance with the eight Principles and other conditions set down in the DPA.

The University has issued detailed guidance to assist Heads of School and managers fulfil these obligations.

Heads of School may choose to delegate the management of, but not the responsibility for, Data Protection matters to another member or members of their staff.

The University will perform periodic audits to ensure compliance with this Code and the Act and to ensure that the notification is kept up-to-date.

HANDLING OF PERSONAL DATA BY STUDENTS

Academic and academic-related staff are responsible for the conduct in these matters of the students whom they supervise. The use of personal data by students is governed by the following:

- A student should only use personal data for a University-related purpose with the knowledge and express consent of an appropriate member of staff (normally, for a postgraduate, this would be the supervisor, and for an undergraduate the person responsible for teaching the relevant class/course).
- The use of University-notified personal data by students should be limited to the minimum consistent with the achievement of academic objectives. Wherever possible data should be de-personalised so that students are not able to identify the subject.

Use of a personal data by students is subject to the regulations set out below. The University's policy stated above and the regulations are based on the principle that students must only use personal data under the guidance of a member of staff. A breach of these regulations is an offence against University discipline.

- Students must not construct or maintain files of personal data for use in connection with their academic studies/research without the express authority of the appropriate member of staff.
- When giving such authority, the member of staff shall make the student aware of the requirements of the Data Protection Act and of the appropriate level of security arrangements which attach to the particular set of personal data.
- Students must abide by the Data Protection Principles and follow the instructions of the University in relation to any uses of personal data notified by the University.
- Research students must confirm when submitting their thesis that any personal data has been collected and processed in accordance with the Act.

ACCESS TO DATA

The Act gives data subjects a right to access to personal data held about them by the University, and allows the University to charge a fee for such access (up to a prescribed maximum). The University will however seek to take an approach which facilitates access to their personal data by individuals without them having to make formal subject access requests under the Act, whilst acting within the Data protection Principles.

All formal subject access requests must be responded to within the 40-day period prescribed by the Act, and must be notified to the Data Protection Officer as soon as they are received. Any cases of doubt as to whether a request for access to personal data is a subject access request under the Act must be referred to the Data Protection Officer without delay.

The University will normally charge the prescribed maximum fee (currently £10) for subject access requests to personal data which is processed automatically or held in structured manual files.

From 1 January 2005, rights of access will be extended to data held in unstructured manual filing systems. However, the University will not be obliged to disclose such data unless the data subject can provide a description of it, nor if the costs of locating it exceed the maximum search costs allowed for under the Freedom of Information Act.

RETENTION OF DATA

Personal data must only be kept for the length of time necessary to perform the processing for which it was collected. This applies to both electronic and non-electronic personal data. The University adheres to the model Action Plan for Records Management in Scottish HE & FE (December 2003). It intends to work towards a policy on retention that will allow users to apply a common standard University-wide in relation to disposal of personal data.

DATA TRANSFER

When personal data are transferred internally the recipient must only process the data in a manner consistent with the University's Notification and the original purpose for which the data was collected.

Personal data can only be transferred out of the European Economic Area under certain circumstances. The Act lists the factors to be considered to ensure an adequate level of protection for the data and some exemptions under which the data can be exported. Information published on the Web must be considered to be an export of data outside the EEA.

DATA SECURITY

All University users of personal data must ensure that all personal data they hold is kept securely. They must ensure that it is not disclosed to any unauthorised third party in any form either accidentally or otherwise.

DATA PROCESSING AND EXAMINATIONS

Current Senate policy is that while marks for in-course assessments and the final mark obtained for each course (which may optionally include General Papers taken at the end of the Final Honours Year) should be disclosed to students using the Common Assessment Scale, marks for individual elements of end-of-course assessment, such as examination questions, and the un-moderated marks awarded by individual examiners, should not. Accordingly, Schools wishing to use automated systems for processing examination results must inform the Data Protection Officer and comply with the processing windows that he prescribes. These normally run from the date to the first written exam at each diet to the final date prescribed by Senate for return of results. Marks may however be retained beyond this period for purposes of research and statistical analysis, provided that student identifiers have been removed.

Where exams are marked automatically, the Act requires that students are entitled to receive an explanation of the logic which underlies any decision to pass or fail them. It is however good practice that such results are reviewed by a member of academic staff or examiners' meeting before being signed off for publication.

It should be noted that while personal references contained in examination scripts are exempt from the Act, comments written on scripts may well fall within the definition of 'personal data' -particularly if

commenting directly on the candidate.

DATA PROTECTION AND REFERENCES

References given are exempt from the Act: references received are not. However, before any disclosure is made regard must be had to the Data Protection rights of the provider of any reference, including any desire expressed by them in regard to disclosure.

Currently (until January 2005) most references will be contained in manual files, which because of their structure, are exempt from the Data Protection Act.

DATA PROTECTION AND RESEARCH

Data collected for the purposes of research are covered by the Act. They will however be exempt from Subject Access if only intended for publication in such a way that individuals cannot be identified. Staff collecting data for the purposes if research or consultancy are advised to incorporate an appropriate form of consent to process on any data collection form. Sample forms of words are available on the University's Data Protection Web Site.

DATA PROTECTION OFFICER

The University has notified the Office of the Information Commissioner that it to processes personal data. Questions related to the terms of the notification and other day to day matters on the operation of the policy and the Act can be dealt with by the Data Protection Officer for the University. The Data Protection Officer can be contacted by e-mail to adr026@abdn.ac.uk

APPENDIX 7

UNIVERSITY GUIDELINES ON KEEPING OF RESEARCH RECORDS

1 INTRODUCTION

The University of Aberdeen Policy and Guidelines on Good Research Practice requires that all researchers keep clear and accurate records of the procedures followed, and approvals granted during a research process, including records of the interim results obtained as well as of the final research outcomes. This is necessary not only as a means of demonstrating proper research practices, but also in case questions are asked subsequently about either the conduct or output of the research. *(See also Code of Practice for Research Students, Supervisors, Heads of School, Heads of Graduate School and College Postgraduate Officers).* The maintenance of accurate records is also important for potential subsequent commercialisation of research.

Guidance on periods for which records should be retained can be found in the University Retention Schedules, and in guidelines published by scientific and learned societies, and professional bodies. While examples are provided below, the most appropriate method of record-keeping will be dependent on the type of research being undertaken. However records are kept, it is the individual researcher's responsibility to ensure that the record will be able to demonstrate proper research practice and conduct, and evidence for results obtained.

2 RESEARCH RECORDS

2.1 Keeping Formal Written or Electronic Records

Researchers should keep a formal record of their work in a notebook, or where appropriate, an electronic record, used specifically for this purpose. Where practicable, one central master record should be maintained for each research project. However, in some instances several records may be required, for example, for interdepartmental or multiple site projects. Such records remain the property of the University of Aberdeen and not the holder, and should include information relating to procedures, apparatus, conditions and references etc. sufficient to allow the project to be understood and audited or replicated. They should also include appropriate reference to any relevant secondary records.

Records entries should be made as the work is done, and be clear, legible, in ink, and dated and signed. Electronic records should be similarly managed. Where appropriate, information can be printed and affixed but reference to clearly signposted original documents will often be sufficient. Any amendments should be clearly noted as such, with the previous entry remaining legible. The records should be kept in a secure location in the relevant school/department, and be archived for an appropriate time period at the conclusion of the project.

2.2 Laboratory Based Research – Lab-Books

For research in the laboratory sciences the primary record will be a *lab book*. The University has produced a notebook to assist laboratory-based students in the keeping of a valid record of their work. This provides a framework for the systematic recording of information in a way that is compatible with formal accreditation. Similar books are available for some other research areas. Graduate Schools, College Offices or relevant schools/departments will be able to advise students.

2.3 Data Generated

Data generated in the course of research should be kept securely in paper or electronic format as appropriate, and in accordance with good practice in the storage of primary data, record-keeping, ethical issues, and the Data Protection Act. Back-up records should always be kept for data stored on a computer, or preferably, electronic records should be stored on shared drives, which are backed-up daily. *(see also University IT Security Policy www.abdn.ac.uk/diss/docu/security-policy.hti).* This will also assist with long term storage as there are fewer digital preservation issues with networked drives than with hard drives or removable storage systems such as CD or USB drives. Consideration

should also be given to whether back-up copies of research samples in other formats (e.g. biological specimens) should be kept.

3 ITEMS TO BE INCLUDED IN A RESEARCH RECORD

The following is general guidance on maintaining a record and the type of information to be included. It is not exhaustive, as the information to be recorded will be determined to a large extent by the research area and the circumstances of an individual project.

There is no requirement to duplicate all paperwork associated with a project, or to record all minor activities, nor to affix copies of substantial documentation (e.g. questionnaires or consent forms). Instead, the record should cross-reference the location of such documents. Record books should include a table of contents. If a record book is lost, damaged or stolen, this should be reported immediately to a supervisor.

Types of information that may be recorded and/or cross-referenced

- Project protocol or design
- Evidence of peer review
- Protocol/design amendments and relevant dates
- Deviations from protocol/design and reasons
- Evidence of ethical and other approval, as required
- Details of the research team
- Information about PhD or Training supervision
- Funding
- Relevant study documentation (e.g. consent forms, questionnaires, clinical record forms etc.)
- Details of where and how study documentation is stored
- Data collection procedures
- Key data collection dates (e.g. biological samples, research clinic attendance, postage of questionnaires, interview dates, focus group dates)
- Data and sample storage procedures and dates of backup of data
- Data entry procedures including name of current data file, and if/when renamed/updated
- Description of the Quality Assurance procedures (e.g. backup, data entry quality checks etc.)
- Data analysis
- Who has overseen the analysis
- List of outputs agreed and authorship
- Note of any conditions on publication
- Notes and minutes of any project meetings in particular outcomes and action points
- Periodic updates on project progress
- Changes in data format (e.g. changes in coding)

July 2007

APPENDIX 8

THE UNIVERSITY OF ABERDEEN RETENTION SCHEDULES

- The University is subject to the Freedom of Information (Scotland) Act 2002 and this necessitates the proper and effective management of institutional records. A Code of Practice, issued by the Scottish Executive under Section 61 of the Act specifically requires organisations to have Records Retention Schedules covering all of their institutional records, with compliance with the S61 Code being viewed as indicative of whether an organisation has complied with the overarching legislation.

- The University Retention Schedules can be accessed via the following link:

  http://www.abdn.ac.uk/ppg/index.php?id=40&sub=39&top=7

APPENDIX 9

UNIVERSITY OF ABERDEEN

HEALTH AND SAFETY POLICY

2010

Contents

FOREWORD BY THE PRINCIPAL

The University is committed to excellence in all its activities. This includes ensuring the safety and the health of our staff, our students and visitors to the University. Our Health and Safety Policy outlines how we set about achieving this and it gives particular attention to the critical role of line managers in making sure that all of the activities under their control are carried out safely.

I am committed to the Policy and have overall responsibility for its implementation. However each one of us has an important role to play in ensuring and maintaining good standards of health and safety in the places where we work and in making sure that health and safety are central to everything we do.

Professor Ian Diamond
Principal and Vice-Chancellor
August 2010

The University Health and Safety Policy was approved by the Operating Board in June 2010

A) HEALTH AND SAFETY POLICY STATEMENT

It is the policy of the University of Aberdeen to take all reasonable and practicable steps to safeguard the health and safety of all employees and students while at work and to protect other persons from hazards to health and safety arising out of the University's activities.

The following principles are fundamental to the management of health and safety in the University

1. The maintenance and continuing development of health and safety management systems are priorities for the University. Not only do we wish to reduce the risks of injuries and ill health but we also recognise that the effective management of health and safety can make a significant contribution to the performance of the University by helping minimise losses and liabilities.

2. Health and safety matters are line management responsibilities. Accordingly individual members of the University staff are required to take responsibility for health and safety in all activities under their control.

3. The requirements of health and safety legislation set the minimum standards of health and safety performance which the University requires.

4. The development throughout the University of a culture supportive of health and safety is essential for the achievement of adequate control over risks.

5. Students, on leaving the University, should have an attitude of mind which expects good health and safety practice to be normal procedure. This will only occur if University staff set high standards by personal example and by ensuring that safe practice is routine.

6. Individual Heads of School and Heads of Support Services must make arrangements for the implementation of this Policy which are appropriate to the size and structure of their School/Service and the nature of its activities.

To ensure the Policy is kept up to date it will be reviewed at least once each year and more frequently if circumstances demand.

B) ORGANISATION AND RESPONSIBILITIES FOR HEALTH AND SAFETY

1) University Court

The University Court has overall responsibility for setting and periodically reviewing the University's Health and Safety Policy and for ensuring its effective implementation in Schools and Support Services.

2) Operating Board

The Operating Board has delegated authority from the University Court to set and periodically review the University's Health and Safety Policy and to take necessary steps to ensure its effective implementation in Schools and Support Services. The University's Health and Safety Committee is a committee of the Operating Board.

3) Senior management of the University

(a) The Principal has overall responsibility for implementation of the University Health and Safety Policy.

(b) Vice Principals/Secretary/Heads of College are responsible for implementation of the Policy in

their areas of control and, in particular,

- for ensuring that individual Heads of School/Support Service under their line management take necessary action to satisfy the requirements of the Policy and
- for ensuring that adequate resources are allocated to Heads of School/Support Service to enable them to meet their health and safety responsibilities.

(c) The Vice Principal who convenes the University Health and Safety Committee is also the member of the University's management charged with overseeing the University's arrangements for the management of health and safety.

4) University Health and Safety Committee

The remit of the University Health and Safety Committee is:

(a) To advise the Operating Board on matters relating to general health and safety policy;

(b) To recommend to the Operating Board actions necessary to implement University health and safety policies;

(c) To monitor the extent of compliance with University health and safety policies and to recommend to the Operating Board actions necessary to address areas of non-compliance;

(d) To maintain standing sub-committees to consider health and safety matters relating to use of ionising and non-ionising radiations and work with genetically modified organisms;

(e) To provide a forum for consultation and discussion of health and safety matters;

(f) To promote a culture of consciousness of health and safety and of continuing improvement in those areas;

(g) To report at least three times each year to the Operating Board.

Composition: The membership of the University Health and Safety Committee includes

- Operating Board appointees
- Nominees from each of the Colleges
- Representatives from trade unions with negotiating rights
- Representatives from student bodies

5) Central Health and Safety Functions

The University Safety Adviser, the Occupational Health Service and the Radiation Protection Service

- Provide specialist advice to the Operating Board (through the University Health and Safety Committee)
- Advise and assist individual Schools/Support Services with the development, implementation and maintenance of their own health and safety arrangements.

Note: The Radiation Protection Adviser within the Radiation Protection Service also acts as an adviser to the Radiation Hazards Sub-Committee as well as having an independent statutory function.

6) Heads of School/Support Service

The key to effective health and safety management in the University is the management action taken by individual Schools and Support Services. Nearly all of the activities of the University which give rise to significant risk take place under the control of University Schools and Support Services.

Each Head of School/Support Service is responsible for developing, implementing and maintaining an effective health and safety management system which is appropriate for the School/Support Service.

It must satisfy the broad requirements of the University Health and Safety Policy and, in particular, it must contain the core elements described in Section C of the Policy.
The health and safety arrangements applicable to a particular activity in the University will be driven by both:

a) The University Health and Safety Policy (this document) and
b) The Health and Safety Policy of the School/Support Service controlling the activity.

7) Health and safety concerns

It is expected that most health and safety problems will be resolved by discussions within the School/Support Service concerned. An individual member of staff with a concern about a health and safety matter should discuss it initially with his/her line manager or with the local Safety Adviser. If the matter is not resolved in this way, it should be brought to the attention of the Head of School/Support Service.

C) HEALTH AND SAFETY MANAGEMENT IN SCHOOLS/SUPPORT SERVICES

Each School/Support Service must manage health and safety in a way appropriate to

- Its size and structure
- The nature of its activities
- The level of risk associated with those activities.

Whatever methods are adopted, the following core elements must be incorporated into each School/Support Service's health and safety management system.

1) Policy

(a) Each School/Support Service must produce its own Health and Safety Policy to supplement the University's Policy.

(b) The Policy must be signed and dated by the Head of School/ Support Service.

(c) The Policy must be reviewed annually and records of the review retained.

(d) The Policy must be communicated to all staff and students in the School/Support Service.

2) Organisation

(a) Each Head of School/Support Service must ensure that responsibilities for health and safety are devolved successively through the organisational structure.

(b) The objective is to ensure that each activity involving significant risk is the clear responsibility of a member of the School/Support Service.

3) Local Safety Adviser

(a) Each Head of School/Support Service must appoint one or more members of staff as the Safety Adviser(s) for the School/Support Service and notify the University Safety Adviser of the appointment(s).

(b) The main task of the Safety Adviser is to advise the Head of School/Support Service on health and safety matters and to liaise with the University Health and Safety Advisers on matters affecting the School/Support Service.

(c) Any other responsibilities must be formally delegated to the Safety Adviser by the Head of School/Support Service.

4) Health and Safety Committee

(a) Each Head of School/Support Service must either

(i) Set up one or more Health and Safety Committees or

(ii) Make health and safety a standing item on the agenda of the School/Support Service's management meetings. (It is expected that in Schools with laboratories one or more Health and Safety Committees will be formed.)

(b) The Convener of the Health and Safety Committee should be either the Head of School/Support Service or another senior member of staff.

(c) The function of the Health and Safety Committee should be to

(i) Keep under review health and safety matters in the School/Support Service and

(ii) Make recommendations to the Head of School/Support Service on steps which should be taken to improve health and safety.

5) Risk Assessments

(a) Each School/Support Service must assess the risks to the health and safety of staff, students and others arising from its activities.

(b) Risk assessments must cover:

- The main ways in which staff, students and others are exposed to circumstances that could result in injury or ill health;
- What is currently done to prevent injury and ill health;
- Anything more that can be done.

(c) The significant findings of the risk assessments must be recorded.

6) Plant and Equipment

Each School/Support Service must ensure that all plant and equipment are subject to regular inspection and maintenance:

(a) If risk assessments show it to be necessary, or

(b) If it is a statutory requirement.

7) Health and Safety Training

(a) Each School/Support Service's risk assessments must identify the health and safety training needs of its staff and students.

(b) The School/Support Service must then ensure that relevant training is provided.

8) Monitoring – Inspections

(a) Each School/Support Service must monitor its health and safety arrangements to ensure that they are performing as intended.

(b) The main monitoring tool will be the periodic inspection of the its activities and its health and safety records.

(c) The Head of School/Support Service must assign staff to carry out the monitoring and ensure that they are competent so to do.

9) Accidents and Near Misses

(a) Each School/Support Service must report all accidents and significant near misses immediately to the University Safety Adviser.

(b) Accidents and near misses may indicate breakdowns in the School/Support Service's health and safety arrangements. The School/Support Service must therefore investigate accidents or near misses, identify the causes and initiate any necessary corrective actions.

10) Emergencies

(a) Each School/Support Service must ensure that there are adequate arrangements in place to respond to a fire in premises which it occupies.

(b) Each School/Support Service must ensure that there are adequate arrangements in place to respond to any other major incident arising from its activities.

(c) Each School/Support Service must ensure that there are adequate and readily available first aid facilities for its staff and students.

11) Review and Reporting

(a) Each School/Support Service must at least annually review progress towards meeting its health and safety objectives.

(b) Each School/Support Service must report annually on its health and safety performance to the University Health and Safety Committee in a format prescribed by the Committee.

12) Sharing of facilities

A School/Support Service may carry out some of its activities jointly with other Schools/Support Services or with organisations outside of the University and some Schools/Support Services may share University facilities. In such situations:

(a) The Schools/Support Services concerned must take steps to ensure cooperation on matters of health and safety with the other Schools/Support Services or organisations and

(b) The Schools/Support Services concerned must co-ordinate their health and safety arrangements to the extent necessary for the effective management of health and safety

D) TRAINING AND SUPERVISION OF UNDERGRADUATE AND POSTGRADUATE STUDENTS

1) Undergraduate Students

(a) Initially undergraduate students should be assumed to be untrained in all matters of health and safety.

(b) Each School should provide undergraduates with the training and supervision necessary to ensure their health and safety

- While working in University premises
- On University organised fieldwork
- During University work elsewhere.

(c) Hazardous substances and equipment should not be introduced into undergraduate practical work until the risks associated with their use have been assessed and adequate safeguards provided.

(d) Written instructions to undergraduates about practical work must always draw attention to

- The hazards of substances and equipment and
- The safeguards that are provided.

Undergraduates should also be provided with appropriate training before practical work begins.

(e) Any independent work (e.g. as part of an "honours project") should be subject to at least the standards of supervision applied to postgraduate work (see below).

2) Postgraduate Students

(a) Each School must make arrangements to provide postgraduate students with such supervision as is necessary to ensure their health and safety.

(b) The duty to supervise postgraduate students is delegated by the University to the Head of School and thence to the member of staff directly responsible for the student.

(c) New postgraduate students should be trained in School health and safety policies and procedures

(d) Supervisors must not discharge their duty to supervise by relying solely upon a postgraduate

(e) Student's status or apparent competence. They must be able to demonstrate that they have exercised an active supervisory role.

(f) Active supervision does not usually mean constant attendance. Supervisors must ensure

- Postgraduate projects are assessed for health and safety risks;
- Necessary precautions are agreed with the student (and in all but the most elementary circumstances are committed to writing);
- Regular checks are carried out to ensure that the student is working to the agreed procedures;
- Postgraduate students understand that significant alterations in agreed procedures must not be introduced without the supervisor's knowledge.

(g) Each School must make formal arrangements to cover for the temporary absence of a postgraduate student's normal supervisor.

E) SPECIAL HAZARDS

1) Radiation

(a) Schools which intend to perform work involving ionising radiation or lasers must first obtain the approval of the Radiation Hazards Sub-Committee.

(b) Any approval given may be revoked at any time.

2) Genetic Modification

(a) Schools which intend to perform work with genetically modified organisms must first obtain the approval of the appropriate Genetic Modification Safety Sub-Committee.

(b) Any approval given may be revoked at any time.

(c) The approval of the Genetic Modification Safety Sub-Committee must be obtained before application is made to the Health and Safety Executive for formal statutory approval.

F) FIRE SAFETY

(a) The carrying out of fire risk assessments is fundamental to the achievement of satisfactory standards of fire safety. Fire risk assessments will consider both the University's buildings (including fixtures and fittings) and the use to which those buildings are put by Schools/Support Services.

(b) The University's organisational arrangements for health and safety, as set out in this Policy, will also apply to fire safety matters. The University Safety Adviser will ensure that fire risk assessments are carried out and kept under review.

(c) The Director of Estates will assume responsibility for fire safety matters as regards the fabric, fixtures and fittings of University buildings and installed fire safety equipment.

(d) In respect of matters which come under their control, Heads of School/Support Service must

- Implement improvements identified as a result of the risk assessments;
- Agree with other Schools/Support Services, in the buildings which they occupy, who will be responsible for supervising and implementing emergency evacuation arrangements for the buildings and providing necessary information to the emergency services responding to an incident;
- Ensure that means of escape are kept in a condition such that they can be used safely at all times;
- Provide appropriate fire safety training for their members of staff and students.

G) OCCUPATIONAL HEALTH SERVICE

(a) The University will provide an occupational health service. All members of staff shall be entitled to consult the service for advice on health matters. Members of staff are encouraged to discuss any health problems relating to work in the first instance with their line managers, but members of staff can consult the occupational health service for medical advice and assistance at any time;

- if they are concerned that aspects of their jobs are making them ill, or
- if they feel that they cannot perform at work to the best of their abilities because of health problems.

The service will be staffed by occupational health physicians and advisers. All consultations will be in strict medical confidence. If a member of staff chooses to consult the service, then details of discussions will not be supplied to the University or to any other person without the consent of the individual concerned.

(b) The occupational health service will also provide support and guidance to University managers, through the Human Resources Section, with matters related to the health and fitness for work of their members of staff.

(c) Health surveillance will be provided by the occupational health service to both members of staff and to postgraduate students based on the outcomes of risk assessments.

(d) Medical information relating to individuals which are held by the occupational health service will be treated in strict confidence in line with medical ethics and data protection requirements.

APPENDIX 10

THE UNIVERSITY OF ABERDEEN

CODE OF PRACTICE ON WHISTLEBLOWING

1. The University Court of the University of Aberdeen recognises the duty of the University to conduct its affairs in a responsible and transparent way, taking account, not only of the legitimate requirements of the Scottish Higher Education Funding Council and other funding bodies, but also of the standards in public life enunciated in Lord Nolan's Reports on Standards in Public Life. Equally, the Court is committed to upholding within the University the principles of academic freedom as detailed in the Ordinance of the University Commissioners, Statutory Instrument 2794 (1992):

> "To ensure that academic staff have freedom within the law to question and test received wisdom, and to put forward new ideas and controversial or unpopular opinions, without placing themselves in jeopardy by losing their jobs or privileges."

   More generally, the Court believes that the raising of legitimate concerns (by all staff, students or lay members of Court) in the interests of the University, its staff or students, or of the general public is a practice which should be encouraged.

2. In support of the University's commitment to transparency and propriety in its business practices and procedures, the Court has established official channels through which the concerns of both staff and students may be considered and addressed. These include the whole range of committees with staff and/or student representation, the liaison committees with campus unions (as well as less formal liaison between management and trades union officials), the appeals procedures for students against decisions affecting their academic progress, the staff and student grievance and complaints procedures, and the procedures for dealing with allegations of sexual harassment and racial discrimination. In normal circumstances, these are the arrangements by which staff or students should raise issues of concern, whether these relate to good governance, fulfilment of statutory requirements, faithfulness to agreed procedures, financial propriety, or any other serious matter affecting the University. The code described in this document is not intended to be used to reconsider matters already addressed under complaints or disciplinary procedures.

3. The Public Interest Disclosure Act, with effect from 1 January 1999, gives legal protection to employees against being dismissed or penalised by their employers as a result of publicly disclosing certain serious concerns. This policy is designed to allow employees and all other members of the University to raise concerns or to disclose information which, the complainant or informant believes, shows malpractice. It is reasonable to expect members of the University to use it, rather than to air concerns or disclose information outside the University and the Court commends the procedures set out in the following paragraphs to any individual who is satisfied that his or her concern is serious and needs to be formally reported and investigated. Such concerns might include the following: financial malpractice or impropriety or fraud; failure to comply with a legal obligation; dangers to health and safety or the environment; criminal activity; academic or professional malpractice; improper or unethical behaviour; attempts to conceal any of the above.

4. Allegations of the above should be made to the University Secretary, or if the allegation concerns the University Secretary, to the Principal. If for any reason neither of these is deemed to be appropriate, the allegation should be made to the Convener of the Audit Committee.

5. (a) The person to whom the allegation is made will be responsible for acknowledging it

immediately, for making a record of its receipt and of the subsequent action, and for reporting the outcome to the person making the allegation. He or she should also ensure that the Principal and the Senior Lay Member of Court is informed immediately, unless requested not to do so by the person making the allegation. When the issue concerns financial malpractice, the Secretary should act throughout in close consultation with the Principal, as the Designated Officer for the University's public funding. Where there is concern about the misuse of public funds, the person to whom the allegation is made will also inform the Funding Council and the Chairman of the Audit Committee at an early stage.

(b) Any allegation made under this procedure shall normally be the subject of a preliminary investigation either by the person to whom the allegation is made or more usually by a person or persons appointed by him/her. In no circumstances should the investigation be carried out by the person who may ultimately have to reach a decision on the matter. The investigation must be carried out as speedily and sensitively as possible. In cases alleging the misuse of public funds the Funding Council and the National Audit Office may wish to undertake their own investigation.

(c) Where no investigation is carried out, and the allegation is effectively dismissed, such a decision may only be reached by the person receiving the allegation in consultation and agreement with one other person named in paragraph 4 above. Thereafter, the person making the allegation shall be informed, given reason for the dismissal, and given one further opportunity to repeat the allegation to some other person or authority within the University who should normally be selected from the Principal, the Secretary, the Convener of the Audit Committee, or Senior Lay Member of Court. There will be no such opportunity when an allegation is dismissed after an investigation.

(d) In all cases, the person or persons against whom the allegation is made must be told of the allegation, and of the evidence supporting it, and be allowed to comment before the investigation is concluded and a report made. The results of the investigation shall be reported to the Audit Committee**,** and the reports retained by the University Secretary for not less than three years. The outcome of any case involving the misuse of public funds will be reported to the Funding Council.

(e) Following upon such a report, if the allegation is made against a member of academic staff, a decision may be taken to institute Disciplinary Procedures in accordance with the Ordinance of the University Commissioners, Statutory Instrument 2794 (1992). Other consequential action may include invoking the University's internal grievance, complaint and disciplinary procedures, a special internal investigation or independent enquiry, or referring the matter to external authorities, for example, the Police.

(f) Any person making an allegation will be guaranteed that the allegation shall be regarded as confidential to the receiver until a formal enquiry is launched. Thereafter the identity of the person making the allegation may be kept confidential, if requested, unless this is incompatible with a fair investigation, or if there is an overriding reason for disclosure. Individuals making disclosures or allegations under this procedure are encouraged to identify themselves, since cases made anonymously are much less powerful. Nevertheless, anonymous allegations may be considered at the discretion of the University, depending upon the seriousness of the issues raised, the credibility of the allegations, and the likelihood of confirming the allegations from attributable sources.

(g) In all cases, provided that the allegation has been made lawfully, without malice and in the public interest, the employment position, academic standing, or other position within the University of the person making the allegation will not be disadvantaged for reasons of making the allegation.

(h) Persons found to have been deterring staff or students from raising a serious concern will be treated as having committed a serious disciplinary offence.

(i) The protection guaranteed at (g) above extends to any person who makes an allegation in

good faith which is not confirmed in subsequent investigation. Persons found to have knowingly raised false allegations, however, may be treated as having committed a serious disciplinary offence.