



**UNIVERSITY OF ABERDEEN**  
**RESEARCH GOVERNANCE HANDBOOK**

**HANDBOOK FOR RESEARCH GOVERNANCE**

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## GLOSSARY OF TERMS

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

### “Research”

The University defines research as “a process of systematic enquiry leading to new insights which contribute to a body of knowledge, effectively shared”. This definition adopts that given for the Research Excellence Framework, published in the [\*Assessment Framework and Guidance on Submissions\*](#) document in 2011.

### “Researchers”

Following the UK Research Integrity Office Code of Practice for Research (2009), “researchers” are defined as “any people who conduct research, including, but not limited to: as an employee; as an independent contractor or consultant; as a research student; as a visiting or emeritus member of staff; or as a member of staff on a joint clinical or honorary contract”.

### “Research Integrity”

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

### “Research Ethics”

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

### “Rigour”

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

## FOREWORD

### By the Vice Principal for Research and Knowledge Exchange

The University of Aberdeen is committed to ensuring that research integrity and governance is firmly embedded in the University's ethos and culture. We comply with the five commitments set out in the Universities UK Concordat to support research integrity. These are:

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

This Handbook sets out our institutional processes to achieve these commitments, and should be used as a guide and reference by all researchers.

The University is committed to the ongoing development and maintenance of a culture that supports and nurtures research integrity, and to ensuring that mechanisms are in place for appropriate investigation and action, when things go wrong and the appropriate standards of integrity are not met.

As we work towards achieving our ambitious strategic objectives for research and research performance, the processes and guidance in this handbook will ensure that we maintain the highest standards of integrity and rigour, and enable researchers to achieve their potential.

If you have any further questions, or wish to discuss, please contact me.

Professor Marion Campbell

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December 2018

## 1. STANDARDS, EXPECTATIONS AND GENERAL PRINCIPLES

### 1.1. Standards and Expectations

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

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

- [UUK Concordat to Support Research Integrity](#)
- [UKRI Policy on the Governance of Good Research Conduct](#)
- [Code of Practice for Research, UK Research Integrity Office \(UKRIO\)](#)

### 1.2. General Principles

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

- *Excellence*

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

- *Honesty*

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

- *Rigour*

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

- *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.

It expects its researchers to be transparent in declaring conflicts of interest, and in the reporting of research data collection methods. Once results have been published, the University expects

researchers, where appropriate, to make available relevant data and materials to others, on request. This includes sharing negative results.

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

- *Care and Respect*

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

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

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

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

## SECTION 2

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

#### 2.1. Institutional Arrangements for Research Ethics and Governance

At institutional level, Research Policy Committee has overarching responsibility for managing the University's research ethics and governance arrangements. The Research Policy Committee is a Committee of Court and Senate and reports to the University's senior management group and Operating Board and Court. The Research Policy Committee provides overarching guidance on the scope and operation of research governance responsibilities across the University to ensure rigour and consistency in its research governance and ethical review arrangements.

The wider remit of the Research Policy Committee includes the following:

- (i) To develop and maintain institutional policy and guidance on research governance and ethical issues, and promote best practice across the University;
- (ii) To have oversight of all research-related ethical issues within the University and to ensure that appropriate structures are in place to encourage best practice;
- (iii) To receive regular reports from each Research Ethics Board/Committee relating to ethical performance within Schools and any key issues relating to research governance;
- (iv) To maintain an interaction with the North of Scotland Research Ethics Service (NoSRES) (formerly the NHS Grampian Research Ethics Committee);

The Committee 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 promote best practice across the institution. It will also co-ordinate the annual reporting of the University's research governance and conduct activities.

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

Please see here for the full remit and composition of the [Research Policy Committee](#).

## SECTION 3

### 3. HOW TO OBTAIN ETHICAL REVIEW

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

Each ethical review board or committee must have in place clear and formal policies for ethical review and for carrying out ethical review on all research proposals, to whatever extent required, before research can commence. Further information on local ethical review processes within each board or committee, and how to obtain ethical review for your research is available via the following webpages:

- [Arts, Social Sciences and Business Ethics](#)
- [Life Sciences and Medicine Ethics](#)
- [Physical Sciences and Engineering Ethics](#)
- [Psychology Ethics](#)

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

The University does not normally 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. Areas of research where this is applicable include, for example, research involving NHS patients. If a researcher is in doubt, advice should be sought from the Deans of Research or the Chair of ethics committees or review boards, or from the Research Policy Committee.

Each ethical review board or committee is required to provide an annual report to the Research Policy Committee and on activities relating to research ethics at School level, reporting on any significant issues that have arisen.

#### 3.1. Determining Whether You Need Ethical Approval

Where there is no explicit legislative or regulatory requirement for ethical approval in place, there are a number of questions which should be taken into account when considering whether formal ethical approval is required.

The checklist below helps to identify whether or not a full application for ethical approval must be submitted, and can be used in conjunction with appropriate School or disciplinary ethical review guidelines.

The majority of questions listed applies to all disciplines and all forms of research, and particularly to those which involve human participants. They apply to survey based research, interviews, focus groups and to observation techniques.

If a researcher answers “yes” to any of the questions listed then ethical approval must be sought for their research proposal. The list of questions is not exhaustive, and local guidance within Schools may



require ethical approval even if the answer to all of the questions is “no”. If in doubt, please consult with your School Ethics Officer or member of your local ethics committee or review board.

1. Is the study externally funded? If yes, please state which funding agency and whether the funding agency requires proof of ethical approval.
2. Does the project involve human participants or personal data?
3. Does the study involve children (under 18 years old)?
4. Does the study involve clinical populations (i.e. have participants been identified as a result of their status as a patient)?
5. 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?
6. Have arrangements been made for ensuring informed consent and does the study involve participants who are unable to give informed consent?
7. Does the study involve any clinical procedure?
8. Are drugs, placebos or other substances to be administered to participants, or will the study involve invasive or potentially harmful procedures of any kind?
9. Could the study induce psychological stress or anxiety, or cause harm or negative consequences beyond the risks encountered in normal life?
10. Is pain or more than mild discomfort for subjects likely to result from the study?
11. Does the project involve the collection of material that could be considered of a sensitive personal, medical or psychological nature?
12. Does the project involve use of human remains?
13. Does the project involve the use of animals and procedures not covered by the Animal Scientific Procedures Act 1986?
14. Is your research activity likely to involve people involved in illegal activities?
15. Does the project involve concealment or deception in your research techniques?
16. Will the subjects of the study include staff or students of the University?
17. Does the study involve potential clients or colleagues of your department/place of work?
18. Are there any ethical concerns relating to research data management? For example, are there potentially ethical issues relating to the collection, use, storage, access and retention of data in the proposed research?
19. Does the project involve interaction with groups, materials, data that are subject to the Counter-terrorism and Security Act 2015?
20. Is there a realistic risk of significant disturbance and/or harm to the environment?

### 3.2. NHS North of Scotland Research Ethics Service

Some of the University's research will fall under the remit of the North of Scotland Research Ethics Service (NoSRES) or other equivalent NHS ethics services. As required under the Framework established by the Secretary of State, NoSRES considers research projects involving NHS patients, including projects falling within these categories undertaken by students. If NHS premises or staff are to be involved, then NHS R&D permission will be required. NoSRES is part of the Health Research Authority (HRA) which has overall responsibility for allocating NHS ethical approvals within the UK. NoSRES may review projects which fall outside their remit, such as those involving community-based studies, or healthy volunteers which might not strictly need its approval. Where a research project involves the NHS in any way, researchers are to arrange this through clinical research governance. Sponsorship for clinical research involving the NHS is arranged using the guidelines, templates and links available on the [clinical research governance webpages](#) and the Standard Operating Procedures and templates are available [here](#).

Any queries should be directed to [researchgovernance@abdn.ac.uk](mailto:researchgovernance@abdn.ac.uk).

### 3.3. Research Involving the Use of Animals

All research undertaken by the University which involves the use of animals must be fully compliant, with the Animal (Scientific Procedures) Act 1986 (Amended 2012). The Act was amended after transposition of the European Directive 2010/63/EU on 1 January 2013, following its approval by the UK Parliament. Research involving animals is governed by the Advisory Group to the Establishment Licence Holder and the Animal Welfare and Ethical Review Body (AWERB). The AWERB has responsibility for implementing a central ethical review process for the robust review of all proposed research involving animals prior to any application being submitted to the Home Office. Detailed information on the AWERB and the applicable ethical review process is included in the University's Code of Practice for Research Involving the Use of Animals and can be obtained from the School Office within Medicine, Medical Sciences and Nutrition.

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

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

### 3.4. Research Utilising Genetic Resources - Nagoya Protocol

The Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization (ABS) to the Convention on Biological Diversity came into force in the UK on 12 October 2014. It is a supplementary agreement to the Convention on Biological Diversity (CBD). It provides a transparent legal framework for the effective implementation of one of the three objectives of the CBD: the fair and equitable sharing of benefits arising out of the utilization of genetic resources.

The Nagoya Protocol applies to genetic resources (plants, animals, microorganisms) physically acquired after 12 October 2014 that are covered by the CBD, and to the benefits arising from their utilization. The Nagoya Protocol also covers traditional knowledge (TK) associated with genetic resources that are covered by the CBD and the benefits arising from its utilization.

Access is governed by legislation of the provider country, and is a UK statutory requirement. [The Access and Benefit-sharing Clearing-house \(ABSCH\)](#) is a platform for exchanging information on ABS and a key tool for facilitating the implementation of the Nagoya Protocol. Sector specific guidance is being developed and is available [here](#).

### 3.5. Undertaking Research outside the University or the UK

Some research projects involve work external to the University and/or the UK. Where research involving human participants is being undertaken at another institution or outside the UK, it should undergo formal ethical approval via the processes in place at the host institution/organisation. Once it has received ethical approval, formal evidence of that approval will normally be accepted as sufficient to meet the University's own requirements. Confirmation that this approval meets with the University's requirements should then be sought from the appropriate Ethics Board. Where the University is not satisfied that the review process provided by the host institution/organisation meets our own standards, further institutional review may be required.

The primary responsibility for securing relevant ethical approval lies with the institution that employs the researcher, therefore it is imperative that the University is satisfied that appropriate ethical review has been undertaken.

The University respects the traditions and cultures with which it has dealings. 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 Chair of the ethics committee or review board in the first instance, and also the Research Policy Committee.

### 3.6. Whistleblowing

Staff, students and lay members of the University are expected to report actual or potential infringements of research ethics and unacceptable research conduct. Section 4 of this handbook and the University's Policy and Procedure on Public Interest Disclosure ([Whistleblowing Policy](#)) set out clear procedures for reporting concerns. They detail how allegations will be investigated. The Research Policy Committee should also be kept informed; it has overarching responsibility for ensuring that all alleged ethical breaches are investigated.

### 3.7. Prevent

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

The University has issued detailed guidance to researchers working in areas that are subject to counter terrorism legislation and Prevent measures ([Prevent and Counter Terrorism Guidance](#)).

## SECTION 4

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

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

#### 4.1. Policy and Guidelines on Good Research Conduct

##### 4.1.1. Introduction

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

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

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

- Integrity in research;
- Openness in research;
- Role of professional bodies;
- Leadership and supervision in research;

- Management and ownership of research including appropriate record-keeping;
- Ethical practice in research;
- Risk of research misuse;
- Publication practice.

#### **4.1.2. 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<sup>1</sup>, deception or the fabrication 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 and to do so in a responsible and appropriate manner (see [Whistleblowing Policy](#)).

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

#### **4.1.3. Openness in Research**

While recognising the need for researchers to protect their own research interests and any contractual obligations which the University may have, the University encourages all researchers to be as open as possible in discussing their work with others and with the public. Once results have been published, the researchers are expected to make 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 grants access to data and materials through appropriate Data Transfer and Material Transfer Agreements. These will be arranged through Research and Innovation and researchers should contact their School Business Development Officer. The University will normally grant access to its own collections, taking account all ethical and other relevant issues. The University encourages the deposit of research results 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 or a contractual obligation to the funder of the research. However, any such period of delay in publication should be kept to a minimum.

#### **4.1.4. 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.

#### **4.1.5. 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 is provided. Training in supervisory skills will be

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<sup>1</sup> *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.*

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 should receive the University of Aberdeen Handbook for Research Governance within the first month

Postgraduate students undertaking research should receive training on the University's Policy and Guidelines on Good Research Conduct at their induction and throughout their programme of study. It is a condition of their transition beyond their first year that they have been trained in good research practice and understand the University's Policy and Guidelines (see also the [University Code of Practice for Research Students, Supervisors, Heads of Schools, Graduate School Officers and Dean of Postgraduate Research School](#) and the [Code of Practice for Postgraduate Taught Students, Programme Co-ordinators, Course Co-ordinators and Heads of School](#)).

#### 4.1.6. 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 management or ownership. It is generally the case that the University will own the data, samples and results arising from research in the first instance, though there may be contractual arrangements with third parties which govern the 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 Research Records](#).

Data generated in the course of research must be kept securely in paper (e.g. lab book or equivalent) or electronic format, as appropriate, and in accordance with good practice in the storage of primary data, record-keeping and ethical issues. Back-up records should always be kept for data stored on a computer (e.g. a duplicate record stored on a separate drive). Please note that any records kept on a University managed drive (shared or home space) are regularly backed up as per the [Backup Schedule](#). Within Life Sciences and Medicine, all research staff should follow the *Guidelines on the Storage and Backup of Electronic Data*. These guidelines are in place to manage the storage and backup of all electronic data generated through research. They are also designed to ensure that researchers fulfil their obligations to funding bodies, for management of research data.

Guidance on retention periods can be found in the [University Records Retention Schedules](#) and taking account of guidelines published internally by the institution, and also externally, by funding bodies, scientific and learned societies, and other professional bodies, as relevant.

#### 4.1.7. Ethical Practice in Research

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

### Research involving human participants

Where it is necessary to conduct research involving humans (including their tissue, organs or data) the University will conform to the highest standards of research ethics and governance and to relevant legislation, and will carry out its research with the utmost care and respect for human welfare and rights. This applies to all forms of research involving human participants, from clinical research to social science.

Research involving 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 or data which might be used for future research.

Ethical consideration must be given to all research involving human participants or biological samples. Researchers should consult Section 3 of this document for general information on requirements for ethical approval, but it is expected that most cases will require full review by the relevant committee. 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 2018.

Clinical research involving human participants must have [sponsorship](#).

### Research involving animals

As noted in Section 3 of this Handbook, all research undertaken by the University which involves the use of animals must be fully compliant, with the Animal (Scientific Procedures) Act 1986 (Amended 2012 following transposition of the European Directive 2010/63/EU on 1 January 2013 following its approval by the UK Parliament). Research in this area is governed institutionally by the Advisory Group to the Establishment Licence Holder and the Animal Welfare and Ethical Review Body (AWERB). AWERB is responsible for carrying out robust ethical review on all research proposals which are submitted to the Home Office as part of a project licence application. Researchers must also consider throughout the lifecycle of any project in this area, from an early stage in the design their research, the opportunities for reduction, replacement and refinement of animal involvement (the 3Rs).

### 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.

#### **4.1.8. 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 weaponisation of a biological agent or toxin. Where such risks exist, they should seek advice from the School Director of Research as to which steps might be taken to minimise such risks. Researchers should also consider whether any of their research activities may be subject to counterterrorism legislation (see section 3.7 Prevent).

#### **4.1.9. Publication, Authorship Practice and Inventorship**

Results of research should be published in an appropriate form consistent with the academic discipline. It is the responsibility of the lead author to ensure familiarity with the appropriate form. No paper, abstract, report or other output should normally be submitted without the permission of every individual named on the output, 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.



Where there is a dispute between contributing authors in relation to authorship, the issue should be referred to the relevant research lead or head of research group by way of seeking resolution between the affected parties. If this is not considered appropriate, for whatever reasons, the issue should be referred to the Head of School.

The University of Aberdeen must be correctly named in the author contact details for any 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.

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

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

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

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

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

#### **4.2. Statement on the Handling of Allegations of Unacceptable Research Conduct**

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

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

##### **4.2.1. Definition of Unacceptable Research Conduct**

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

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

- **Fabrication**, including the creation of false data and other aspects of research, including documentation and participant consent and presenting such outputs as if they were real
- **Falsification**, including the inappropriate manipulation and/or selection of data, imagery and/or consents
- **Plagiarism** comprises the misappropriation or use of others' ideas, intellectual property or work (written or otherwise), without acknowledgement or permission. A researcher cannot be found to have committed plagiarism where it can be shown that they have taken all reasonable care to avoid representing the work of others as his or her own.
- **Misrepresentation** including;
  - misrepresentation of data, such as suppression of relevant findings and/or data, or knowingly, recklessly or by gross negligence, presenting a flawed interpretation of data
  - undisclosed duplication of publication, including undisclosed duplicate submission of manuscripts for publication
  - misrepresentation of interests, including failure to declare material interests either of the researcher or of the funders of the research
  - misrepresentation of qualifications and/or experience, including claiming or implying qualifications or experience which are not held
  - misrepresentation of involvement, such as inappropriate claims to authorship and/or attribution of work where there has been no significant contribution, or the denial of authorship where an author has made a significant contribution
- **Mismanagement or inadequate preservation of data and/or primary materials** including failure to:
  - wherever possible, deposit data permanently within a national collection and link to relevant Pure entry
  - keep clear and accurate records of the research procedures followed and the results obtained including interim results
  - hold records securely in paper or electronic form
  - make relevant primary data and research evidence accessible to others for reasonable periods after the completion of the research (*data should normally be preserved and accessible for 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

Further information on electronic data storage can be found in the IT Services web site under [Services for Researchers](#) (See [Data Storage and Archiving](#))

- **Financial impropriety in accounting for research funds, intentional unauthorised use;** these will be investigated and dealt with in conjunction with colleagues in Finance, acting under the institutional [Fraud Policy](#) and [Financial Regulations](#) .
- **Failure to meet ethical, legal and professional obligations;** for example (noting most of these examples are also covered elsewhere under this definition), failure to declare competing interests; misrepresentation of involvement or authorship; misrepresentation of interests; breach of confidentiality; lack of informed consent; misuse of personal data.
- **Disclosure or removal of, or damage to, research-related property of the University or of another,** including apparatus, materials, writings, data, samples, hardware or software or any other substances or devices used in or produced by the conduct of research.
- **Breach of Duty of Care (deliberately, recklessly or by gross negligence)** including



- disclosing improperly the identity of individuals or groups involved in research without their consent, or other breach of confidentiality;
  - placing any of those involved in research in danger, whether as subjects, participants or associated individuals, without their prior consent, and without appropriate safeguards even with consent; including reputational danger where that can be anticipated;
  - not taking all reasonable care to ensure that the risks and dangers, the broad objectives and the sponsors of the research are known to participants or their legal representatives, to ensure appropriate informed consent is obtained properly, explicitly and transparently;
  - not observing legal and reasonable ethical requirements or obligations for the care of animal subjects, human organs or tissue used in research, or for the protection of the environment;
  - improper conduct in peer review of research proposals or results (including manuscripts submitted for publication); this includes failure to disclose conflicts of interest; inadequate disclosure of clearly limited competence; misappropriation of the content of material; and breach of confidentiality or abuse of material provided in confidence for peer review purposes;
  - failure to disclose competing interests;
  - failure to follow established protocols.
- **Improper Dealings with Allegations of Unacceptable Research Conduct**
    - failure to address possible infringements, such as attempts to cover up misconduct and reprisals against whistle-blowers;
    - failure to deal appropriately with malicious allegations, which should be handled formally as breaches of good conduct.

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

#### **4.2.2. Reporting Allegations of Unacceptable Research Conduct**

All stakeholders in research, including all academic staff, technical support staff, administrative support staff and students, have responsibility for reporting any allegation of unacceptable research conduct. Any formal allegation must be made in writing to the University Secretary (further details given under 2.3). Where a member of staff would like to discuss any allegation of unacceptable research conduct prior to making a formal complaint, they should, in the first instance, contact their line manager. If the staff member would initially be more comfortable discussing the issue with another party, they should contact one of the following:

- Head of School
- The Chair of the appropriate Research Ethics Review Board/Committee
- The appropriate Dean of Research
- The Vice Principal for Research and Knowledge Exchange

The University has a Policy and Procedure on Public Interest Disclosure ([Whistleblowing](#)) relating to the treatment of whistle-blowers 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. Disciplinary procedures are in place to deal with malicious allegations. The Policy and Procedure on Public Interest Disclosure (Whistleblowing) 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.

#### **4.2.3. Position and Process for Dealing with Allegations of Unacceptable Research Conduct**

The University has primary responsibility for, and 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 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 against 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.

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.

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.

#### **4.2.4. Principles for Investigation of Allegations of Unacceptable Research Conduct**

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.

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.

#### **4.2.5. Involvement of External Funding Agencies**

##### 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.

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

##### 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 its own appropriate sanctions in addition to those applied by the University.

## 5. RESEARCH GRANT APPLICATIONS: KEY GOVERNANCE PROCESSES

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

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

### 5.1. University Peer Review Framework for Research Grant Applications

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

#### 5.1.1. Basic Conditions for Peer Review

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

- The values of research grant, fellowship, studentship or equipment applications. Threshold after which peer review must take place differ according to broad research area;
- The experience of applicants: all first time applicants will be peer reviewed across the University, with variations after that applied by broad research area.
- The requirements of funders, for example where an institutional quota for the number of applications is in place, or where sanctions for researchers or institutions apply for repeatedly submitting unsuccessful applications

#### 5.1.2. Key Principles Underpinning Peer Review

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

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

The University expects the 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.

### 5.1.3. Summary of Peer Review Process Common Elements

Support for applicants for external funding is managed through the institutional [Grants Academy](#). The Grants Academy is a framework of structured support for researchers, providing guidance and supporting good practice, and access to relevant professional support for research projects during all stages of the research life cycle. The key elements of the peer review processes for applicants are summarised below:

- **Grant Categories:** 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. Applications to certain funders, including all applications to UK Research & Innovation (UKRI), have to follow a process of early notification of intention to submit, peer review and approval prior to submission. Details of the process can be accessed [here](#).
- **Peer Review Processes:** For all managed grant applications, and for all applications to UKRI (and others, as advised), applicants will be required to notify their intention to submit an application, and engage with our internal review process in a timely manner. This is likely to include review of an early stage application by an internal panel of reviewers with relevant expertise. The review process and panel will be facilitated by colleagues in Research & Innovation under the auspices of the Grants Academy. Researchers are encouraged to discuss prospective applications with their Business Development Officer in Research & Innovation at an early stage.
- **Training and Guidance:** best practice guidelines for applicants and reviewers, which will be incorporated in training sessions and made available to all colleagues are available through the Grants Academy.

## 5.2. Signing Authority for Research Grant Applications

All research grant applications to external funding bodies must complete the internal approvals process, regardless of the funding body to which the application will be submitted. Approvals are documented through an electronic cover sheet or through the electronic grant approval system [eAAP](#).

The Approval requirements are as follows:

### For Medicine and Medical Sciences

- Applications up to £50,000 that do not include staff costs require approval by the **Head of Institute**. These need to be copied to Research & Innovation for recording purposes.
- Applications up to £350,000: approval is required by **Head of Institute**, and **Research and Innovation** (by the Director or Business Development Officer depending on value and contractual and intellectual property right issues) **and** Research Accountants / Research Finance Manager).
- Applications up to £1,000,000 approval is required by **Head of Institute**, **Head of School**, and the **Director of Research and Innovation**.
- Applications in excess of £1,000,000 approval is required by **Head of Institute**, **Head of School** and **Senior Vice-Principal**, in addition to the **Director Research and Innovation** and **Finance Director**.

**For Biological Sciences, Psychology, Physical Sciences, Engineering, Social Sciences, Business and Law:**

- Applications up to £20,000 that do not include staff costs require approval by the **Head of School**. These need to be copied to Research & Innovation for recording purposes.
- Applications up to £500,000: approval is required by **Head of School**, and **Research and Innovation** (by the Director or Business Development Officer depending on value and contractual and intellectual property right issues) **and** Research Accountants / Research Finance Manager).
- Applications up to £1,000,000: approval is required by the **Head of School**, and the **Director of Research and Innovation**.
- Applications in excess of £1,000,000: approval is required by **Head of School**, and **Senior Vice-Principal**, in addition to the **Director Research and Innovation** and **Finance Director**.

**For Arts & Humanities:**

- Applications up to £10,000 that do not include staff costs require approval by the **Head of School**. These need to be copied to Research & Innovation.
- Applications up to £500,000 approval is required by **Head of School**, and **Research and Innovation** (by the Director or Business Development Officer depending on value and contractual and intellectual property right issues) **and** Research Financial Services (Research Accountants / Research Finance Manager).
- Applications up to £1,000,000 approval is required by the **Head of School**, and the **Director of Research and Innovation**.
- Applications in excess of £1,000,000 approval is required by **Head of Institute, Head of School** and **Senior Vice-Principal**, in addition to the Director Research and Innovation and the **Finance Director**.

**All research areas:**

- All applications that involve the use of facilities will require signature (or approval through eAaP) by the facility manager.
- All applications that involve the NHSG costs require signature by the NHS R&D officer.
- Higher value applications are referred to the Finance Director (if significant institutional contributions may be required).
- Applications which involve more than one School require sign-off by relevant parties within each School involved (e.g. an application above a certain financial value might require sign-off by the Head of every School involved in the application).
- Irrespective of value, if there is an institutional commitment required, then the Head of School as budget holder must approve the application.

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

- That a contractual risk assessment has been carried out; That internal peer review and relevant mentoring processes have been followed;
- That requirements for ethical review have been considered, and arrangements made as appropriate;
- That, where appropriate, data storage and archiving, has been considered and included
- That, as far as funders will allow, the direct cost of access to institutional facilities and technicians' support is included in the funding application
- That requirements for insurance are considered
- That any shortfall between the cost incurred and the cost recovered will be underwritten by the School.

### 5.3. Facilities, Equipment and Risk Assessment

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

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

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

### 5.4. Research Sponsorship

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

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

## SECTION 6

### 6. UNIVERSITY POLICY ON RESEARCH DATA MANAGEMENT

#### 6.1. University Policy on Research Data Management

The University has in place a Policy for Research Data Management. This has been approved in principle by the University Management Group and will be reviewed prior to formal approval. Once ready, this will be widely publicised to the academic community and to other key stakeholders, for implementation. Further information on the policy (including access to the full policy) will be available here (this section of this document) when finally approved.

#### 6.2. Handling and Storage of Personal Data

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

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

Guidance on keeping research records is given below.

### 6.3. University Guidelines on Keeping Research Records

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

The *Guidelines on Keeping 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 Records Retention Schedules](#) 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 highly regulated areas of research (such as clinical research) involving the collection and use of data on human subjects within a clinical context.

## SECTION 7

### 7. TRAINING IN RESEARCH ETHICS AND GOVERNANCE

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

The University delivers a generic training programme on research ethics and governance, on a rolling basis, for all research staff and students and all are strongly encouraged to attend. The module includes training on the key generic issues and principles which underpin research ethics and governance and is applicable to all disciplines. It can be accessed by members of staff and postgraduate students (both taught and research) on MyAberdeen. If undergraduate students require access to these modules due to the nature of their project, this can be arranged by contacting [researchgovernance@abdn.ac.uk](mailto:researchgovernance@abdn.ac.uk).

Research ethics and governance training is also available locally across the institution, notably where there is a requirement for compliance with external regulatory bodies or legislation (such as the Animals (Scientific Procedures) Act as amended 2012). These sessions will often be delivered by external partners, such as the NHS, and are often mandatory (according to discipline and research area). Training in research ethics and governance at local levels will also adhere to the requirements of funding bodies, including the Funding Councils.

Information on local training requirements should be sought from the appropriate School Offices, or via line management.



## 8. INTERNAL HEALTHCHECKS AND MONITORING

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

The Research Policy Committee has responsibility for monitoring research governance arrangements in place within each School, including the level of activity carried out by the respective ethical review Boards. This usually takes the form of regular reporting to the Research Policy Committee by the Deans of Research.

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

## 9. REPOSITORY OF KEY RESEARCH ETHICS AND GOVERNANCE DOCUMENTATION

### 9.1. Key Internal Documents or Webpages

- [Peer Review Procedure](#)
- [Life Sciences and Medicine Peer Review Procedure](#)
- [University Policy and Procedure on Public Interest Disclosure \(Whistleblowing\)](#)
- [University Policy on Data Protection](#)
- [Academic Research & Data Protection \(GDPR\)](#)
- [University Guidelines on Keeping Research Records](#)
- [University's Records Retention Schedules](#)

### 9.2. Key External Documents

- [The Universities UK \(UUK\) Concordat to Support Research Integrity](#)
- [UKRI Policy on the Governance of Good Research Conduct](#)
- [UKRIO Code of Practice for Research](#)
- [Data Protection Act 2018](#)
- [The UK Research Integrity Office \(UKRIO\) European Code of Conduct for Research Integrity](#)

[SEPTEMBER 2017] [Version 5]

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

	<b>Board/Committee</b>	<b>Action Taken</b>	<b>Date</b>
Previously considered by:	Advisory Group on Research Ethics and Governance	Version 1 received and approved.	9 June 2014
	Advisory Group on Research Ethics and Governance	Version 2 received and approved	21 May 2015
	Research Policy Committee	Version 3	9 June 2017
	School Directors of Research Meeting	Version 4	23 and 25 August 2017
	Research Policy Committee	Version 5	22 September 2017
	To be agreed at Research Policy Committee, March 2019	Version 6	21 December 2018