# HANDBOOK FOR RESEARCH GOVERNANCE

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EXECUTIVE SUMMARY

The University Handbook for Research Ethics and Governance

This document provides a framework for research ethics and governance at the University of Aberdeen and it applies to all academic disciplines. It is managed by the central Advisory Group on Research Ethics and Governance and is updated and amended annually, as appropriate. It is the central authority and reference point within the institution for matters relating to research governance and should be used and referred to accordingly by research staff and students.

It sets out the standards, principles and expectations for research ethics and governance which underpin the University’s approach to research, and provides an overview of the structures in place, institutionally, for ensuring that the University meets the highest standards in its research ethics and governance arrangements.

It outlines the University's approach to research ethics and provides information on what research requires ethical approval and how to obtain that ethical approval. It details the University's policy and guidelines for good research conduct, and its position on unacceptable research conduct, including the processes in place for reporting and investigating allegations of unacceptable research conduct. It also provides: information on the governance processes in place to support applications for research funding, such as peer review processes and registration of research projects; and, details on the University policies for storing research records and research data management.
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

World class universities like the University of Aberdeen are concerned with creating and using knowledge to make a difference within academia and wider society. Along with our educational role, research is key to this; a strong research base provides a platform for economic growth and enhances our presence globally, both as an institution and as part of the wider UK Higher Education sector.

If the University of Aberdeen is to continue to contribute to global research excellence, it must ensure that its research outputs are built on a platform of integrity, rigour, respect and responsibility. These values should underpin all research and be central to our thriving research environment.

This document outlines in detail how the University of Aberdeen upholds those values; to meet the highest standards in research conduct and to meet its responsibilities for delivering a world-leading research environment with research integrity at its heart.

The details of key processes, policies and guidelines the University has in place for the key elements of good research conduct are contained within and all researchers at the University are required to adhere to the policies and processes detailed.

The University believes that all researchers strive to achieve the highest standards in their endeavours. The University is deeply committed to providing the systems and infrastructure to enable researchers to meet, and to show that they are meeting, the highest standards of research governance and integrity. The University will also update and evolve its systems and processes to assist researchers as changes in relevant external policies and legislative requirements take place. In recognising the importance of good research governance, the University will annually report to the University Court on this issue.

As the Vice Principal with responsibility for ensuring that the University meets its commitment to research integrity, I invite anyone who wishes to discuss this document or our activities in this area to contact me.

Professor Phil Hannaford, Vice Principal for Research and Knowledge Exchange (Research Excellence and Strategy)

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1. STANDARDS, EXPECTATIONS AND GENERAL PRINCIPLES

The standards, expectations and general principles which underpin the University’s approach to research governance are outlined below, along with the University’s commitment to meeting these expectations.

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. This 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 Higher Education Funding Council England (HEFCE), Scottish Funding Council (SFC), Research Councils UK (RCUK) and Wellcome Trust, as examples) to provide a sector-wide benchmarking standard. This includes (note this list is not exhaustive):

- The Universities UK (UUK) Concordat to Support Research Integrity (http://www.universitiesuk.ac.uk/highereducation/Pages/Theconcordattosupportresearchintegrity.aspx)
- The RCUK Policy and Guidelines on Good Research Conduct (http://www.rcuk.ac.uk/Publications/researchers/grc/)
- The UK Research Integrity Office (UKRIO) Code of Practice for Research (http://www.ukrio.org/publications/code-of-practice-for-research/)

In endorsing and complying with the requirements set out for good research governance in these documents, among others, the University ensures compliance with the requirements of funding bodies and also demonstrates its commitment to:

- maintaining the highest standards of rigour and integrity in all aspects of research
- ensuring that research is conducted according to appropriate ethical, legal and professional frameworks, obligations 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 will help to ensure that the research produced by or in collaboration with the University’s research staff is underpinned by the highest standards of rigour and integrity.

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 which are applicable to all research areas:

- **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 discipline, locally or internationally, they must ensure the highest standards are maintained. There must be clear agreement between partners on the standards and frameworks which will apply. Researchers should consult the [European Code of Conduct for Research Integrity](#) for advice on this, if in doubt.
2. THE UNIVERSITY’S RESEARCH ETHICS AND GOVERNANCE STRUCTURES

2.1. Institutional Arrangements for Research Ethics and Governance

The University has a wide organisational structure in place to oversee research ethics and governance; to ensure that the institution meets its obligations in this area, and that it continues to seek and maintain the highest standards.

At institutional level, the Advisory Group for Research Ethics and Governance has overarching responsibility for managing the University’s research ethics and governance arrangements. The Advisory Group reports to the University’s Research Policy Committee, which is a Committee of Court and Senate. The Advisory Group 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 remit of the Advisory Group is as follows:

(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 College Research Ethics Board/Committee relating to ethical performance within the College and any key issues relating to research governance;
(iv) To maintain an interaction with the National Research Ethics Service (NRES) Committee North of Scotland (formerly the NHS Grampian Research Ethics Committee);
(v) To report to the University Research Policy Committee 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 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 ethical 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.

The Group composition is flexible but includes:

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

2.2. College-level Arrangements for Research Ethics and Governance

As noted above, the institutional Advisory Group provides overarching guidance on the scope and operation of research governance responsibilities across the University and to the Colleges, to ensure rigour and consistency in its research governance and ethical review arrangements. 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 processes and related University policies in this area, as well as the requirements of relevant external funding, professional and legislative bodies.
Responsibility for oversight and guidance on research governance within each College is provided by each College research committee.

Beneath these Committees, each College has a College committee responsible for research ethics and governance within the College, and below that, local or specialised research governance and ethical review committees which have delegated authority to implement, monitor and revise research governance and ethical review processes specific to their area of research (such as, for example, research involving the use of animals under the Animals (Scientific Procedures) Act Amended 2012) to ensure that they conform appropriately to all governance and ethical requirements placed upon them by the College, the University, relevant funding bodies and regulatory and legislative authorities.

A summary of the arrangements in place within each College is given below, along with links to the key College webpages:

**College of Arts and Social Sciences**: The College Research Ethics and Governance Committee has a remit to monitor and revise research 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 has an Ethics Officer, responsible for providing advice to colleagues and ensuring compliance with the College Policy for the Ethical Review of Research. School Ethics Officers are also responsible for monitoring developments in ethical research practice and guidance from appropriate disciplinary and professional bodies relevant to the School. For further information on research ethics and governance arrangements, and how to obtain ethical approval of research within the College, see [http://www.abdn.ac.uk/cass/research/research-ethics-and-governance-325.php](http://www.abdn.ac.uk/cass/research/research-ethics-and-governance-325.php).

**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 depending on the type of research being conducted, 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 also has internal ethics committees which include the College Ethics Review Board, Rowett Institute of Nutrition and Health Ethics Committee and the Psychology Ethics Review Committee for review of research projects which are outwith the remit of NRES. 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 and research governance. This also includes monitoring programmes and training workshops. Further information on research involving human participants (including tissue and data), including details on standard operating procedures, can be found on the Clinical Research Governance and Quality Assurance website:

- [http://www.abdn.ac.uk/clinicalresearchgovernance/](http://www.abdn.ac.uk/clinicalresearchgovernance/)

For more general information on research ethics and governance arrangements within the College, please see:

- [http://www.abdn.ac.uk/clsm/services/kerb.php](http://www.abdn.ac.uk/clsm/services/kerb.php)
- [http://www.abdn.ac.uk/iahs/research/governance.php](http://www.abdn.ac.uk/iahs/research/governance.php)

**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 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/ethics-and-governance-141.php](http://www.abdn.ac.uk/cops/research/ethics-and-governance-141.php).
3. FRAMEWORK FOR RESEARCH ETHICS AND ETHICAL APPROVAL OF RESEARCH

3.1. Overview

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. The University is committed to promoting and facilitating the ethical conduct of research conducted by all of its staff and postgraduate and undergraduate students.

It is committed to ensuring that ethical obligations and concerns are met with robust processes, and that ethical review and sound ethical justification is sought and applied to all research, to whatever level appropriate. The University recognises the importance of complying with all such frameworks, not only because of the ethical implications, but also within a legal context, and because compliance with these frameworks is important in maintaining and improving public trust in research.

The University acknowledges that the frameworks in place to regulate research are subject to ongoing review and change over time, as ethical concerns evolve and legal obligations and professional standards are re-designed. However, it recognises its responsibility to ensure that it maintains up-to-date knowledge of changes made within the regulatory environment, and that it applies them accordingly to ensure compliance. At institutional level, these responsibilities lie with the Advisory Group for Research Ethics and Governance, though where applicable, notably in relation to clinical research or research involving the use of animals, responsibility will be devolved locally, where the appropriate structures and arrangements for managing those areas of research are in place.

Taking account of the range of frameworks in place which regulate research, the University recognises its responsibilities in an ethical context in a number of key areas. It recognises its responsibility to protect the rights of human subjects involved in research projects and to protect them from harm. It also recognises its obligations and responsibilities for reducing the potential for harm for animals involved in research and for the environment. The University recognises the importance of ensuring 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, where applicable. Further information on keeping research records is given in Section 6 of this document. In all of these areas, it is also the responsibility of individual researchers to ensure familiarity with guidelines specific to their research, which would include guidance issued by funders and conditions of grant.

3.2. University Advisory Group for Research Ethics and Governance in an Ethical Context

The University’s Advisory Group for Research Ethics and Governance (discussed in Part 2, previous section) is not responsible for conducting ethical review per se, but for ensuring that the appropriate committees, groups, structures and processes are in place at College and School/Institute levels in order that ethical review can be conducted to whatever point necessary on all research.

Exceptionally, the Group will consider ethical questions of principle, as well as difficult or unique cases which may cross College lines or which may not be covered by the remit of local ethical review groups, or which may be without precedent. It will also provide policy direction and ethical oversight to the Colleges in relation to arrangements in place for ethical review, and will provide quality assurance guidance.

The Advisory Group has responsibility for disseminating all institutional research governance related documentation on a regular basis, with a view to ensuring that all stakeholders are aware of and understand the processes relating to research governance and ethical approval, which affect them.

3.3. How to Obtain Ethical Review - Responsibility of the Colleges

It is expected that each College will manage its own local ethical review processes, taking account of all internal and external requirements, as noted above. Researchers seeking ethical approval of a research proposal should follow the local ethical review processes in place at College level.
Each College 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 College, and how to obtain ethical review for your research (information on which ethical review committee is appropriate and the relevant processes to be followed), is available via the College research ethics and governance webpages (links below):

- College of Life Sciences and Medicine: [http://www.abdn.ac.uk/clsm/services/cerb.php](http://www.abdn.ac.uk/clsm/services/cerb.php)

It is the responsibility of the Colleges to ensure that staff and students (where applicable) are made aware of all research ethics and governance related issues which affect them, including the need to consider the ethical implications of their research and to seek ethical review to whatever point required. As noted above, it is similarly 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.

Part 3.4 of this section (below) provides researchers with information they should consider when looking to determine the extent of any ethical review their research proposal may require.

The University does not, as a rule, 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 might be applicable would include, as an example, research involving NHS patients. If a researcher has doubt, advice should be sought from the College Research Directors or the College Ethics Committee, or from the University Advisory Group on Research Ethics and Governance.

Each College is required to provide an update to each meeting of the institutional Advisory Group on activities relating to research ethics at College level, reporting on any significant issues that have arisen.

### 3.4. Determining Whether You Need Ethical Approval – Is It Required?

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 looking to determine the level of ethical approval required for a research proposal. A selection of these questions is given below (noting the list is not exhaustive). These can be used as a checklist to be consulted by researchers as guidance when considering the level ethical review required, but noting; consultation with or completion of the checklist does not equate to, replace nor satisfy any internal ethical review process, such as those in place within the Colleges.

The checklist is a form of guidance which aims to identify whether or not a full application for ethical approval must be submitted, and can be used in conjunction with (but not in place of) appropriate College, School or departmental ethical review guidelines. Any lead researcher or Principal Investigator (or where the PI is a student, the supervisor) preparing an application should review the checklist (or any College equivalent) and exercise appropriate professional judgement by way of good practice.

The majority of questions listed apply to all disciplines and all forms of research, and notably (but not exclusively) to those which involve human participants. They also apply to survey based research, interviews, focus groups and to observation techniques.

If a researcher answers “yes” to any of the questions listed then typically, they should ensure that ethical approval is sought for their research proposal. Moreover, even if every question was answered “no”, this does not mean that ethical approval will not be required; the list is not exhaustive and some form of ethical approval should still be sought in accordance with local School or College guidance.

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 study involve children (under 18 years old)?
3. Does the study involve clinical populations (i.e. have participants been identified as a result of their status as a patient)?
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?
5. Have arrangements been made for ensuring informed consent and does the study involve participants who are unable to give informed consent?
6. Does the study involve any clinical procedure?
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?
8. Could the study induce psychological stress or anxiety, or cause harm or negative consequences beyond the risks encountered in normal life?
9. Is pain or more than mild discomfort for subjects likely to result from the study?
10. Does the project involve the collection of material that could be considered of a sensitive personal, medical or psychological nature?
11. Does the project involve use of human remains?
12. Does the project involve the use of animals and procedures not covered by the Animal Scientific Procedures Act 1986?
13. Is your research activity likely to involve people involved in illegal activities?
14. Does the project use covert research techniques?
15. Will the subjects of the study include staff or students of the University?
16. Does the study involve potential clients of your department/place of work?
17. 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?

3.5. 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 regional NHS ethics services. As required under the Framework established by the Secretary of State, NoSRES considers all research projects involving NHS patients or premises, including projects falling within these categories undertaken by students. 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 using a medicinal product or a regulatory device, researchers should follow the Universities policies and Standard Operating Procedure to comply with our statutory obligations. (www.abdn.ac.uk/clinicalresearchgovernance)

3.6. Research Involving the Use of Animals

All research undertaken by the University which involves the use of animals is fully compliant, where applicable, with the Animal (Scientific Procedures) Act 1986 (Amended 2012). The Act was amended 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). The AWERB has responsibility for implementing a central ethical review process for the robust ethical review of all proposed research in this area 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 Policy, Planning and Governance office.

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 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.

3.7. 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. 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; 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 in the first instance, and also the institutional Advisory Group on Research Ethics and Governance (contact: i.grant@abdn.ac.uk).

3.8. Whistleblowing

Staff and 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 (next) and the University's Policy and Procedure on Public Interest Disclosure (available via the following link: http://www.abdn.ac.uk/staffnet/documents/policy-zone-governance-and-compliance/2015-03-24_Whistleblowing_PolicyApproved_Court.pdf) set out clear, confidential procedures for reporting concerns, and also details on how allegations will be investigated. The Advisory Group for Research Ethics and Governance should also be kept informed; it has overarching responsibility for ensuring that all alleged ethical breaches are investigated.
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.

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. These commitments are reflected in the policies and processes outlined below.

4.1. Policy and Guidelines on Good Research Conduct

4.1.1. Introduction

As outlined throughout this document, the University 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. These guidelines indicate 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.

These 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 (more detail in the previous section).

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 will be reviewed as part of an annual review of this wider Handbook document by the University Advisory Group on Research Ethics and Governance 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 ¹, 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

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.
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 Policy and Procedure on Public Interest Disclosure (Whistleblowing)](http://www.abdn.ac.uk/staffnet/documents/policy-zone-governance-and-compliance/2015-03-24_Whistleblowing_PolicyApproved_Court.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.

### 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 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 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/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 should receive the University of Aberdeen Handbook for Research Ethics and Governance 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 on the University's Policy and Guidelines on Good Research Conduct at their induction (noting that training is delivered as part of the formal College induction programmes at which attendance is compulsory) 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 understand 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).

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 such 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 of Research records (http://www.abdn.ac.uk/staffnet/documents/policy-zone-research-and-knowledge-exchange/Keeping-Research-Records-Guidelines.pdf).

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). In the College of Life Sciences and Medicine, all research staff should follow the CLSM Guidelines on the Storage and Backup of Electronic Data (https://sp.abdn.ac.uk/instres/ResProj/default.aspx – staff login is required to access this document). These guidelines are in place to manage the storage and backup of all electronic data generated through research within the College. 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’s Retention Schedules (http://www.abdn.ac.uk/central/records-management/retention-schedules.pdf) and taking account of guidelines published internally by the institution or by the Colleges, 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 Framework for Research Ethics (see Section 3 of this document, above).

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 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 4 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 fulfills any legal requirements such as those of the Data Protection Act 1998.

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, where applicable, 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); the latter 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 weaponization of a biological agent or toxin. Where such risks exist, they should seek advice from the relevant College Director of Research as to which steps might be taken to minimise such risks.

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 College Director of Research or the Head of College.

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.
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 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;
- 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.

It should be noted that 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:

- 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

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, 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 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, below). 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:

- The Chair of the appropriate College Research Ethics Review Board/Committee
- The appropriate College Director 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, but equally 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 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 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.

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.

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 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.

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 funding 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

The College processes 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), which includes 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.

5.1.4. College Peer Review Processes

The peer review processes in place for each College are available via the following links:

CASS: https://www.abdn.ac.uk/staffnet/secure/peer-review-procedure-2310.php

CLSM: https://www.abdn.ac.uk/staffnet/secure/peer-review-and-mentoring-procedure-2154.php

COPS: https://www.abdn.ac.uk/cops/intranet/forms-and-policies-618.php#PeerReview

5.2. Signing Authority for Research Grant Applications

All research grant applications to external funding bodies must include a completed internal cover sheet, regardless of the funding body to which 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 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 that involve the use of facilities will require signature by the facility manager.
- All applications that involve the NHSG costs require signature by the NHS R&D officer.
- 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; That internal peer review and relevant mentoring processes have been followed;
- That requirements for ethical review have been considered, and arrangements made as appropriate; and
- That requirements for insurance are considered.

5.3. Facilities, Equipment and Risk Assessment

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

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

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

5.4. Registration of Research Projects

The University considers institutional registration of research projects as essential to 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.

The University registers and retains records of all research applications for external funding channelled (and approved) through the University’s central section, Research and Innovation (R&I). 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, research staff are able to register all unfunded research projects through the University’s Research Information System - Pure.

5.5. 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 conforming 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:

http://www.abdn.ac.uk/medical/researchgovernance/clinicalresearch/

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.
6. UNIVERSITY POLICY ON RESEARCH DATA MANAGEMENT

6.1. University Policy on Research Data Management

The University has in place a draft Policy for Research Data Management. This has been approved in principle by the University Management Group and is now out for final consultation via key stakeholders prior to completion and 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 (http://www.abdn.ac.uk/staffnet/documents/policy-zone-governance-and-compliance/data_protection_policy_April_2015.pdf) 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.

6.3. University Guidelines on Keeping of Research Records

The University Guidelines on Keeping of Research Records (http://www.abdn.ac.uk/staffnet/documents/policy-zone-research-and-knowledge-exchange/Keeping-Research-Records-Guidelines.pdf) 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 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 (http://www.abdn.ac.uk/central/records-management/retention-schedules.pdf) 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 training module was developed under the guidance of AGREG and is coordinated by the University’s Researcher Development Unit (RDU). The module includes training on the key generic issues and principles which underpin research ethics and governance and is applicable to all disciplines.

Staff or students who wish to register for the course can do so via the following link (at which point they should select the PGR or Research Staff Development tab on the left) www.abdn.ac.uk/coursebooking.

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 or College 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 Advisory Group on Research Ethics and Governance 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.

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 Advisory Group for Research Ethics and Governance also has responsibility for monitoring research governance arrangements in place within each College, including the level of activity carried out by the respective College Ethical Review Boards. This usually takes the form of regular reporting to the Advisory Group by the College Directors of Research.

The Advisory Group 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.

The Advisory Group reports to the institutional Research Policy Committee (a Committee of Court and Senate), which has responsibility for monitoring implementation of the Peer Review Policy Framework.
9. REPOSITORY OF KEY RESEARCH ETHICS AND GOVERNANCE DOCUMENTATION

9.1. Key Internal Documents or Webpages

- College Peer Review Policies:
  - CASS: https://www.abdn.ac.uk/staffnet/secure/peer-review-procedure-2310.php
  - CLSM: https://www.abdn.ac.uk/staffnet/secure/peer-review-and-mentoring-procedure-2154.php
  - COPS: https://www.abdn.ac.uk/cops/intranet/forms-and-policies-618.php#PeerReview

- University Policy and Procedure on Public Interest Disclosure (Whistleblowing)
  

- University Policy on Data Protection:
  

- University Guidelines on Keeping of Research Records:
  

- University’s Retention Schedules
  
  http://www.abdn.ac.uk/central/records-management/retention-schedules.pdf

9.2. Key External Documents

- The Universities UK (UUK) Concordat to Support Research Integrity:
  
  http://www.universitiesuk.ac.uk/highereducation/Pages/Theconcordattosupportresearchintegrity.aspx

- The RCUK Policy and Guidelines on Good Research Conduct:
  
  http://www.rcuk.ac.uk/Publications/researchers/grc/

- UKRIO Code of Practice for Research:
  
  http://www.ukrio.org/publications/code-of-practice-for-research/

- Data Protection Act (1998)
  

- The UK Research Integrity Office (UKRIO) European Code of Conduct for Research Integrity
  
  http://www.ukrio.org/european-science-foundation-the-european-code-of-conduct-for-research-integrity/
[July 2015] [Version 2]

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

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