Approved by Research Committee 26th April 2021

Maynooth University Research Integrity Policy

General Principles

Adherence to the highest standards in research is a central and critical responsibility of the National University of Ireland Maynooth and all its individual researchers. It is imperative that the integrity of the University's research is ensured, both as an essential principle for its own sake, and also in light of the responsibility we have to the wider society that both funds and uses the University's research. Members of the University have the responsibility to act in accord with the highest standards of integrity and to conform with all legal and University codes of practice and policies, and this research integrity policy should be interpreted in such a manner that is consistent with the university's general commitment to the highest standards of professional conduct.

In 2010 the European Science Foundation Members Forum on Research Integrity published 'The European Code of Conduct for Research Integrity' (European Science Foundation and ALLEA (All European Academies), 2011). This code addresses proper conduct and practices of systematic research in the medical, natural and social sciences and humanities. Maynooth University (MU) endorses and draws upon that code here in order to ensure consistency and alignment with considered international norms. In doing so, we note that a system is required for Ireland that is appropriate to our specific national circumstances and the Irish legal framework. The Irish Universities Association have developed a National Policy on ensuring research integrity in Ireland (2019) which provides a framework for all disciplines and which draws on the European Code of Conduct and also from the Royal Irish Academy publication "Ensuring Integrity in Irish Research" which was co-sponsored by IUA, HRB, HEA and SFI (Royal Irish Academy, 2010). The procedures outlined in this MU policy draw from both those documents.

This policy will be reviewed at least every 3 years.

Research Integrity and Good Research Practice

MU recognises the need and benefit of formally setting out its position on research integrity and good research practice.

Research integrity concerns the standards followed when conducting research: in this, it differs from research ethics, which refer to research's socio-ethical context (for further information please consult the Maynooth University Research Ethics Policy).

Research integrity is the basis upon which research communication and collaboration depends. It demands that those engaging in research and scholarship, of whatever discipline, while recognising their own interests, should at all times, adhere to the following basic principles:

- *Honesty* at all stages ensuring research is transparent, open, fair, full, objective and unbiased.
- *Reliability* in developing, performing research and reporting research ensuring the quality of research in the design, methodology, data analysis, protection and use of resources.
- *Respect* for colleagues and duty of care for participants of research, society, cultural heritage and the environment.
- *Accountability* for research from concept to publication, for its management, training, mentoring and supervision of the researcher of the future and for its wider impact.

Academic Freedom in Research

Advances in knowledge are the result of free, creative thinking by individual researchers and a commitment to academic freedom is essential to the accomplishment of the overall mission of the University. By pursuing truth and its free expression, scholars and researchers advance and disseminate knowledge. In exercising their right to seek and communicate knowledge freely and openly, members of the academic community also have the responsibility to act in accord with the highest standards of integrity and in conformity with applicable professional and legal codes, and legislation, as well as with University codes and policies. Through its academic governance bodies and business committees (e.g. research ethics committee), and the procedures contained in this policy, the University community ensures that research and scholarly projects meet applicable standards and incorporate appropriate safeguards.

Research Data Management Practices - Collection, Storage, Retention and Disposal

The definition of 'Data' for the purpose of this document encompasses, information related to research data and research results in a form that may be processed, the methodology used to obtain results, the actual research results, and the analysis and interpretations by the researchers. Data must obtained and processed fairly, be recorded in a clear and accurate format and be kept up-to-date at all times. Data recorded should be adequate, relevant and not excessive. There must be a clear purpose for the obtaining of data and it must be used in ways compatible with the purpose for which it was initially given. Where ever possible Personal data, which is data that is identifiable, should be rendered anonymous, as it ceases to be classed as Personal data and subsequently falls outside of the Data Protection legislation. The Data Protection legislation also only applies to living individuals, therefore the records of the deceased are outside of the remit of the legislation.

Data should be 'as open as possible, as restricted as necessary' in line with the National Framework on the Transition to an Open Research Environment'. Open access of research data will facilitate re-use of data contributing to public knowledge, inform policy and practice as well as being open to scrutiny by peer.

In order to ensure research integrity through compliance with Data Protection legislation, researchers should:

i. Obtain and process the personal data fairly.
ii. Keep it only for one or more specified and lawful purposes.
iii. Process it only in ways compatible with the purposes for which it was volunteered initially.
iv. Keep it safe and secure.
v. Keep it accurate and up to date.
vi. Ensure it is adequate, relevant and not excessive.
vii. Retain it no longer than is necessary for the specified purpose or purposes.
viii. Give a copy of his/her personal data to any individual on request.

Consent must be given for obtaining and use of data and written explicit consent must be given for Sensitive Personal data (see Maynooth University Data Procedures for definition of sensitive personal data) and a copy of that consent should be retained. Requirements for obtaining consent will be determined as part of the MU Research Ethical review process.

Particular attention should be paid to the completeness, integrity and security of data records. Data must be stored in a safe, secure and accessible form, must be held for an appropriate length of time, to allow for future reassessment or verification of the data from primary sources, if necessary.

To ensure this, all primary data (anonymised where relevant and feasible) should be held for a minimum period of **ten years** following publication.

It is good research practice to secure data using passwords, encryption, access logs and backup, with appropriate firewalls, anti-virus software in place. Further encryption and security measures should be in place for remote access to data or access through WIFI connections. Data should not be stored on mobile devices which include but are not limited to: USB keys, smart phones; video recorders; audio recorders and/or laptops; as these are prone to theft or loss. Data collected on a mobile device should encrypted where possible and the device password protected with a strong password and should be removed to a desktop PC or server in a secure location at Maynooth University.

Manual data must be held in securely locked cabinets, locked rooms or rooms with limited access. Screens, printouts, documents and files showing personal data should not be disclosed to unauthorised persons.

The Data Commissioner recommends as a minimum standard, you should be able to answer YES to the following questions:-

- Is access to your computers and manual files restricted to authorised staff only?
- Is access to the information restricted on a "need-to-know" basis in accordance with a defined policy?
- Are your computer systems password protected?
- Is information on screens kept hidden from callers to your offices?
- Have you a back-up procedure in operation, including off-site back-up?
- Are all waste papers, printouts, etc. disposed of carefully?

Data must be organised in a manner that allows ready verification either in hard copy or electronic format. Original data should be authenticated, in order to protect the university and researcher against allegations of falsification of data.

Individuals must be made aware of the right to access his/her personal data and be provided a copy on request. Personal data should only be disclosed to third parties with the consent of the individual and disclosure to a third party from outside of MU must be carried out under written contract specifying security rules to be followed. Should any issue arise regarding the research for which the data was sourced then due consideration will be given to whether or not it is necessary to inform the participants of these issues.

Please note that restrictions are in place for the transfer of personal data to a country outside of the EU if a country does not have an EU approved data protection law (Section 11 Data Protection Acts 1988 & 2003).

When collecting or transferring data from other countries, you must refer and comply with any

data protection legislation of that country.

Data should be destroyed in a manner appropriate to the sensitivity of that data: confidential shredding or incineration for manual data; overwriting of electronic data and particular care should be taken when disposing of PCs. Depending on the nature of the data stored on hard drives they should be overwritten 3-5 times, it is not sufficient to re-format a hard drive as data may still be retrieved.

(For guidelines on the management and re-use of specific types of data, please consult the Maynooth University Data Protection Policy and the Maynooth University Research Ethics Policy).

While the university has overall responsibility for ensuring compliance with GDPR every researcher who collects and/or controls the contents and use of personal data has individual responsibility for compliance with GDPR and the Data Protection legislation (see MU Data Protection Policy).

Safeguards

The following set of recommendations on safeguards are set out by the European Code of Conduct for Research Integrity.

- When planning and conducting research researchers should have regard of the health, safety and welfare of the community, of collaborators and other individuals involved in their research.

- Research protocols should consider and take account of relevant differences in gender, culture, age, religion, ethnic origin and social class.

- Researchers should recognize and manage potential harms and risks relating to their research.

Confidentiality

In many circumstances a commitment to confidentiality for participants is a necessary part of the research process. This right to confidentiality is an important, but not absolute, principle that the University will strive to uphold by lawful means. Confidentiality provisions relating to research data and records will apply in circumstances where the University or the researcher has made or given appropriate confidentiality undertakings to third parties or where disclosure would involve the

unreasonable disclosure of information relating to the personal affairs of any person (including a deceased person) or when confidentiality is required to protect intellectual property rights. Confidentiality commitments can never be absolute, and there are always limits to confidentiality, however.

It must be recognized that, in some circumstances, confidentiality of research data and records may be overridden by courts in the event of litigation or in the course of investigation by lawful authority. In such circumstances the University will take all reasonable steps within law to ensure that confidentiality is maintained to the greatest possible extent. In so doing, research data and records may be accessed by the University (through the President or Vice President for Research) and its legal advisers, to determine their relevance to any proceedings.

Steps to be taken if an outside agency seeks access to confidential MU Research Data

The following steps should be taken if any external agency or person seeks access to confidential MU research data.

1. Any such demand or request should be referred immediately to the VP Research.

2. If necessary, the VP Research, working with the academics involved, will seek legal advice to establish the lawful authority of the request.

3. The VP Research will negotiate with the requesting body to attempt to agree on an acceptable course of action that would protect the confidentiality of the data and the participants. The VP Research will hold securely any data or equipment that is the subject of the request.

4. If it is not possible to protect appropriately the confidentiality of the data or the participants by negotiation and agreement, then the University would consider what other steps to take, including making an application to an appropriate court to protect the confidentiality of the research and the participants.

5. The University will abide by a court's decision, subject to any appeal mechanisms which it may be feasible and reasonable to pursue.

6. Every effort will be made to ensure that, if confidential non-anonymised, data must be released, and in so far as possible, any person to whom a commitment of confidentiality has been made will be informed prior to the data being released to an outside agency or person.

Researchers should be aware that under the Freedom of Information Act 1997(Freedom of Information Act, 1997), the University is required to allow persons access to documents of the University (documents which are in the University's possession) under defined circumstances. Further advice is available from the FOI Officer. Researchers must also be aware of the provisions of the Data Protection 1988 (Data Protection Act, 1988) which deals with access to sensitive and personal information.

Research debate depends upon the availability of information. Increasingly, a research endeavour may involve many groups e.g. research, education, industry. Depending on the nature of the research, confidentiality and disclosure of information may be a critical issue.

When researchers have informal access to another researcher's work by way of, for example, discussion or sight of research plans, it must be recognised at all times that the ownership of the ideas and plans sits clearly with the originator. A researcher who benefits from such informal

access must first seek clarification and permission from the originator regarding the nature and status of this information i.e. is it confidential, before details or ideas can be used or discussed with any other.

In collaborative research, confidentiality agreements/ non-disclosure agreements between the various groups may be necessary. Individual researchers may also be required to sign a confidentiality agreement before commencing work on the project.

Where research is undertaken in accordance with a contractual agreement or under commercial

sponsorship the ownership of research data and records and responsibilities should be determined prior to commencement of the research contract and should be specified in the research contract.

We have a duty of care to persons who are made the subjects of research. Such people are generally entitled to appropriately confidential treatment of all information that they give, although this commitment cannot be absolute. At all times researchers must

be aware of the provisions of the Data Protection Act, 1988, where the consent of the participant is required if the information is to be shared with another agency or organisation (For further information regarding consent please consult the Maynooth University Research Ethics Policy).

Authorship

The following Authorship and Publication guidelines are based on the minimum standards agreed in the international 'Vancouver Protocol'(International Committee of Medical Journal Editors, 1997), the Joint NHMRC/AVCC (Australian Vice- Chancellors' Committee) Statement and Guidelines on Research Practice (Australian Vice-Chancellors' Committee, 1977), The Wellcome Trust 'Guidelines on Good research practice'(The Welcome Trust, 2002, 2005) and other professional bodies guidelines – e.g. American Society of Mechanical Engineers (American Society of Mechanical Engineers, 1991).

An intrinsic part of research endeavour is the accessibility to research results and other scholarly work through publication. Publication and authorship must be approached in a responsible, open, honest and accurate manner.

Furthermore, where MU personnel are involved in externally-funded research, the public dissemination of the conduct, progress and results of such externally-funded programs must be facilitated. There should be no general limitations or restrictions as to public dissemination of the progress or the results of any project affiliated in any way with MU, whether financed with national funds or from grants from private agencies, save where a delayed publication has been agreed for a specific reason, e.g. where it is intended to apply for a patent.

Authorship credit should only be given (and taken) where both the conditions below are met:

- Substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data.

- Drafting the article or revising it critically for important intellectual content; and final approval of the version to be published.

No person who is an author, consistent with this definition, may be excluded as an author without his/her permission in writing. One or more authors should take responsibility for the integrity of the work as a whole, from inception to published article. Anyone listed as an author on a paper should accept responsibility for ensuring that he/she is familiar with the contents of the paper and can identify his/her contribution to it.

Persons who have contributed intellectually to the paper but whose contributions do not justify authorship may be acknowledged. Such persons must have given their permission to be named. Acknowledgements should be placed at an appropriate place in the article, one or more statements should specify:

- Contributions that need acknowledging but do not justify authorship, such as general support by a departmental chair
- Acknowledgments of technical help
- Acknowledgments of financial and material support, which should specify the nature of the support
- Relationships that may pose a conflict of interest (For further information please consult the Maynooth University Research and Commercialisation Policy on Conflict of Interest).

Publication and Dissemination

When publishing research all reasonable steps must be taken to ensure that published reports, statistics and public statements about research activities and performance are complete, accurate and unambiguous. Deliberate inclusion of inaccurate or misleading information relating to research activity in curriculum vitae, grant applications, job applications or public statements, or the failure to provide relevant information is a form of research misconduct.

Publication of multiplier papers based on the same set(s) or sub-set(s) of data is not acceptable, except where there is full cross-referencing within the papers. An author who submits substantially similar work to more than one publisher must disclose this to the publishers at the time of submission.

As a general principle research findings should not be reported in the public media before they have been reported to a research audience of experts in the field of research.

It is acknowledged that, occasionally, issues of public policy and concern may make prior advice desirable. In such cases advice should first be tendered to the public or professional authorities responsible, and the unreported status of the findings must be advised at the same time. Only where responsible authorities fail to act can prior reporting to the media be justified, and again the unpublished status of the findings must be reported at the same time.

Where there is private reporting of research that has not yet been exposed to open peer-review scrutiny, especially when it is reported to prospective financial supporters, researchers have an obligation to explain fully the status of the work and the peer- review mechanisms to which it will be subjected.

Reviewing Evaluating and Editing

Researchers participate in reviewing and evaluation grant applications, submissions for publication, appointments, promotions and other activities and should do so in a transparent and justifiable manner. Conflicts of interest should be declared and researchers should withdraw from any decisions in such situations. As a reviewer researchers must respect the rights of authors and grant applicants and must seek permission to make use of any of the ideas, data, interpretations or outputs presented.

Collaborative Working

All researchers involved in collaborative research should take responsibility for ensuring the integrity of the research. The goals of the research should be set and agreed at the outset and the process for communicating the research should be as transparent and open as is feasible.

Agreement should be reached on procedures for managing conflicts of interest and cases of misconduct, should they arise.

Duty of Care

We have a duty of care for participants in and the subjects of research (human subjects, animals, the environment, cultural objects). The health, safety and welfare of people connected with research should not be compromised. Special consideration should be given to vulnerable groups and sensitivity given to age, gender, culture, religion, ethnic origin, social class, sexual orientation and disability of research groups. Please consult the Maynooth University Research Ethics Policy for specific information regarding research with human participants and animals and the Maynooth University Child Welfare Policy for activities/research with children.

Conflict of Interest

MU recognises that the primary responsibility for disclosing a conflict of interest resides with the individual. For specific details, examples and management of conflict of interest please consult the Maynooth University Research and Commercialisation Conflict of Interest Policy and Guidelines.

Misconduct in Research

Where the principles and good practices of research integrity, in line with institutional and national policy, are not followed, issues of research misconduct may arise. MU recognises the following components of research misconduct based on OECD *Best practices for ensuring scientific integrity and preventing misconduct* (OECD, 2007)(see Table 1 below).

- *Fabrication* of data i.e. making up results and recording or reporting them.

- *Falsification* of data i.e. manipulating research, materials, equipment or processes, or changing or omitting data or results such that the research is not accurately represented in the research record.

- *Plagiarism* i.e. the appropriation of another person's ideas, processes, results, or words without giving appropriate credit, including those obtained through confidential review of others' research proposals and manuscripts.

Each of these comprises an attack on the integrity of the research record and, as such, must be vigorously defended against. Fabrication and falsification are the most serious offences that can be committed, as the development of knowledge itself is undermined. Plagiarism may be seen as marginally less egregious than these two, since the knowledge core is not, in itself, damaged. However, the corrupting effect on the principle of open communication and sharing of knowledge for wider benefit, means that repeated, significant plagiarism must be regarded as extremely serious.

While Fabrication, Falsification, and Plagiarism represent the most serious examples of misconduct, there are also additional types of poor practices which, while not as serious as FFP in individual instances, are more widespread and therefore potentially more damaging to the reputation of research and the research community's integrity.

These poor practices include but are not confined to:

- *Data-related poor practice* e.g. not preserving primary data, poor data management and/or storage,
- *Publication-related practice* e.g. claiming undeserved authorship, denying authorship to contributors, artificially proliferating publications
- *Personal behaviours* e.g. inadequate leadership/mentoring of next generation of researchers and scholars, inappropriate personal behaviour.
- *Financial and other malpractice* e.g. peer review abuse, non-disclosure of a conflict of interest, misrepresenting credentials
- *Poor research procedures* e.g., harmful, dangerous or unethical research methods. The European Code provides an extensive discussion of the seriousness of these poor and questionable practices. In many cases the boundaries between poor practice and serious misconduct may be quite thin, especially if the poor practice is carried out repeatedly by an experienced senior researcher. In some cases (e.g. misuse of research funds or intimidation of junior staff) the offence may be extremely serious, and should be dealt with as such by appropriate procedures within law, but the offence itself may not constitute *research misconduct*, since it does not affect the integrity of the research record itself.

Research misconduct does not include honest error or honest differences in the design, execution, interpretation or judgement in evaluating research methods or results or misconduct unrelated to the research process. Similarly it does not include poor research *per se* unless this encompasses an intention to deceive.

Table 1: OECD description of types of misconduct by scientists and scholars

Core "Research Misconduct" • **F**abrication of data • **F**alsification of data • **P**lagiarism FFP normally includes: - Selectively excluding data from analysis Misinterpreting data to obtain desired results (including inappropriate use of statistical methods) - Doctoring images in publications - Producing false data or results under pressure from a sponsor	**Research practice misconduct** - Using inappropriate (e.g., harmful or dangerous) research methods - Poor research design - Experimental, analytical, computational errors - Violation of human subject protocols - Abuse of laboratory animals
Data-related misconduct - Not preserving primary data - Bad data management, storage - Withholding data from the scientific community NB: The above applies to physical research materials as well	**Publication-related misconduct** - Claiming undeserved authorship - Denying authorship to contributors - Artificially proliferating publications ("salami-slicing") - Failure to correct the publication record
Personal misconduct in research setting - Inappropriate personal behaviour, harassment and/or bullying - Inadequate leadership, mentoring, counselling of students - Insensitivity to social or cultural norms	**Financial, and other misconduct** - Peer review abuse e.g., non-disclosure of conflict of interest, unfairly holding up a rival's publication - Misrepresenting credentials or publication record - Misuse of research funds for unauthorised purchases or for personal gain - Making an unsubstantiated or malicious misconduct allegation

Reproduced and amended from OECD publication 'Best practices for ensuring scientific integrity and preventing misconduct.'
http://www.oecd.org/sti/scienceandtechnologypolicy/40188303.pdf

Procedures for Managing Misconduct in research

Where an allegation of research misconduct is made against a member of staff or a student of MU, a visiting researcher or fellow, or anyone working within MU at the time the misconduct is alleged to have occurred, it will be fully investigated by the University in accordance with its Statutes. Any disciplinary action that may result will be effected under the University Statutes governing such actions. Nothing in the current policy should be read as entailing an alternative process to that specified in Statutes, and the University Statutes will be authoritative in determining procedures.

The University reserves the right to investigate allegations of research misconduct that may have occurred within MU, even if the person involved is no longer a student or staff member of MU. In such cases the co-operation will be sought of any person against whom an allegation is made, but an investigation may take place even if co- operation is not forthcoming. Reciprocally, the University will normally co-operate with another university that is investigating an allegation that relates to a current member of MU.

Research misconduct investigations will be carried out under the principles:

- Integrity of the process – investigations will be fair, comprehensive, expedient, and accurate and conducted with objectivity and thoroughness.

- Confidentiality – measures are taken to ensure confidentiality and protect those involved in the investigation.

- Fairness – investigations will be carried with due process to ensure fairness to all parties.

- Uniformity – the procedures for managing misconduct are published and uniform for all investigations.

- No detriment – appropriate restorative action will be taken when a researcher is not found to be guilty of misconduct.

The particular characteristics of research misconduct entail that specific and detailed knowledge of research misconduct is beneficial in dealing with such cases. For this reason the President will assign to an appropriate staff member the responsibility of acting as Research Integrity Officer (RIO) to investigate the allegation. The terms of reference for the Research Integrity Officer are outlined in Appendix I. The Research Integrity Officer will have sufficient knowledge and experience to advise the President and other institutional authorities in cases of research misconduct, and will also act as an early point of contact in regard of any allegations that may constitute research misconduct.

To avoid conflict of interest from the outset the Research Integrity Officer will **not** be the Vice President for Research, or anyone directly involved in the research, but should be a senior member of staff with sufficient experience and authority to ensure proper consideration of the issues, and effective liaison with all necessary officers; in particular with the Vice President for Research and the Director of Human Resources. Note that it is envisaged that it should be possible for a Vice President for Research, or other university officer, to make a complaint where he/she has become aware of a possible case of research misconduct.

Phase 1: EXAMINATION OF THE ALLEGATION

It is envisaged that the first stage of any process is that a written or verbal allegation of actions that may constitute research misconduct is made to an officer of the University. Such an allegation might arise by many routes and might come from within or outside the University. The allegation might be made in the first instance to the VP Research, a Head of Department, a Faculty Dean, or Director of HR, for example.

However, such an allegation arises, it will first of all be necessary to consider the allegation to determine if it falls within the scope of *research misconduct* and whether, therefore, an assessment is warranted as research misconduct, or whether it should be treated as something else.

An allegation that comes to the attention of any staff member of the University should be reported to their Head of Department or Institute, who will communicate it to the VP Research. The VP Research will refer the allegation for consideration to the Research Integrity Officer, if that responsibility has been assigned or, if not, to the President and Director of HR.

The RIO will be expected to declare any potential conflict of interest to the VP Research at any stage (See Appendix II). If a real conflict arises the VP Research will ask the President to appoint another staff member to act as RIO in the particular case under consideration.

The RIO will conduct the examination of the allegation in a timely manner to determine if it falls within the scope of research misconduct and whether it is sufficiently serious that an assessment is warranted.

At this stage, the RIO may inform the individual(s) against whom the allegation is made of the content and essence of the allegation and give them an opportunity to respond. The identity of the person making the allegation should be kept confidential at this stage.

Three general outcomes are possible:

1. If the issue is deemed by both Head of Department/Institute and Research Integrity Officer to be a straightforward case of relatively minor poor practice, which can be dealt with and corrected immediately and without disciplinary action, then it will be returned to the Head of Department to deal with. There will be a written record of the decision kept by the Research Integrity Officer in a log of all cases to be held by the HR Office.

2. If the allegation is deemed to fall within the scope of research misconduct, and is not a case of minor poor practice, then an assessment is warranted, and the Research Integrity Officer will advise the President, VP Research and Director of HR the opinion that the case merits assessment.

3. If the allegation is deemed not to fall within the scope of research misconduct the Research Integrity Officer will advise the President, VP Research and Director of HR of that opinion. This will not preclude the allegation being considered further under other policies, for example, Policy on Dignity and Protection at Work, or

Phase 2: ASSESSMENT

If the outcome of Phase 1 is that an assessment is merited, an officer of the University will be appointed by the President to carry out an assessment of the case (Assessing Officer – See Appendix I for Terms of Reference). This may be the Research Integrity Officer or other university officer. The purpose of the assessment is to establish whether there is a prima facie case of research misconduct to answer such that a formal investigation is warranted.

The assessing officer will notify the respondent(s) and the complainant in writing advising them of their obligation to co-operate in the assessment and to observe appropriate confidentiality conditions.

An assessment panel (See Appendix I for Terms of Reference) will be appointed within 30 working days of the appointment of the assessment officer and will consist of at least two individuals who do not have conflicts of interest in the case and have appropriate expertise/experience to evaluate the issues. The sole role of the assessment panel is to examine the facts to determine whether there is sufficient evidence of research misconduct to warrant an investigation. The assessment will not have the objective of reaching a finding as to whether misconduct has occurred.

The assessment report shall consist of the evidence reviewed, summaries of the interviews and the conclusion of the assessment i.e. a recommendation to proceed to a formal investigation or not. A copy of the report should then be sent to the respondent(s) and the complainant. The identity of the complainant should be made known to the respondent at the assessment stage. Both may submit comments, which will be appended to the report.

A determination is then made by the assessment panel, and reported to the assessing officer, as to whether there is a case to answer or not.

The assessment panel will normally aim to complete the assessment within 60 working days provided the integrity of the process can be maintained within that timeframe.
The report of the assessment panel will be made to the President, VP Research and Director of Human Resources.

If the determination is that there is no case to answer then the case will be dismissed at this point. If the determination is that there is a case to answer, then a formal investigation must be carried out under the University statutes related to disciplinary matters.

When a formal investigation is not recommended, the Assessing Officer will ensure that all those persons associated with the assessment i.e. interviewed or otherwise informed, are notified in writing of this fact.

If a formal investigation is recommended the respondent will be informed in writing by the President, and the following procedures will be invoked.

Phase 3: FORMAL INVESTIGATION

The purpose of the Formal Investigation is to examine and evaluate all relevant facts to determine whether research misconduct has been committed, and if, the responsible person(s) and the seriousness of the misconduct. This will be carried out as a disciplinary action as specified in the University statutes, and it will be the responsibility of the Director of Human Resources to ensure that the employee's right in such a process are safeguarded. The process will be as specified in Statutes and this policy provides guidance on the detailed implementation for research misconduct.

An officer will be appointed to conduct the Formal Investigation by the President (the Investigating Officer- See Appendix I for Terms of Reference).

An Investigation Committee (See Appendix I for Terms of Reference) will also be appointed by the President and will comprise at least three persons, one of whom has expertise in the relevant discipline. One member will be a barrister or solicitor with at least 5 year's experience. At least one other will be independent of MU. For particularly serious cases, three independent, international experts relevant to the discipline will be invited to assist. It will be ensured that no conflict of interest arises for any member.

The Investigating Officer will notify the claimant and the respondent(s) in writing of the Formal Investigation and of their obligation to fully co-operate.

The Investigating Officer will notify the respondent and complainant of the proposed committee membership. If either party submits a written objection regarding any of the members of the committee, it will be considered by the President and he/she may decide to replace the member.

The formal investigation committee will normally be set up within 30 working days of the completion of the assessment report. The formal investigation will include examination of all documentation including, but not limited to, research data materials, proposals, publications, correspondence, memoranda, and notes of telephone calls. Interviews will be conducted with all individuals involved in making the allegation and others who may have key information. A verbatim record of these interviews will be made, provided to the interviewed party and included as part of the investigation report.

The investigation should normally be conducted as fast is reasonably possible without undermining the integrity of formal investigation process. A detailed investigation of all relevant issues will be undertaken and a report will be prepared to include finding of whether research misconduct occurred and recommendation as to the seriousness of the misconduct. This report will be made available for comment by the respondent. Once comments are received the investigation committee will make a final determination of findings.

If the respondent requests, following receipt of the report, a meeting will be convened at which the Investigating Officer and at least one other member of the Investigation Committee and respondent (and his/her representative, if desired) will be present. The purpose of this meeting is to allow the respondent to challenge statements he/she believes are unsubstantiated.

A record of this meeting shall form part of the investigation report submitted to the President.

The President will decide on what sanctions are to be implemented. The President (or a delegated officer) will inform the relevant funding bodies, along with any other relevant parties.

The President will write to the respondent to inform him/her of the final decision and what actions the University will take. The right to appeal and the process will also be outlined. The findings of the formal investigation will be reported to the Governing Authority.

Phase 4: APPEAL PROCESS

The appeal process will be in line with the University Statutes. This policy recommends that, where necessary, an Appeals Board may be appointed, with appropriate representation to safeguard the integrity of the process and reflective of the seriousness of the alleged misconduct. For the most serious cases independent experts from outside Ireland may be asked to assist. This will be determined by the Governing Authority.

Any appeal will normally be completed within 90 days of its initiation. The President will notify the respondent in writing of the outcome of the appeal and the final decision on the case.

External Reporting of Investigations

An agency funding a research programme has a very specific interest and role in protecting the integrity of that research. Natural justice dictates that relevant offences will be reported to a funding agency only once an allegation is upheld at stage 3, and a determination of misconduct is made. However, if the allegation is of a particularly serious nature and materially affects the running of a research programme, it would be reasonable that the research performing organisation should advise the funder at an earlier stage. Consideration should also be given as to which other parties (e.g. journal editors) should be informed once a determination has been made.

Whistleblowing - Protected Disclosure

MU aims to protect all employees and/or students who wish to make a disclosure. The Maynooth University Protected Disclosure (Whistleblowing) Policy aims to encourage and enable MU staff/students raise issues/concerns within the workplace in a confidential manner, without the fear of being penalized, discriminated or treated less favourably as a result of that disclosure. Please consult the policy for procedures for reporting any issue or concerns.

Restoration of Reputations

MU will take all reasonable actions to restore the reputation of the respondent(s) if the respondent(s) are not found guilty of research misconduct and will consult with the respondent(s) to ensure that appropriate publicity is given to the outcome. Furthermore, all reference to the matter will be removed from the respondent's personal file.

Principles underlying the implementation of the above procedures

Those undertaking research at MU are obliged contractually to participate in and comply with the procedures;

- Anyone accused of research misconduct is presumed innocent and has the right to respond; No person should suffer any unnecessary penalty when accused of research misconduct before the allegation is proven.
- No person should suffer any penalty for making an allegation of research misconduct in good faith, but action should be taken against persons found to have made allegations in bad faith.
- All interested parties should be informed of the allegation at an appropriate stage in the proceedings.
- Proper written records of the proceedings shall be kept.
- The outcome shall be made known as quickly as possible to all relevant parties.
- Anyone found guilty of misconduct will have the right to appeal.
- Efforts will be made to restore the reputation of the accused party if the allegation is dismissed.

This policy will be reviewed no later than [three years from adoption].

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Related University Policies

University Statutes
Code of Conduct for Employees of Maynooth University.
Maynooth University Policy and Procedures for the Protection of Staff against Workplace Bullying, Harassment and Sexual Harassment.

APPENDIX I

Terms of Reference

A. Officers

1. The President will assign to appropriate staff members the responsibilities of acting as a) Research Integrity Officer (RIO), b) Assessment Officer (AO) and c) Investigating Officer (IO).

2. The Officers will
    a. Not be anyone directly involved in the research (e.g. Vice President for Research);
    b. Be a senior member of staff with sufficient experience and authority to ensure proper consideration of the issues and effective liaison with all necessary officers;
    c. Have sufficient knowledge and experience to advise the President and other institutional authorities in cases of research misconduct;
    d. Maintain confidentially unless otherwise required by MU;
    e. Complete the conflict of interest form outlined in Appendix II.
    f. Keep a written record and log of all cases which will be held by HR.

3. The RIO will be responsible for:
    a. Informing individual(s) of any allegations made;
    b. Considering the allegation to determine if it falls within the scope of research misconduct and whether it is sufficiently serious that an assessment is warranted;
    c. Liaising with Head of Department/Institute if the case is deemed to be straightforward and of relatively minor poor practice;
    d. Informing the President, VP Research and Director of HR whether the allegation is deemed to fall within or outside of the scope of research misconduct.
    e. The RIO may be also appointed by the President to carry out Phase II *Assessment*.

4. The AO will be responsible for:
    a. Keeping a written record of Phase II – The assessment process which will be held by HR.
    b. Informing in writing both the respondent(s) and the complainant of the assessment and their obligations to observe confidentiality with Phase II;
    c. The appointment of the assessment panel and the management of the assessment process;
    d. Completing and circulating the assessment report on behalf of the panel to both the respondent(s) and the complainant;
    e. Reporting the outcome of the assessment process to the President, Vice President for Research and the Director of HR.

5. The IO will be responsible for:
    a. Keeping a written record of Phase III – The formal investigation process which will be held by HR;
    b. Informing in writing both the respondent(s) and the complainant of the formal investigation and their obligations to observe confidentiality and fully co-operate with Phase III;
    c. Notifying the respondent(s) and complainant of the proposed committee membership;
    d. Providing a written update to the President on a monthly basis on the progress of the investigation panel;
    e. Convening and managing a meeting with the respondent if requested;
    f. Completing and circulating the formal investigation report on behalf of the investigating panel to both the respondent(s) and the complainant;
    g. Reporting the outcome of the formal investigation process to the President.

B. Assessment Panel

1. The Assessment Panel will consist of at least two individuals who do not have conflicts of interest in the case and have appropriate expertise/experience to evaluate the issues.
2. The panel members will complete the conflict of interest form outlined in Appendix II.
3. The panel members will maintain confidentially unless otherwise required by MU.
4. The panel will examine the facts and determine whether there is sufficient evidence to warrant a formal investigation.
5. The panel may interview any individuals associated with the complaint.
6. The panel will not have any role in determining whether or not research misconduct has occurred.
7. The panel will provide a report consisting of
    a. Evidence reviewed;
    b. Summaries of interviews;
    c. Conclusion of the assessment;
    d. Recommendations regarding proceeding or not;
8. The report will be presented to the AO who will send it to the President, VP Research and Director of Human Resources.

C. Investigation Committee

1. The Investigation Committee will be appointed by the President.
2. The committee will comprise at least three persons, one of whom has expertise in the relevant discipline
3. One committee member will be independent of MU.
4. One committee member will be a barrister or solicitor with a least 5 year's experience.
5. For particularly serious cases, three independent, international experts relevant to the discipline may also be invited to assist.

6. The members of the committee must not have any conflict of interest and will maintain confidentially unless otherwise required by MU;
7. The committee members will complete the conflict of interest form outlined in Appendix II.
8. The membership of the committee may be changed should the respondent or complainant submit a written objection regarding any members of the committee.
9. The committee will examine all relative documentation including, but not limited to, research data materials, proposals, publications, correspondence, memoranda, and notes of telephone calls.
10. The committee will interview all individuals involved in making the allegation and any others who may have key information.
11. The committee will record verbatim the interviews, a copy of which may be provided to the interviewees.
12. A copy of these records will be included in the investigative report.
13. The committee's role is to determine if research misconduct has occurred.
14. The committee should also determine the seriousness of that misconduct.
15. The committee will provide the respondent a copy of their report and will review any comments that the respondent provides.
16. One or more members of the committee may be required to meet with the respondent who may challenge the committee's finding. A record of this meeting will be included in the investigative report.
17. The committee will not have any role in the determination of any sanctions that are to be implemented.
18. The committee will make a final determination and the investigation report shall be submitted to the President.

APPENDIX I

Declaration of Potential Conflict of Interest

Name:

Department and Faculty (if applicable):

Address:

Role: (e.g. Research Integrity Officer, etc.)

Please select as appropriate:

- I declare that I do not have any relationships, connections or other activities that may cause a Conflict of Interest situation concerning my role in this process. ☐
- I declare that I may have a Conflict of Interest concerning my role in this process. ☐

Describe the nature of the potential conflict, the relationship and the personal interest (if applicable):

I acknowledge the MU Policy on Conflict of Interest 2019. I declare that I have no other activities, responsibilities or ownership entitlements that might lead to a conflict of interest situation. I confirm that the information given in this form is true, complete and accurate.

Signature: Date: