



CODE OF RESEARCH CONDUCT

Version 2.4

APPROVED BY UCC GOVERNING BODY 14th September 2021

Context for the UCC Code of Research Conduct

High quality research advances our understanding of how things work. It teaches us more about our societies, our economies and histories and how to protect and nurture our world. The integrity of the 'research record' is based on the assumption that the knowledge presented is truthful, entire and unbiased (Science Europe 2015). Embracing the quest for truth, researchers endeavour to conduct their research to the highest standards of professionalism and rigor. However, in today's incredibly competitive research environment, the pursuit of truth can be compromised by the requirement to attract funding, the need to produce important and 'publishable' results and the emphasis on publishing in high impact journals. Occasional headline cases involving one of the 'FFP' areas of research misconduct (Fabrication, Falsification or Plagiarism) are what most of us think about when we reflect on the topic of research misconduct. However, 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 probably more widespread and therefore potentially more damaging to the reputation of research and the research community's integrity. Such poor practices centre on data management and storage, authorship and publication-related practices, supervision and leadership, conflicts of interest, incomplete paperwork and non-observation of health and safety standards (UCC Research View Autumn 2016). It is clear that developing best practice in these areas has substantive benefit; for example, research activities benefit from effective data management and storage enabling research data to be revisited during future research projects.

Research Integrity (RI) is at the centre of attention on the international research landscape. Following publication of the revised European Code of Conduct for Research Integrity (2017) and the revised National Policy Statement on Ensuring Research Integrity in Ireland (2019), the UCC Code of Research Conduct has been updated to ensure alignment with both the national and European policy. A responsibility of the research community is to formulate the principles of research, to define the criteria for best practice to maximise quality and rigour and to respond appropriately to threats to, or violations of research integrity (EU Code 2017). The UCC Code of Research Conduct aims to help realise this responsibility and to serve the UCC research community as a toolkit for self-regulation.

References.

European Code of Conduct for Research Integrity, European Science Foundation and ALL European Academies, 2017.

National Policy Statement on Ensuring Research Integrity in Ireland: Research Integrity National Forum, Irish Universities Association, Technological Higher Education Association, August 2019.

Science Europe Briefing Paper Research Integrity: What it Means, Why it Is Important and How we Might Protect it, December 2015.

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Responsibility for Implementation & Review	John Cryan Irene Kavanagh Patricia Kearney Nora Geary (previous Anita R Maguire & Louise Burgoyne)

Approval

This document requires the following approvals

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CODE OF RESEARCH CONDUCT

UNIVERSITY COLLEGE CORK [“UCC” or “the University”]

1. INTRODUCTION

- 1.1 In alignment with the European Code of Conduct for Research Integrity¹ (the “EU Code”), the *UCC Code of Research Conduct* (the “Code”) applies to research in all scientific and scholarly fields. While different disciplines may use different approaches, they each share the motivation to increase our knowledge of ourselves and the world in which we live. A central mission of the University is to promote excellence in the practice of research and the University strongly encourages all academic staff to be research active and to contribute to the knowledge in their field.
- 1.2 UCC embraces the traditional principles of academic freedom and recognises that members of the academic and research staff of the University, whether working collaboratively or individually, shall have, within the law, the freedom to question and test received wisdom, to put forward new ideas and to state controversial or unpopular opinions.
- 1.3 UCC has a responsibility to ensure that all research carried out under its auspices meets the highest ethical standards while taking account of the law and the public interest.
- 1.4 This Code addresses the issues involved in the proper conduct of research, and provides guidance on the standards expected.
- 1.5 UCC is committed to ensuring the highest standards of integrity in all aspects of our research, founded on basic principles of good research practice to be observed by all researchers and research organisations.

The EU Code specifies four basic principles that underpin all research integrity and good practice in carrying out research, which we endorse here. These are principles that all scientific and scholarly researchers and practitioners must observe directly in performing their own individual research, and in dealings with research partners and the audience that receives their research reports. These principles are:

- **Reliability** in ensuring the quality of research, reflected in the design, the methodology, the analysis and the use of resources.
 - **Honesty** in developing, undertaking, reviewing, reporting and communicating research in a transparent, fair, full and unbiased way. (see Para. 6)
 - **Respect** for colleagues, research participants, society, ecosystems, cultural heritage and the environment.
 - **Accountability** for the research from idea to publication, for its management and organisation, for training, supervision and mentoring and for its wider impacts.
- 1.6 All research conducted in UCC must be consistent with the forgoing principles and with Irish law and policy, including licensing requirements, and with this and related policies of the University.
 - 1.7 Researchers have a responsibility to make themselves aware of and ensure that all relevant requirements of Irish law and University Policy are met.

¹ https://ec.europa.eu/research/participants/data/ref/h2020/other/hi/h2020-ethics_code-of-conduct_en.pdf

- 1.8 This Code is aligned with the *National Policy Statement on Ensuring Research Integrity in Ireland* (“the National Policy Statement”²), which has been adopted by the Irish Universities Association including UCC and others, and UCC affirms the commitments contained therein.
- 1.9 This Code adopts the definitions contained in the National Policy Statement. If any conflict or ambiguity arises between it and the National Policy Statement, this Code shall prevail.
- 1.10 The Code applies to:
- researchers (including academic staff, research assistants, postdoctoral researchers, research fellows, senior research fellows, research professors, academic-related staff and visiting researchers) and other staff involved in the research process (including technical, clerical, clinical and administrative staff³) employed by the University, whether in the University, or while at another institution;
 - supervisors of postgraduate and undergraduate research;
 - postgraduate and undergraduate students;
 - any persons, with honorary or adjunct positions or otherwise involved in research within, or on behalf of or accommodated within, the University;
 - collaborators and sub-contractors from other institutions, government bodies and industry, whether working within the University or not; and
 - all individuals engaged in the setting of research priorities and the assessment of research.
- 1.11 The term “researcher” is used throughout the Code to refer to any or all of the above categories, as appropriate. A researcher is a member of the university community (academic staff, senior research fellows, research fellows, postdoctoral researchers, senior postdoctoral researchers, research assistants, research support officers, postgraduate or undergraduate students, visiting researchers, collaborators) who performs diligent and systematic inquiry or investigation into a subject in order to create knowledge, discover or revise facts, theories, applications, etc.
- 1.12 Events may occur where there is possible infringement of this Code by a person who is not an employee of the University, such cases should also be addressed by the respective employer, as appropriate.
- 1.13 The University expects all researchers to work within this Code. The Code sets out general guidance, but it is recognised that principles of good research practice will apply differently in different disciplines, for example, in the biological and social sciences.
- 1.14 If researchers have any doubt concerning the applicability of a particular clause of the Code they should consult with their Head of College, the Vice-President for Research and Innovation, the Chair of the appropriate Ethics Committee or the Research Integrity Officer, as appropriate.
- 1.15 In addition to the Code, researchers should make themselves familiar with any

² *The National Policy Statement on Ensuring Research Integrity in Ireland*, is available at <https://www.iaa.ie/publications/national-policy-statement-on-ensuring-research-integrity-in-ireland-2/>

³Members of this group of staff are subject to this Code commensurate with their role in research activity or in any research process or output in which they have participated. Their contribution to the research may be acknowledged in accordance with Section 6.11

guidelines that are relevant to their own discipline; for example, policies relating to intellectual property, conflict of interest, data protection and research ethics.

1.16 A **Research Integrity Officer**⁴ shall be appointed by and report to the University President and will have the functions conferred on him or her under this Code and the Principal Statute of the University. If the Research Integrity Officer is:

- a) the subject of the complaint; or
- b) is conflicted in any way regarding the nature or source of the complaint; or
- c) for any other reason cannot act in respect of a particular complaint under this Code,

the University President shall appoint an ad hoc Research Integrity Officer to manage the complaint in accordance with this Code.

1.17 Research misconduct includes **but is not limited to**⁵:

- **fabrication** of data i.e. making up results and recording them as if they were real;
- **falsification** of data i.e. manipulating research materials, equipment or processes, or changing, omitting or suppressing data or results without justification; and
- **plagiarism** i.e. using other people's work and ideas without giving proper credit to the original source, thus violating the rights of the original author(s) to their intellectual outputs.

These forms of violation are considered particularly serious since they distort the research record. There are further violations of good research practice that damage the integrity of the research process or of researchers. In addition to direct violations of the good research practices set out in the EU Code, examples of other unacceptable practices include but are not confined to:

- manipulating authorship or denigrating the role of other researchers in publications;
- self-plagiarism e.g. re-publishing substantive parts of one's own earlier publications, including translations, without duly acknowledging the original;
- citing selectively e.g. to enhance one's own findings or to please editors, reviewers or colleagues;
- withholding research results;
- allowing funders/sponsors to jeopardise independence in the research process or reporting of results so as to introduce or promulgate bias;
- expanding unnecessarily the bibliography of a study;
- accusing a researcher of misconduct or other violations in a malicious way;
- misrepresenting research achievement(s);
- exaggerating the importance and practical applicability of findings;
- delaying or inappropriately hampering the work of other researchers;
- misusing seniority to encourage violations of research integrity;
- ignoring putative violations of research integrity by others or covering up inappropriate responses to misconduct or violations by institutions;
- establishing or supporting journals that undermine the quality control of research e.g. predatory journals;
- data related poor practice e.g. not preserving primary data, poor data management and/or storage;
- publication related poor practice e.g.
 - claiming undeserved authorship,
 - denying authorship to contributors

⁴ In accordance with the *National Policy Statement on Ensuring Research Integrity in Ireland* – page 27

⁵ EU Code Section 3.1

- artificially proliferating publications through, for example, inappropriately fragmenting single coherent bodies of research into as many publications as possible, while recognising that multiple publications may validly emanate from a research programme.
- personal behaviours e.g. inadequate leadership/mentoring of next generation of researchers and scholars;
- financial and other malpractice e.g. peer review abuse, non-disclosure of a conflict of interest, misrepresenting credentials; and
- poor research procedures e.g. harmful, dangerous or unethical research methods, non-observation of health and safety standards.

2. PRINCIPLES OF GOOD RESEARCH PRACTICE

2.1 The University cannot be prescriptive about its approaches to solving particular research problems. However, all researchers, whatever their discipline, are required to understand, and observe where appropriate, the general principles presented in Para 2.2, below.

2.2 Good research practice includes the following, which form major headings in the remainder of this document:

- **competence** (Para. 4: participation only in work which the researcher is competent to perform);
- **responsibility** (Para. 5: creation of a positive research climate);
- **compliance with standards and procedures** (Para. 5.5);
- **managing research projects** (Para. 5.11);
- **supervision and mentoring** (Para. 5.16);
- **integrity** (Para. 6: honesty; openness; proactive problem solving; accuracy; objectivity; acknowledgement of contribution; declaring conflicts of interest; whistle-blowing);
- **respect for the rights and dignity of research participants** (Para. 7: general respect; privacy and confidentiality/anonymity; informed consent; avoidance of harm);
- **data management** (Para. 8: applies particularly to research which generates outcomes which can be described as “data”. ownership of data; record keeping; data storage);
- **dissemination** (Para. 9: academic freedom and protection of intellectual property; publication practice); and
- **reproducibility**; the ability of an experiment or study to be duplicated, either by the same researcher or by someone else working independently.

2.3 This Code should be regarded as setting minimum standards and the lack of mention of particular acts or omissions should not be taken as conclusive in any adjudication on professional conduct.

3. ETHICAL APPROVAL

3.1 Research in the medical, biological and social sciences, and any other disciplines involving human participants, raises particular ethical concerns. A system of ethical governance has been developed for research in these areas⁶.

3.2 Approval from other regulatory bodies may also be required. A schematic to assist

⁶ Where prior ethical approval is required detailed information on institutional ethical approval processes is available at: <https://www.ucc.ie/en/research/support/ethics/>

with decision making regarding which UCC research ethics committee is relevant to a particular discipline/research topic is in Appendix A of this Code.

- 3.3 Clinical research in healthcare settings (including clinical trials, epidemiological, observational and behavioural studies, and any research involving human subjects, human organs, parts of organs, tissue, blocks and slides, body fluids, genetic material or other biological samples, whether obtained post mortem or otherwise) must be approved by the **Clinical Research Ethics Committee (CREC)**.
- 3.4 Non-clinical research involving human participants (including behavioural experiments, interviewing and surveying) must be approved by the **Social Research Ethics Committee (SREC)**.
- 3.5 Research involving animals must be approved by the **Animal Experimentation Ethics Committee (AEEC)**. Researchers must ensure that they hold an appropriate licence, and that their research is in conformity with current statutory regulations. At an early stage in the design of any research involving animals, researchers must consider options for reduction, replacement and refinement of animal involvement.
- 3.6 Any research which requires ethical approval, but does not come under the remit of CREC, SREC or AEEC, must be referred to the University Research Ethics Committee. If you are unsure which ethics committee is appropriate for your research, you may refer the matter to the University Ethics Committee for guidance.
- 3.7 Research which requires ethical approval must not commence before approval has been granted.
- 3.8 If a researcher proposes to extend a research project or deviate from approved procedure, a fresh application for approval or an amendment to the original ethics application must be made and approved by the relevant ethics committee.

4. COMPETENCE

- 4.1 Competence is defined as the ability to apply **knowledge** and **skills** to achieve intended results.
- 4.2 Researchers must actively maintain professional competence and knowledge within their areas of expertise.
- 4.3 Researchers must always be mindful of the limits of their own training and expertise.
- 4.4 Researchers must take into account the state-of-the-art in developing research ideas⁷.
- 4.5 Researchers must design, carry out, analyse and document research in a careful, well considered manner⁸.
- 4.6 Researchers must recognise and manage potential harms and risks relating to their research⁹.
- 4.7 Research protocols must take account of and are sensitive to relevant differences in age, gender, culture, religion, ethnic origin and social class.
- 4.8 Peer review (evaluation of scientific, academic or professional work by others working

⁷ EU Code Section 2.3

⁸ EU Code Section 2.3

⁹ EU Code Section 2.4

in the same field) requires that the reviewer/referee be expert in the subject under review, and if researchers consider themselves to be insufficiently expert in an area on which they have been asked to comment, they must make this clear, and are normally expected to return the material unread.

5. RESPONSIBILITY

Research Climate

- 5.1 It is the responsibility of the President, Senior Vice-President, Vice-Presidents, Heads of College, Directors of Institutes and Centres, and other relevant senior managers, both academic and support, to ensure that an environment is created which allows research to be conducted in accordance with good research practice. This responsibility includes the possibility of intervention where necessary to uphold this Code.
- 5.2 The individuals identified above are responsible for establishing a research climate of mutual cooperation, in which researchers at all levels are encouraged to develop their skills and in which the open exchange of ideas is fostered.
- 5.3 All researchers must ensure that the laws prohibiting discrimination are complied with¹⁰.
- 5.4 Reasonable accommodation should be afforded to staff or students who object on grounds of conscience to participation in particular lines of research¹¹.

Compliance with Standards and Procedures

- 5.5 Research misconduct is least likely to arise in an environment where good research practice (e.g. documentation of results, peer review of research, regular discussion and seminars) prevails and where there is adequate supervision at all levels. The Heads of College, School, Institute, Centre, Research Unit, and supervisors of researchers are responsible for the implementation and promotion of principles of good research practice (Para. 1.5 and 2.2), and to ensure adherence to appropriate standards.
- 5.6 Researchers must also be aware of and observe the principles of good research practice as outlined in Para. 1.5 and 2.2.
- 5.7 Researchers must observe, where relevant, standards published by learned societies and other professional bodies.
- 5.8 Researchers must be aware of and stay abreast of governmental and institutional regulations and any other regulations, standards or policies, including national, trans-national (e.g. EU) and international legislation, in proposing, conducting and reporting research.
- 5.9 Researchers are required to comply with any relevant audit or monitoring procedures, whether internal or external. Examples of such procedures include examination of the management of specific research projects, and compliance with the requirements of external sponsors, of this Code or the National Policy Statement.
- 5.10 Researchers across the entire career path, from junior to the most senior level must undertake periodic training in ethics and research integrity¹².

¹⁰ University equality policies and procedures are available at <https://www.ucc.ie/en/edi/policies/uccpolicies/>

¹¹ The *Duty of Respect and Right to Dignity Policy* is available at: <https://www.ucc.ie/en/edi/policies/uccpolicies/>

¹² EU Code Section 2.2

Managing Research Projects

- 5.11 Researchers must take all reasonable actions to ensure compliance with sponsor, institutional, legal, ethical and moral obligations in managing projects.
- 5.12 Researchers are expected to familiarize themselves with the terms and conditions of any research contract or agreement entered into by the University on their behalf.
- 5.13 Researchers must follow established University financial procedures, including procurement, and must practise economy in the use of resources.
- 5.14 Principal investigators must ensure that projects operate within their allocated budget, and that no penalties are incurred by failure to meet sponsors' requirements (for example, through late submission of reports).
- 5.15 Principal investigators must ensure, in liaison with HR, that the stipends and salaries of research personnel are aligned with the relevant pay scales approved by the University and that all staff positions are in line with the University's Researcher Career Structure, including approved recruitment procedures.

Supervision and Mentoring

- 5.16 Senior researchers, research leaders and supervisors must mentor their team members and offer specific guidance and training to properly develop, design and structure their research activity and to foster a culture of research integrity.
- 5.17 Established researchers have an extended responsibility to nurture the appropriate intellectual, technical, ethical and career development of staff, undergraduate students, postgraduate students and other supervisees.
- 5.18 Established researchers must ensure that students and other new researchers understand good research practice lies with all members of the research community including research support services, but particularly with Institute/Centre Directors, Heads of School, Principal Investigators, team leaders, grant holders and supervisors. Good practice includes mentoring early career researchers in their new environment¹³.
- 5.19 Supervisors are responsible for supporting the overall progress of their students and research staff. In the specific context of postgraduate research students, they must follow good supervisory practice as laid out in the University's *Code of Practice for Supervision of Research Students*¹⁴ and any departmental or programme specific guidelines. They must also be familiar with the *Irish Universities Quality Board/Quality and Qualifications Ireland 'Good Practice Guide'*¹⁵ on the organisation of PhD programmes and the current University Postgraduate Calendar.
- 5.20 All new researchers and postgraduate research students must receive appropriate training and mentoring, including the recommendation of appropriate postgraduate training modules in the case of research students. Training on research integrity must be provided for, and attended by, all researchers with appropriate attendance records

¹³Please refer to the 'Information & Orientation for New UCC Staff Online Resource and also: <https://www.ucc.ie/en/hr/research/devhub/>

¹⁴ This policy is available at: <https://www.ucc.ie/en/study/postgrad/currentresearchstudents/guidelines/> and also refer to <https://www.qqi.ie/Publications/Pages/Ireland's-Framework-of-Good-Practice-for-Research-Degree-Programmes.aspx>

¹⁵ IUQB/QQI, 2009

maintained. Training may also involve relevant principles of research design, and the principles set out in this Code.

- 5.21 Researchers must ensure that all persons who are involved in the conduct of research under their supervision are adequately trained and perform their responsibilities competently.

6. INTEGRITY

Honesty

- 6.1 Researchers must not claim any level of competence that they do not possess, and must take all reasonable steps to ensure that their qualifications, capabilities and views are not misrepresented by others. If such misrepresentation takes place, the individual(s) affected must take the necessary steps to correct it.
- 6.2 Researchers must be honest about their own actions in research and in their responses to the actions of other researchers. This requirement applies to the whole range of research work, including planning and design, applying for funding, generating and analysing data, writing, publishing results, grant and paper reviewing, and acknowledging the direct and indirect contribution of colleagues, collaborators and others.
- 6.3 Under no circumstances may researchers engage in plagiarism, fabrication of results or piracy¹⁶.
- 6.4 Researchers must not falsify (e.g. misrepresent, exaggerate or distort) their findings.

Openness

- 6.5 The University recognises the need for researchers to protect their own research interests and any relevant intellectual property and confidential information belonging to industry collaborators or sponsors in the process of planning their research and obtaining their results; however, the University encourages researchers to be as open as possible in discussing their work with other researchers and with the public.
- 6.6 Once results have been published, the University encourages researchers to make relevant data and materials as open as possible but closed as necessary in line with FAIR principles and consistent with any ethical approval/consent and intellectual property rights applicable to data or materials.

Proactive Problem Solving

- 6.7 In the case of any discrepancies arising where policies, regulations or contractual terms and conditions are unclear or appear to contradict one another, researchers must take active steps to resolve the discrepancies.
- 6.8 It is a researcher's duty to ensure existing copyrights are not infringed.

Accuracy

- 6.9 Researchers must ensure that all publication and presentation of material arising from research is correct and accurate. If it subsequently becomes clear that these conditions are not met, the researcher must take appropriate steps to correct or retract the

¹⁶The *UCC Plagiarism Policy* is available at <https://www.ucc.ie/en/exams/procedures-regulations/>
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information in all outlets where it has appeared. Where appropriate, external/funding agencies must also be informed.

Objectivity

- 6.10 Researchers must always be prepared to question the outcome(s) of their research. While acknowledging the pressures of time and resources under which researchers often have to work, the University expects research results to be checked before being made public. It is important that ideas can be challenged and tested. Equally, it is important that researchers or research groups must not become subject to such commercial pressures (e.g. constraints imposed by a funding agency) that the normal processes of academic inquiry cannot take place.

Acknowledgement of Contribution to the Research

- 6.11 Appropriate assignment of authorship is an important facet of good research practice. The University requires that all those listed as authors must have made a significant contribution to the work, are familiar with its content, and can identify their contribution to it. The practice of honorary authorship is unacceptable.
- 6.12 It is good practice to discuss authorship at the start of collaborative projects, rather than when submitting for publication/presentation. All those who have made a significant contribution to the work should be included as authors, and the ordering of names should reflect the weight of individual contributions. However, it is recognised that there is no uniform convention across disciplines for doing so.
- 6.13 In all aspects of research, the contributions of formal collaborators and all others who supported the research, directly or indirectly, must be properly acknowledged, including the supplier of funding where appropriate. This provision applies to any circumstances in which statements about the research are made, including supplying information about the nature and process of the research, and publishing the outcome.
- 6.14 Every co-author is answerable in respect of any complaint or suspicion of research misconduct associated with any research paper.
- 6.15 In certain instances staff members who have contributed to the work, while not formally authors, may be acknowledged in the publication(s).

Conflict of Interest

- 6.16 Researchers must comply with the *University's Conflict of Interest Policy*¹⁷ which includes declaration of conflicts of interest.
- 6.17 A researcher asked to serve as a reviewer/referee must declare any possible conflict of interest, whether real or perceived, such as competitive, collaborative or other close relationship with one or more of the authors under review, or a close professional or commercial interest in the work. If there is any real or perceived conflict of interest, the researcher must not participate further in the review process, and must return the material unread. The researcher may consult with the Research Integrity Officer if any such circumstances arise.
- 6.18 All information made available to reviewers/referees must be treated in the strictest confidence, and they must not take advantage of any information obtained as a result of their role, e.g. either using ideas or material contained therein or presenting the

¹⁷ The *Conflict of Interest Policy* is available at: <https://www.ucc.ie/en/techtransfer/university/policies/>
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information as their own. In particular they must not pirate unfunded grant applications, or make use of unpublished work without the author's permission.

- 6.19 In no case should reviewers/referees accept any bribe or inducement.
- 6.20 Researchers must take particular care with sponsored research to avoid any bias in the interpretation of results, or any explicit or implied pressure or inducement which would compromise the integrity of the research or the results.

Whistle-Blowing/Disputes

- 6.21 The University takes seriously any allegation of research misconduct. Any member of the University who believes that an act of research misconduct has occurred or is occurring should bring it to the notice of the Research Integrity Officer.
- 6.22 Allegations of research misconduct or infringements of this Code will be dealt with initially by the Research Integrity Officer under Para.10, and under the Principal Statute where relevant.
- 6.23 If a research integrity-related dispute arises between persons to whom this Code applies, the dispute may be referred to the Research Integrity Officer under Para.10.

7. RESPECT FOR THE RIGHTS & DIGNITY OF RESEARCH PARTICIPANTS

General Respect

- 7.1 Researchers who work with human participants must have appropriate regard for the participants' moral and cultural values, and avoid or refuse to participate in research which is disrespectful of participants' legal, civil or moral rights.
- 7.2 Researchers must give particular attention to safeguarding the rights and dignity of vulnerable individuals and groups who participate in their research¹⁸.

Privacy and Confidentiality/Anonymity

- 7.3 Intrusion into the privacy of participants must be kept to the minimum necessary to fulfil the purposes of the research.
- 7.4 Researchers must ensure that they fulfil all legal requirements under the EU General Data Protection Regulation and Irish Data Protection Acts 1988 -2018 as amended or updated from time to time.
- 7.5 Confidentiality and anonymity are important principles in dealing with data from participants. The term "confidential" usually refers inter alia, to the identity of participants, which should normally be kept private. It is inappropriate to use this term to refer to information which will be published: the appropriate term in this case is "anonymous".
- 7.6 Confidentiality/anonymity (as appropriate) of personal data relating to participants (including data associated with tissue and biological samples) must be protected through implementation of appropriate safeguards. Where participants' identities need

¹⁸ For more information on safeguarding research participants please refer to the Introduction to *Research Ethics at UCC* manual at <https://www.ucc.ie/en/research/support/ethics/>
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to be retained for matching of data purposes, they must be encoded and the cipher held separately and securely. Where relevant, researchers must seek appropriate data security/management advice in relation to encryption/anonymisation.

Informed Consent

7.7 Researchers must obtain prior consent from participants, except where the absence of consent is permitted by law or governmental/institutional regulation, or is explicitly approved by the appropriate ethics committee. The form of consent may vary according to the circumstances. However, for it to be valid, the researcher must ensure that participants:

- have the capacity to consent;
- are provided with all information regarding the research that may affect their willingness to participate, in language that they can understand;
- have been given sufficient time and opportunity to discuss and comprehend the risks and benefits of their participation;
- are aware that participation is voluntary and that they may withdraw at any time;
- have been assured that not participating or withdrawing will have no effect on their subsequent treatment;
- are not under inappropriate pressure to participate;
- understand that they may ask questions and will be given answers regarding their participation;
- are advised on what form their data will be stored in and for how long;
- have an opportunity to withdraw data relating to themselves;
- understand that the intention is to publish the outcomes of the research; and
- understand that in some cases research might be in collaboration with a commercial partner.

7.8 Informed consent must be sought in writing, unless alternative means have been approved by the appropriate Ethics Committee.

7.9 In circumstances where the participant is legally incapable of providing consent or is a child, the researcher must obtain consent from the participant's legal guardian (as distinct from next of kin) in line with best practice as defined by the appropriate Ethics Committee. In this regard see also Section 7.7, above.

For such consent to be valid, the researcher must also:

- explain to participants in language that they can understand what they are being asked to do;
- seek their agreement to take part in the research; and
- ensure that their best interests are protected.

7.10 Unobtrusive observation raises ethical questions regarding informed consent and invasion of privacy. Researchers must satisfy the appropriate Ethics Committee that the gain in knowledge justifies the risk to the human dignity of the participants.

7.11 It is recognised that, in addition to expenses, financial or other inducements to participate may be necessary in order to carry out some kinds of research. Care must be taken to ensure that any such inducements are modest and do not constitute an undue inducement to persuade people to act against their better judgement. It must also be approved by the relevant ethics committee.

Avoidance of Harm

- 7.12 Studies should be designed to minimise potential risks and maximise potential benefits to research participants, and ensure that benefits to participants and society outweigh the risks.
- 7.13 Participants in research must be selected in a fair way. This means that, in general, stigmatised/vulnerable groups may not be selectively targeted to participate in research with potential risk, and privileged groups may not be selectively targeted to participate in potentially beneficial research. While focus on specific population groups is essential for certain research programmes; in these cases, justification of this focus within the ethics approval process is required. Fair selection also requires that, as far as possible, those who bear the risks of research must be in a position to enjoy its benefits.
- 7.14 Research must be conducted to the highest possible health and safety standards, safeguarding research participants, collaborators, the general public and the researcher(s). Research must adhere to current safety practices and legal requirements.
- 7.15 Researchers working with children must comply with relevant guidelines¹⁹.

8. RECORDS & DATA MANAGEMENT

General

- 8.1 It is recognised that research data and records can take many forms, however, the principles below must be applied where relevant.
- 8.2 Researchers working with data have a responsibility to familiarise themselves and comply with the *UCC Research Data Management Policy*²⁰ and the *General Data Protection Regulation*²¹ (the “GDPR”). The GDPR directly imposes obligations on organisations, bodies and individuals involved in processing of personal data. Researchers working with personal data have a responsibility to ensure that any such data are handled in accordance with these obligations.
- 8.3 Where data underlies published findings researchers have a responsibility to ensure access to data is as open as possible, as closed as necessary, and where appropriate in line with the FAIR Principles (Findable, Accessible, Interoperable and Re-usable) for data management²².

Data Management Planning

- 8.4 Researchers should consider the treatment and management of their data before, during and after a research programme, including identifying roles and responsibilities relating to data management²³
- 8.5 At a minimum, the researcher must, from the outset of the research programme, address ethical, legal and intellectual property issues that may apply to data used or created in the course of the research.

¹⁹ For example, *Children First: National Guidance for the Protection and Welfare of Children* (Department of Children and Youth Affairs, 2011).

²⁰ The UCC Research Data Management Policy is available at <https://www.ucc.ie/en/research/support/policies/#research-data-management>

²¹ [<https://www.ucc.ie/en/gdpr/>]

²² <https://www.nature.com/articles/sdata201618>

²³ As a basis for capturing this information, UCC recommends the Science Europe Core Requirements of Data Management Plans: Data Collection; Data Documentation and Metadata; Storage and Back-up During Research; Data Sharing and Long-term Preservation; Ethical and Legal Requirements (including Intellectual Property); Responsibilities and Resourcing. https://www.scienceurope.org/wp-content/uploads/2018/12/SE_RDM_Practical_Guide_Final.pdf#page=9

Record Keeping

- 8.6 Throughout their work, researchers are required to keep clear and accurate records of research procedures followed and results obtained, including interim results. Doing so is necessary, not only as a means of demonstrating proper research practice, but also in case of subsequent queries about either the conduct of the research or the results obtained. Record keeping is also important for the protection of intellectual property rights
- 8.7 Laboratory notebooks must be kept, where appropriate, and each key document and any changes should be signed and dated.

Retention of Records and Data

- 8.8 Data and records generated in the course of research must be kept securely in paper or electronic form, as appropriate, and back-up must always be kept for data and records stored on a computer. Data and records must be stored in such a way that permits a complete retrospective audit, if necessary.
- 8.9 Post-project the University expects data and records to be stored securely for a minimum period of ten years after the completion of a research project²⁴, in line with general audit requirements, as well as any additional retention requirements required through external contracts or funding unless there is clear rationale why they should not be held (e.g. GDPR). It is the responsibility of the Principal Investigator to ensure that data retention meets with the requirements of the funding body in such cases.
- 8.10 If Principal Investigators leave the University, for whatever reason, before the required period of data retention expires, they have a responsibility to ensure that the data and records are securely held by the University.
- 8.11 If postdoctoral researchers or postgraduate students leave the University, for whatever reason, before the required period of data retention expires, they must leave all original research records (for example, laboratory books) with the Principal Investigator.

9. DISSEMINATION

Academic Freedom and Protection of Intellectual Property

- 9.1 The University supports the freedom to publish research findings.
- 9.2 The University will take whatever action it deems necessary and possible to support academic freedom in the event that external funders exert pressure to suppress results which they perceive to be detrimental to their interests.
- 9.3 In negotiating contracts with external funders, the right to publish the results should be protected. It is the responsibility of the Office of the Vice-President for Research and Innovation, on behalf of the University, in consultation with the individual researcher, to ensure that adequate terms have been agreed.

²⁴ Outputs from undergraduate research projects and taught post-graduate programmes are generally considered as assessment records for records management purposes and, subject to the relevant Programme Director/Supervisor/PI review, may be retained for a shorter period. See [Guidance on Retention of Research Records and Data](#) on the University Archives and Records Management website.

- 9.4 There may be occasions when a legitimate request for deferral of publication is made (for example, where an industrial partner wishes to safeguard intellectual property). The University expects that the period of deferral should not normally exceed six months.
- 9.5 The University regards appropriate protection of intellectual property rights (IPR) as important²⁴. Researchers must clarify issues of IPR at the outset, particularly in the case of collaborative research, and they should pay due regard to refraining from publication or disclosure until it is clear that any necessary protection has been secured.

Publication Practice

- 9.6 Researchers must make all reasonable attempts to present their research to the academic community through peer-reviewed papers, books, presentations or other suitable media and, where appropriate, to the public. Research of suitable quality should be published and/or made available in a form that is appropriate to the particular discipline concerned and the target audience. Most academic journals give detailed guidance to authors on format and any house rules concerning issues such as redundant or secondary publication²⁵
- 9.7 Where research participants have been involved, it may be appropriate to inform them of the outcome of the study.
- 9.8 Where applicable, authorisation for publication of results must be sought from the principal investigator. Authorization should cover both the content of the publication (integrity of results, adequacy of internal peer review, appropriate protection of intellectual property rights, appropriate authorship) and the intended place of publication.
- 9.9 In general, except where there is an alternative contractual arrangement in place, research findings must not be reported in the public media before they have been reported to a research audience of experts in the field of research – preferably by publication in a peer-reviewed journal or in an authored book, published by a reputable publisher.
- 9.10 While describing research inevitably involves the use of discipline-specific terms, it is always good practice to use as clear and accurate language as possible, without recourse to unnecessary jargon. Clarity is particularly important when communicating with a lay audience.
- 9.11 Researchers must include in their publications a statement declaring any conflicts of interest (cf. Para. 6.16).
- 9.12 Researchers must avoid artificial proliferation of publications. (See Section 1.17, above.)
- 9.13 Where data underlies published findings researchers have a responsibility to ensure access to data is as open as possible, as closed as necessary in line with the FAIR Principles (Findable, Accessible, Interoperable and Re-useable) and consistent with any ethical approval/consent and intellectual property right applicable to the data or materials. Such data should be placed in a trusted repository and assigned a persistent identifier (e.g. a DOI) to ensure long-term preservation, access and citation.
- 9.14 Where applicable, in dissemination of research findings, steps should be taken to enable independent reproducibility.
- 9.15 Researchers should consider negative results, or results which do not support a research
- Approved by UCC Governing Body on 14th September 2021

hypothesis, to be as valid as positive findings for publication and dissemination²⁶.

²⁴ Policies relating to intellectual property are available at: <https://www.ucc.ie/en/techtransfer/university/policies/>

²⁵ For example, MHRA, 2013 and the website of the International Committee of Medical Journal Editors: <http://www.icmje.org/>. ²⁶ EU Code Section 2.7

- 9.16 Researchers must issue corrections or retract work if necessary, the processes for which are clear, the reasons are stated, and researchers are given credit for issuing prompt corrections post publication²⁷
- 9.17 While in many instances the Principal Investigator (PI) for a research project is an author (often the senior author on publications), in some disciplines early career researchers, postdoctoral researchers or PhD students working on the project, publish independently of the PI. It is recognized that even when the PI is not an author, the PI has academic responsibility for the research publications from the team. *A PI is the lead researcher on a proposal and research project who manages the delivery of the project, leads the research team and ensures the project is conducted in line with the university policies and procedures.*

10. PROCEDURE IN CASES OF SUSPECTED RESEARCH MISCONDUCT/DISPUTES

- 10.1 Complaints of possible infringements of this Code and requests for the resolution of research integrity related disputes, should be made in writing and addressed to the Research Integrity Officer.
- 10.2 The Research Integrity Officer will acknowledge receipt of such complaint or request within five working days and will advise the complainant/requestor of the procedure to be followed, following consultation with the Office of Corporate and Legal Affairs. Any procedure implemented following this consultation will be fair, comprehensive and conducted as expeditiously as possible, without compromising the accuracy, objectivity or thoroughness of any such procedure, ordinarily completed in four months.
- 10.3 A complainant who raises an allegation of research misconduct will, where possible and consistent with the natural justice entitlements of the respondent, be provided with an opportunity to review the responses to the allegation and to provide any further information or documentation necessary to support their case.
- 10.4 Unless and until the contrary is proven, a person accused of research misconduct will be presumed to be innocent. As a corollary, a person will not have any penalty imposed as a result of an accusation of research misconduct unless and until the allegation is proven. Notwithstanding the foregoing and depending on the circumstances, the continued use of the University's premises and facilities by the respondent(s), may be temporarily suspended or curtailed by the Research Integrity Officer at his or her absolute discretion pending the outcome of a preliminary review and any follow-up processes; solely as a holding exercise and not as a sanction.
- 10.5 A complainant will not suffer any penalty for making an allegation of research misconduct in good faith. However disciplinary action will be taken against complainants found to have made allegations in bad faith. The University's policy is, where the Research Integrity Officer considers it appropriate, to attempt to resolve issues or disputes outside the disciplinary procedure, i.e. informally. The Research Integrity Officer may seek, at any stage before the application of a disciplinary procedure, to resolve informally any matter regarding performance or conduct which might be subject to this procedure. Where appropriate, at the discretion of the Research Integrity Officer, this may involve a process of mediation. Where the Research Integrity Officer does not consider it appropriate to attempt to resolve the dispute

informally, the appropriate disciplinary procedures as set down in the Dispute Resolution Procedure and Student Complaints Policy and Procedure²⁸ will apply thereafter together with any relevant legislation.

²⁷ EU Code Section 2.7; ²⁸ <https://www.ucc.ie/en/hr/policies/relations/resolution/>;
<https://www.ucc.ie/en/academicsecretariat/studentcomplaintspolicy/>

- 10.6 Throughout the course of an investigation, investigative procedures will be conducted in a manner that is fair to all parties, and in accordance with relevant laws. Respondents will be provided with the opportunity to present their argument(s) or explanation(s) in both written and verbal form. In addition, respondents will be afforded the opportunity to review any response(s) to their argument(s) or explanation(s) and to provide further information or documentation in support of their case.
- 10.7 **STAFF MEMBERS:** *Complaints or allegations of research misconduct against serving staff member(s).* Complaints or allegations of potential research misconduct against a staff member(s) shall be processed in accordance with Section F.9.d of the Principal Statute of the University²⁹.
- 10.8 **STUDENTS Sections:** *Complaints or allegations of research misconduct against a current Student.* Complaints or allegations of potential research misconduct against a current student shall be processed in accordance with the principles and procedures set out at Appendix B to this Code.
- 10.9 **GRADUATES:** Complaints or allegations of research misconduct on the part of a graduate which, if established, might warrant depriving the graduate of a degree or diploma obtained by reason of or in connection with the research to which the complaint or allegation of research misconduct relates, will be investigated by or on the direction of the Research Integrity Officer in accordance with this section 10 of this Code and the Research Integrity Officer shall, on the conclusion of the investigation, furnish an investigation report to the Registrar. The Registrar shall thereafter deal with the matter in the manner provided for at paragraph 10 of statute []. “
- 10.10 **OTHERS SUBJECT TO THIS CODE:** *Complaints or allegations of research misconduct against persons who are not serving staff members or current students at the time of the complaint or allegation and accordingly not subject to UCC’s disciplinary procedures:* If such a complaint or allegation of research misconduct is made against a person who is not a serving staff member or current student at the time of the complaint or allegation, the Research Integrity Officer may conduct a review. Any such review will be conducted in a timely manner. If, following the review, the Research Integrity Officer is satisfied that there is sufficient evidence of research misconduct he/she may, following consultation with the Office of Corporate and Legal Affairs, notify the Gardaí (if appropriate) and other institutions, which have a legitimate, material interest in the outcome, of the matter. Depending on the circumstances, the continued or future use of UCC’s premises and facilities by the respondent, may be suspended pending the outcome of the review and, as a possible outcome of the review, terminated or curtailed by the Research Integrity Officer at his or her absolute discretion.

11. ADDITIONAL PROVISIONS

- 11.1 **Frivolous, vexatious and malicious complaints and allegations:** If the Research Integrity Officer concludes that a complaint was frivolous, vexatious and/or malicious, (s)he may recommend that action be taken against the complainant under the appropriate UCC disciplinary procedures having regard to the complainant’s status as a student or a member of the staff of UCC.

²⁹ All relevant sections of the Principal Statute October 2017 are set out in Appendix C to this Code – the full statute can be found at: <https://www.ucc.ie/en/ocla/statutes/statutes/>

- 11.2 **Sanctions and Appeals:** The disciplinary sanctions available to the University may include, but are not limited to, one or a combination of the following: verbal warning; written warning; final written warning; disciplinary suspension; demotion; and dismissal³⁰. There is no right of appeal against the decision of the Research Integrity Officer under Para. 11, since it refers to preliminary procedures only. Respondents will have a right of appeal under the appropriate disciplinary procedures in the event that further action is taken thereunder. Further information regarding appeals from disciplinary hearings is set out at F.10 of the Principal Statute³¹.
- 11.3 **Representation:** In any investigative procedure, the respondent(s) will be given the opportunity to bring a representative to any meeting(s) or interview(s) associated with the procedure.
- 11.4 **Retention of Correspondence:** All correspondence between the Research Integrity Officer, members of the investigating panel, the complainant(s) and the respondent(s) during the course of an investigative procedure will be stored in both hard copy and soft copy format.
- 11.5 **Confidentiality:** The identity of the Respondent(s) is confidential to the preliminary review committee. Where possible, any disclosure(s) to third parties in relation to an investigation procedure should be made on a confidential basis. Where an obligation arises to inform third parties of research misconduct allegations, such obligations(s) must be fulfilled at the appropriate time through the correct mechanism.
- 11.6 Before an investigative procedure is initiated, signed conflict of interest declarations and declarations of confidentiality will be obtained from the Research Integrity Officer, members of the investigating panel, and any other persons who may be capable of influencing the outcome of the investigation. Terms of Reference regarding the investigation process will be prepared by the Research Integrity Officer and circulated for comment to the relevant stakeholders in advance of the commencement of any investigation process. Additional operational information is in Appendix D
- 11.7 If, as a consequence of an investigation under this Code or under the Principal Statute, it is concluded that an educational award made or conferred by the University or the National University of Ireland wholly or substantially, by reference to research is or may be compromised or undermined by reason of matters which would constitute a serious infringement of this Code, the matter shall be reported to the Governing Body which, in the case of awards made by the National University of Ireland, may deal with the matter under NUI Statute 86, Chapter LXV.

Approved by	Date
Governing Body	14 th September 2021

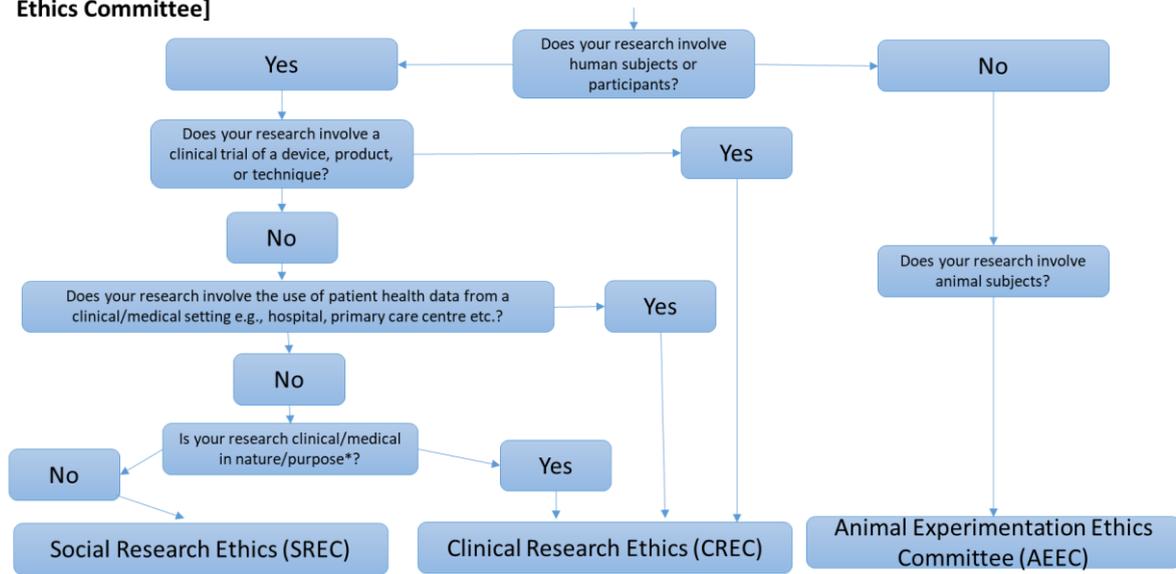
³⁰ All relevant sections of the Principal Statute October 2017 are set out in Appendix C to this Code – the full statute can be found at: <https://www.ucc.ie/en/ocla/statutes/statutes/>

³¹ <https://www.ucc.ie/en/ocla/statutes/statutes/>

APPENDIX A

[Procedure for Identifying the Relevant Ethics Committee]

Revised Version
**Procedure for
 Identifying the Relevant
 Ethics Committee]**



*Will your research directly affect clinical/medical practice or will your research directly affect the therapeutic treatment of participants (i.e. patients)

APPENDIX B

Principles and Procedures for Processing Complaints or Allegations of Research Misconduct against a Current Student

- 1.1 Following receipt of a complaint or allegation against a student, the Research Integrity Officer (or an appropriate person(s) appointed by him/her for that purpose) will conduct a preliminary review. This review will be conducted in a timely manner and the Research Integrity Officer (or the person(s) nominated by him/her) will seek advice from a preliminary review committee. Each College will identify two senior academic staff with extensive experience of research leadership to engage in preliminary reviews for this purpose. For each individual instance, two representatives will participate in the preliminary review: one from the College where the issue has been raised and one from another College. The College representative will, in all cases, be from a different School or RICU to the Respondent. The Research Integrity Officer (or the person(s) nominated by him/her) may seek the advice of other such persons as s/he or they consider appropriate having regard to the nature of the complaint or dispute.
- 1.2 The Research Integrity Officer may also, at his/her discretion, choose to conduct a preliminary review of anonymous complaints, depending on the seriousness of the issues, the credibility of the complaint, and the feasibility of confirming the complaint with credible sources.
- 1.3 The preliminary review shall be limited to determining whether there is sufficient evidence of research misconduct to proceed with a disciplinary process or whether the complaint or dispute can be resolved via informal dispute resolution mechanisms within the academic unit concerned. The provision for any such informal mechanism is at the discretion of the Research Integrity Officer who will be responsible for overseeing the process.
- 1.4 Following the preliminary review, the Research Integrity Officer will determine whether further investigation is required. If further investigation is not required, the matter may be dismissed or addressed under another applicable UCC policy or procedure. Complaints that are considered to be mistaken, frivolous, vexatious and/or malicious will be dismissed at this stage.
- 1.5 The Research Integrity Officer will provide the complainant/requestor with a written determination summarising the reasons for the decision reached following the preliminary review.
- 1.6 If, following the preliminary review, the Research Integrity Officer concludes that a complaint may give rise to a concern of a disciplinary nature and should be dealt with under the appropriate disciplinary procedure, s/he shall refer the complaint to the Deputy President and Registrar. The appropriate disciplinary procedures as set down in the Student Discipline Policy³² will apply thereafter.

³² The *Student Discipline Policy* can be found at: <https://www.ucc.ie/en/media/currentstudents/documents/Student-Rules---UCC---Jan2018.pdf>.

APPENDIX C

Principal Statute October 2017, Relevant Sections

Chapter F: University officers and employees.

F.5. Disciplinary procedure: General principles.

F.5.a. Objective of the procedure. The performance and conduct of employees is expected to contribute towards the achievement of the University's objects and functions as specified in A.2 and A.3 above. When an employee's performance or conduct is unsatisfactory (as described in F.7.a below), then the employee may be subject to disciplinary action in accordance with this procedure.

F.5.b. Informal resolution. The University's policy is to attempt to resolve issues outside this disciplinary procedure where appropriate. In such cases the University may seek, at any stage before or during the application of this procedure, to resolve informally any matter regarding employee performance or conduct which might be subject to this procedure. Where appropriate, at the discretion of the Head, this may involve a process of mediation.

F.5.c. Training and assistance in relation to performance. Where the matter at issue relates to an employee's performance of duties, the Head will ensure that before any action is taken in relation to performance, under this Statute, the University's Capability Policy, in force from time to time, shall be invoked and action under this Statute will commence only after initial meetings and opportunities for improvement in accordance with the Capability Policy have not been successful.

F.5.d. Mediation or other informal resolution instigated by Head. The Head may, at his or her discretion, on becoming aware of any matter which may be the subject of disciplinary action, discuss such matter with the employee concerned before formal disciplinary action is initiated and the Head may also, at his or her discretion, invite the employee concerned (and any other employee or person involved) to participate in a without prejudice and confidential process of mediation or other informal dispute resolution process recommended by the Director of Human Resources. The meeting at which any such discussion occurs (or any mediation or other process referred to) will be private, and no formal record of the content of the meeting will be kept. However, the Head and the employee shall both sign a note recording that a meeting has taken place in relation to a matter which may be the subject of disciplinary action. Where relevant, all employees who participate in a process of mediation or other informal dispute resolution process shall sign a note recording that such a process has taken place in relation to a matter which may be the subject of disciplinary action. If the matter is not resolved or if it becomes clear to the Head that the matter is more serious, the University may proceed with the formal disciplinary procedure.

F.5.e. Application not to impinge on academic freedom. For the avoidance of doubt, nothing in this procedure shall authorise any action which conflicts with the preservation and promotion of academic freedom as specified in A.5 above.

F.6. Disciplinary procedure: Personnel involved.

F.6.a. Employees subject to this procedure. This procedure shall apply to all employees of the University, including officers of the University (as defined in F.4.a above), except that:

- (1) this procedure is subject to the provisions of each employee's contract of employment, to any relevant provisions of the Universities Act, 1997, and to any University statute governing the office or employment;
- (2) this procedure shall not apply to any person holding statutory office in University College Cork before 16 June 1997, unless otherwise agreed by the officer concerned; and
- (3) the application of this procedure shall not operate to renew or extend any contract of

employment, or any period of probation or establishment.

F.6.b. Employee's representation. Where this procedure refers to the employee's right to have representation, then for this purpose "representation" means (in accordance with the Industrial Relations Act, 1990 (Code of Practice on Grievance and Disciplinary Procedures) (Declaration) Order, 2000 (SI 146 of 2000), schedule, para 4.4) the involvement of a colleague of an employee's choice and/or an officer or member of a representative association, but not any other person or body unconnected with the University, in representing the interests of an employee at each stage in the procedure. "Representative association" here means the trade union or entity chosen by an employee, and recognised by the University, to represent his or her interests with respect to terms and conditions of employment and staff disciplinary matters.

F.6.c. The President. All the powers of the University set out under this procedure are delegated to the President in the first instance and through the President to the Director of Human Resources (although a Head may issue a verbal warning or a written warning). However:

- (1) Where the President is the subject of this procedure, the Governing Body (which may act through a committee) shall perform the functions or responsibilities laid out in these procedures which would otherwise have been performed by the President and/or the Director of Human Resources. In such a case, the University's power of suspension or dismissal will (where applicable) be exercised by the Governing Body.
- (2) Where the President had a material involvement in the matter which is the subject of such proceedings (as a complainant or potential witness or otherwise), or for other good reason should be excused from performing such functions in any case, an officer nominated by the Governing Body (or a committee of Governing Body designated for this purpose) shall perform the functions or responsibilities laid out in this procedure which would otherwise have been performed by the President or the Director of Human Resources. That officer (or committee) may exercise any power which would otherwise have been exercisable by the President, and the exercise of any such power is in such a case delegated to such officer (or committee). Where this section applies, any reference in this procedure to the President or the Director of Human Resources shall be deemed to be a reference to such officer (or committee).
- (3) Where the Director of Human Resources had a material involvement in the matter which is the subject of such proceedings (as a complainant or potential witness), is the subject of the proceedings or for other good reason should be excused from performing such functions in any case, an officer nominated by the President shall perform the functions or responsibilities laid out in this procedure which would otherwise have been performed by the Director of Human Resources. That officer may exercise any power which would otherwise have been exercisable by the Director of Human Resources, and the exercise of any such power is in such a case delegated to such officer. Where this section applies, any reference in this procedure to the Director of Human Resources shall be deemed to be a reference to such officer.

F.6.d. The Head. Head means the academic Head of an academic unit by whatever name titled or the Administrative/Research Head of an administrative/research unit and shall include a person acting in the capacity of Head for the purpose of this statute. Heads shall also include a Line Manager with express authority delegated by the Head to carry out the Head's duties under this statute. Where there might exist any doubt regarding the application of this definition in a particular instance, clarification should be sought from the Employee Relations Section of the Human Resources Department.

Where a Head is the subject of proceedings under this chapter, or where s/he had a material involvement in the matter which is the subject of such proceedings (as a complainant, witness or otherwise), or for other good reason should be excused from performing such functions in any case, the Director of Human Resources will nominate an appropriate person (who may be another Head or other senior officer) to perform the functions or responsibilities laid out in these procedures which would otherwise have been

performed by the Head.

F.6.e. The Director of Human Resources. In this procedure, the “Director of Human Resources” means the senior member of University staff with responsibility for Human Resources, by whatever name titled.

F.6.f The Research Integrity Officer. In this procedure, the “Research Integrity Officer” means the person appointed by the President in accordance with Section 1.16 of the University’s Code of Research Conduct and shall include any person appointed to that role on an ad hoc basis when the Research Integrity Officer cannot act in respect of a particular matter.

F.6.g Preliminary Investigation. A Preliminary Investigation for the purposes of this Statute means an investigation as to the sequence of relevant events, and whether there is demonstrated evidence of a prima facie case of misconduct which should be the subject of a disciplinary hearing.

F.7. Disciplinary procedure: Powers and disciplinary sanctions available.

F.7.a. Conduct/Performance which may lead to disciplinary action. Employees may be disciplined for breaching the terms of any statute or regulation applicable to their office or position, the terms of their contract of employment (including any policies of the University available in written form, breach of which is stated in such policy to be capable of leading to disciplinary sanction), for failing to meet acceptable standards of conduct within the University or in the course of employment, or for failure in performance of duties. For the avoidance of doubt, any policy the breach of which could reasonably be considered misconduct, shall for the purposes of this statute be deemed to provide for disciplinary sanction hereunder should such policy be breached.

For this purpose:

- (1) “acceptable standards of conduct” mean normative and professional behaviour of at least the minimum standard which may be reasonably expected of the employees of a University, and includes the satisfactory performance of duties, and
- (2) “performance of duties” means the performance by the employee of the duties of the employee concerned (as specified in their contract of employment or otherwise) to the minimum standard which the University may reasonably expect.

F.7.b. Power of administrative suspension pending investigation. In any case involving a complaint or allegation of misconduct of a serious nature, or on the refusal of an employee to comply with a legitimate and lawful instruction from his/her line manager, an employee may be the subject of a preliminary investigation, and the employee may be subjected to administrative suspension by the Director of Human Resources in accordance with the Universities Act, 1997, s 25(6), pending the result of such preliminary investigation and any disciplinary hearing and/or appeal thereafter. “Administrative suspension” means an employee’s temporary absence from the University, with pay, where the employee is, or the employee’s alleged conduct is, subject to an investigation. An employee shall be advised of any administrative suspension applied to him or her, at a meeting of which s/he shall receive at least 24 hours’ notice, save that if the circumstances are immediate and pressing and the interests of the University require it, shorter notice may be given or the employee may be put on administrative suspension by way of written notification and such a meeting may be dispensed with by the Director of Human Resources. The President may review any administrative suspension, from time to time.

F.7.c. Sanctions. The disciplinary sanctions available to the University may include one or a combination of the following:

- (1) *Verbal warning:* This means a discussion between the employee and a Head (or appropriate representative of the University) regarding the employee’s perceived unsatisfactory conduct or performance, how it should improve, and what consequences might ensue if it does not improve. A written record will be made of a verbal warning and placed on the employee’s personnel file and shall form part of the employee’s personnel

record until removed. Removal will occur six [6] months after the date of the verbal warning if no further disciplinary matter arises regarding the employee during that period

- (2) *Written warning:* This means a letter issued to an employee by the University conveying that the employee's conduct or performance is unsatisfactory. Written warnings are placed on an employee's personnel file, and shall form part of the employee's personnel record until removed. Removal will occur one [1] year from the date of the first written warning, if no further disciplinary matter arises regarding that employee during that period;
- (3) *Final written warning:* This means a letter issued to an employee by the University conveying that the employee's conduct or performance continues to be unsatisfactory, notwithstanding that the employee has previously been issued with a first written warning. Final written warnings are placed on an employee's personnel file, and shall form part of the employee's personnel record until removed. Removal will occur two years from the date of the final written warning, if no further disciplinary matter arises regarding that employee during that period;
- (4) *Disciplinary suspension:* This means the temporary suspension of an employee from the University, following the application of the disciplinary procedure, for a specified period, without pay, to impress upon the employee the serious nature of his or her misconduct or poor performance. Disciplinary suspensions may be applied progressively, ordinarily in the first instance for a period of five working days, and in the second and final instance for a period of ten working days;
- (5) *Demotion:* This means the transfer of an employee, following application of the disciplinary procedure, to an alternative position with a maximum rate of pay lower than the maximum rate of pay for the position held by the employee immediately prior to the transfer, to impress upon the employee the serious nature of his or her misconduct or poor performance; and,
- (6) *Dismissal:* This means the termination of an employee's employment with the University, following the application of the disciplinary procedure.

F.7.d. Right of employee to present case, and to notice. A disciplinary sanction will be imposed only after the employee has had an opportunity to respond to the conduct or performance issue(s) raised and to present his or her case, and after due consideration has been given to all relevant matters. A disciplinary meeting shall be held with the employee for this purpose. An employee must be given at least ten [10] working days' notice in writing of a disciplinary meeting, and must be advised by the University of his or her right to have representation at the meeting (as defined by F.6.b above). Nothing in this section will serve to restrict the power of administrative suspension vested in the Director of Human Resources under Section F.7.b above.

F.7.e. Sequence of disciplinary sanctions. Ordinarily, disciplinary sanctions shall be applied progressively, in the sequence of firstly, a verbal warning; secondly, a first written warning; thirdly, a final written warning; and fourthly, a more serious sanction, such as disciplinary suspension, demotion or dismissal. However, in an appropriate case, the University may apply any sanction[s] provided for in this procedure, whether or not a lesser sanction has previously been imposed on the employee concerned. In particular, but without limitation, if it is found that the employee has been guilty of Gross Misconduct, s/he may be dismissed without the need to apply any lesser sanction.

F.7.f Gross Misconduct means any act or omission, which may include, but is not limited, to the following:

- (1) theft, fraud or other act of dishonesty;
- (2) physical assault or intimidation;

- (3) deliberate falsification, misappropriation or destruction of primary or original documents (which includes, but is not limited to, paper records, any information or data kept on computer disks or in electronic form, and any other form of record) and includes contravention of the University's records management policy as published and for the time being in force;
- (4) being unduly under the influence of alcohol or of illegal drugs or substances in the course of one's work;
- (5) having illegal drugs, substances or materials on one's person or in one's possession, custody or control on University premises, except in cases where for research purposes permission has been granted to hold such material;
- (6) aiding others in Gross Misconduct;
- (7) misapplication or misappropriation or wilful damage to University equipment and/or property, including the use of University computers or networks to access child pornography;
- (8) bullying and/or harassment based on the application of the University's published policy on Duty of Respect and Right to Dignity for the time being in force in that regard; and
- (9) material breach of the University's code or policy covering research ethics, research integrity and/or conflict of interest following the application of the University's published code or policy for the time being in force in that regard,

provided that no such act or omission shall be considered as Gross Misconduct unless:

- (a) that act or omission occurs within the University or in the course of employment, and is so serious as to justify the University in terminating the employee's contract of employment without having to apply a lesser disciplinary sanction; or
- (b) that act or omission is a serious criminal offence (whether or not committed within the University or in the course of employment), and the commission of such an offence undermines the University's trust and confidence in the employee's capacity to perform his or her duties; or
- (c) that act or omission is such as to cause serious reputational damage to the University by reason of the employee's current association with the University

F.8. Disciplinary procedure: Warnings.

F.8.a. Preliminary meeting where disciplinary action appears warranted. Where it appears that an employee's conduct or performance may fall within F.7.a. above and the Head, having made such inquiries into the matter as s/he considers appropriate, forms the opinion that such conduct or performance may warrant disciplinary action, the Head shall hold a meeting with the employee in order:

- (1) to ensure that the employee is made aware of the problem;
- (2) to give the employee an opportunity to respond to the opinion of the Head and to address the matter; and
- (3) to explain to him or her how the University will deal with the unsatisfactory conduct or performance should matters not improve within a time frame defined by the Head, unless, in the opinion of the Head, the employee's response to the circumstances make it necessary to invoke the formal disciplinary process.

Such a meeting should occur promptly after the Head has formed the opinion that the employee's conduct or performance may warrant disciplinary action.

F.8.b. Record of preliminary meeting. The Head shall make notes of the meeting referred to in the preceding section. These notes shall be placed on the employee's personnel file and shall be retained for the improvement period specified under F.8.a.3. The notes shall be deleted if the improvement specified under Section F.8.a.3 is forthcoming. The notes shall be retained as a record of the meeting should matters not improve or if it is necessary to take the matter further. The Head shall send a copy of these notes to the employee within seven working days of the meeting. The employee shall be invited to accept or decline these notes as confirmation of the business of the meeting, and to respond within five [5] working days of receiving them. Should the employee fail to agree on the content of the notes any comments/views which the employee submits will be retained and appended to the Head's notes of the meeting.

F.8.c. Verbal warning. Where the employee's conduct or performance involves a failure within F.7.a above and the Head forms the opinion that a verbal warning may in the first instance be a proportionate response or where an employee's conduct or performance falls within F.7.a above and the Head, having:

- (1) held a meeting under F.8.a above,
- (2) allowed a defined time for matters to improve as referred to in F.8.a(3) above,
- (3) made such further inquiries as s/he considers appropriate, and
- (4) given the employee a further opportunity to address the matter at a further meeting, concludes that such conduct or performance warrants a verbal warning, may issue a verbal warning.

In either case the Head must meet the employee and the meeting will include the following:

- (a) an explanation of the problem (including any failure or failures) for which a verbal warning is contemplated;
- (b) an explanation of how to correct the problem;
- (c) a further opportunity for the employee to respond to the opinion of the Head and to address the matter;
- (d) a plan of action for correcting the problem, within a time frame defined by the Head, and, if deemed relevant, an offer of reasonable assistance; and
- (e) explanation/warning of further action that will be taken should the employee fail to correct the deficiency in his or her conduct or performance.

Such a meeting should occur promptly after the Head has concluded that the employee's conduct or performance may warrant a verbal warning. A senior representative of the Human Resources Department will attend the meeting, in order to ensure that this procedure is complied with, and to make a formal record of the meeting. The Head and the employee shall sign the formal record of the meeting.

F.8.d. Written warning. Where the Head, having made such inquiries (or further inquiries) into the matter as s/he considers appropriate, and having given the employee an opportunity to explain his or her conduct or performance, forms the opinion that:

- (1) the employee's conduct or performance which was the subject of a verbal warning may not have been satisfactorily addressed by the employee concerned following the issuing of a verbal warning, or

- (2) the employee's conduct or performance may involve a failure within F.7.a above to which a first written warning is in the first instance a proportionate response, in either case the Head must meet the employee and the meeting must include the following:
- (a) an explanation of the problem (including any failure or failures) for which a written warning is contemplated;
 - (b) an explanation of how to correct the problem;
 - (c) a further opportunity for the employee to respond to the opinion of the Head and to address the matter;
 - (d) a plan of action for correcting the problem, within a reasonable time frame defined by the Head, and, if deemed relevant, an offer of reasonable assistance.

The Head will thereafter if s/he considers it appropriate to do so issue the employee with a written warning, setting out the nature of the concerns, and advising that if the situation is not satisfactorily resolved within a specified period of time, s/he will be subject to further disciplinary action.

F.8.e. Final written warning. If the Head forms the opinion that matters which were the subject of the written warning have not been satisfactorily addressed

Or

that the employee's conduct or performance involves a failure within F.7.a above to which a final written warning may be a proportionate response, and,

- (1) having made such inquiries or further inquiries into the matter as s/he considers appropriate, and
- (2) having given the employee an opportunity to address the matter at a meeting with the Head,

the Head may issue the employee with a final written warning, again setting out the seriousness of the situation and advising that should matters not be resolved within a further specified period of time, the employee will be subject to further disciplinary action up to and possibly including dismissal.

F.8.f. Duration of written warnings. The duration of written warnings shall be in accordance with section F.7.c Where a matter is resolved satisfactorily, and no further matter which may be the subject of disciplinary sanction arises during the period the warning, that warning will be removed from the employee's personnel file. When a warning is removed, the employee will be notified accordingly in writing. The University reserves the right in exceptional circumstances to extend a warning beyond the period specified in this statute. In such circumstances the staff member concerned shall be notified of the period of extension and the basis for same. A staff member may appeal the extension either directly or through their representative under Section F.8.h

F.8.g. Notification to Director of Human Resources. A Head may consult with the Director of Human Resources prior to the issuing of any warning, and shall notify the Director of every verbal warning issued and shall provide the Director with a copy of every written warning issued.

F.8.h. Appeals of verbal warnings or written warnings. Verbal warnings and written warnings may be appealed by initiating a grievance through the grievance procedure for the time being in force within the University, provided that such grievance is submitted within thirty working days [30] from the date of the disciplinary sanction concerned. Should a grievance be notified, the application of the sanction and any further action under this chapter may be suspended pending processing of the grievance.

F.9. Disciplinary procedure: Disciplinary hearings.

F.9.a. Procedures following final written warning. Where a final written warning has been issued and the Head, having made such further inquiries into the matter as s/he considers appropriate, and having given the employee an opportunity to address the matter in a meeting with the Head, forms the opinion that the employee's conduct or performance deficiencies persist, the Head shall promptly inform the Director of Human Resources. Having considered the matter the Director of Human Resources may convene a Disciplinary Hearing Committee to conduct a disciplinary hearing.

F.9.b. Procedures following complaint or allegation of Gross Misconduct. Where the Director of Human Resources is made aware of a complaint or allegation about an employee of a matter possibly constituting Gross Misconduct (as defined in F.7.f above and having considered the matter, the Director of Human Resources, may (in addition to exercising the power of administrative suspension under F.7.b above, if appropriate) convene a Disciplinary Hearing Committee to conduct a disciplinary hearing.

F.9.c Preliminary Investigation. Where the Director of Human Resources considers it desirable in the exercise of his/her discretion, s/he may appoint any person or persons (whether members of the University or not) appearing to him or her to have suitable qualifications or experience, to conduct a preliminary investigation into a matter possibly constituting gross misconduct and to report to the Director of Human Resources within a specified time-frame (not exceeding twenty [20] working days or such longer period as may be permitted by the Director of Human Resources should the circumstances so require), an investigation as to the sequence of relevant events, and whether there is demonstrated evidence of a prima facie case of misconduct which should be the subject of a disciplinary hearing. The Director of Human Resources shall consider any such report received in deciding whether to convene a Disciplinary Hearing Committee.

F.9.d Preliminary Investigation of Complaints or Allegations of a breach of the University's Code of Research Integrity [by whatever name titled].

Following receipt of a complaint or allegation of potential research misconduct, the Research Integrity Officer (or an appropriate person or persons appointed by him/her for that purpose) will conduct a preliminary investigation. This investigation will be conducted in a timely manner and the Research Integrity Officer (or the person(s) nominated by him/her) will seek advice from a Preliminary Review Committee. Each College will identify two senior academic staff with extensive experience of research leadership to engage in preliminary reviews for this purpose. For each individual instance, two representatives will participate in the preliminary review: one from the College where the issue has been raised and one from another College. The College representative will, in all cases, be from a different School or Research Institute, Centre or Unit to the Respondent. The Research Integrity Officer (or the person(s) nominated by him/her) may seek the advice of other such persons, internal or external to the University as s/he or they consider appropriate having regard to the nature of the complaint or allegation.

The Research Integrity Officer may also, at his/her discretion, choose to conduct a preliminary investigation of anonymous complaints, depending on the seriousness of the issues, the credibility of the complaint, and the feasibility of confirming the complaint with credible sources.

The preliminary investigation shall be limited to determining whether there is demonstrated a prima facie case of misconduct which should be the subject of a disciplinary hearing or whether an issue can be resolved locally and informally either by the Research Integrity Officer or within the academic unit concerned.

Following the preliminary investigation, if the Research Integrity Officer determines that further investigation is not required, the matter may be dismissed or addressed under another applicable UCC policy or procedure. Complaints or allegations that are considered to be mistaken, frivolous, vexatious and/or malicious will be dismissed at this stage.

The Research Integrity Officer will provide the complainant and the respondent with a written determination summarising the reasons for the decision reached following the preliminary review.

Confidentiality. The preliminary investigation of a research integrity complaint or allegation must be conducted in the strictest confidence. The identity of the respondent is confidential to the Preliminary Review Committee.

If, following investigation, the Research Integrity Officer concludes that a prima facie case of research misconduct exists, s/he shall refer the complaint to the Director of Human Resources.

The Director of Human Resources shall consider any such report received in deciding whether to convene a Disciplinary Hearing Committee and whether to proceed in accordance with Section F.9.b above.

It shall not be necessary for the Director of Human Resources thereafter to conduct a preliminary investigation under Section F.9.c

F.9.e. Composition of Disciplinary Hearing Committee. The Disciplinary Hearing Committee will be appointed by the President and shall consist of three appropriate senior members of staff, one of whom shall be appointed by the committee to act as Chair. In the case of academic staff, such members will ordinarily hold the title Professor or Professor (Scale 2). Gender balance shall be maintained insofar as possible on all such committees. A Secretary shall be appointed by the Director of Human Resources to the Disciplinary Hearing Committee from among the administrative staff of the University.

The Disciplinary Hearing Committee may source such external, independent expert advice as the Committee deems necessary to the fulfilment of its remit.

F.9.f. Power to suspend or adjourn. The Director of Human Resources or a Disciplinary Hearing Committee, having regard to any criminal investigation arising out of the matter which is the subject of action under this procedure, may suspend or adjourn any action or proceedings under this procedure until any such criminal investigation, and any action consequent upon it, is complete. The Director of Human Resources may maintain any administrative suspension in force under F.7.b above despite any suspension or adjournment under this section. The President may review such suspension or adjournment from time to time.

F.9.g University Representative. A University Representative, being the Head or other senior staff member appointed by the Director of Human Resources shall represent the University in making the case to the Disciplinary Hearing Committee and in defending any appeal to the Disciplinary Appeal Committee.

F.9.h. Notification of rights. As soon as practicable after the appointment of the Disciplinary Hearing Committee, the Secretary to the Disciplinary Hearing Committee shall, having consulted with the University Representative and the Head, write to the employee setting out fully the matters concerning the employee which are to be the subject of the disciplinary hearing. That letter shall notify the employee of his or her rights:

- (1) to represent himself or herself before the committee or to have representation (as defined in F.6.b above);
- (2) to call witnesses;
- (3) to question witnesses;
- (4) to make submissions himself or herself or through his or her representative to the committee; and
- (5) to apply to the committee to be represented before it by a legal representative; and, where the employee is so represented, the committee may authorise the person presenting the complaint against the employee (the University Representative) to be represented before the committee by a legal representative.

F.9.i. Notification of hearing. The Secretary to the Disciplinary Hearing Committee shall notify the

employee, the Head, the Director of Human Resources and the University Representative of the place and time (which shall not be sooner than twenty [20] working days from the date of such notification) fixed for the disciplinary hearing.

F.9.j. Notification of the case against the employee. Not later than fifteen [15] working days before the date fixed for the disciplinary hearing, the University Representative shall send the employee, and the Disciplinary Hearing Committee copies of all documents in the possession of the University, relevant to the matter or matters concerning the employee which are to be the subject of the disciplinary hearing, together with the names of any witnesses to be called by the University. A report prepared under Sections F.9.c or F.9.d above shall be copied to the employee, but shall not be copied to the members of the Disciplinary Hearing Committee.

The University Representative presenting the case against the employee may not rely on any document not copied to the employee, or on any witness whose name was not so notified to the employee, unless the Committee determines that the justice of the case so requires. Where the University Representative seeks to rely on any such document or witness, the Committee may adjourn the hearing to allow the employee an opportunity to consider such document or witness.

F.9.k. Notification of the case for the employee. Not later than five [5] working days before the date fixed for the disciplinary hearing, the employee shall send to the Disciplinary Hearing Committee (and copy to the University Representative) copies of any further documents on which s/he intends to rely at the disciplinary hearing, together with the names of any witnesses s/he intends to call. However, the employee shall not be precluded from relying on any document which was not included in the material so delivered, or from calling any witness not notified provided that reasonable cause is shown for not notifying any such document or witness in advance.

F.9.l. Attendance by parties. If either the employee or the University Representative does not attend the disciplinary hearing, then the Disciplinary Hearing Committee may, in its discretion, either:

- (1) proceed to hear the matter in that person's absence, if the committee is satisfied that such person had notice of that hearing and that there is no good reason for his or her non-attendance; or
- (2) adjourn the hearing to such other date, venue and time as the committee may determine,

and the committee shall give notice of that decision both to the employee and to the University Representative.

F.9.m. Attendance by witnesses and others. It is the responsibility of each of the employee and the University Representative to ensure that the witnesses whom they intend to call are present at the disciplinary hearing. The Disciplinary Hearing Committee may, on the written request of either party or in its own discretion, request any person to attend at the disciplinary hearing.

F.9.n. Control of proceedings. A Disciplinary Hearing Committee may in its discretion grant extensions of time, adjournments and postponements where it considers it fair and proper to do so.

F.9.o. Legal assistance for the committee. A Disciplinary Hearing Committee may, where it considers it necessary or desirable, instruct a solicitor and brief counsel. The sole purpose of the legal advisor[s] is to assist in ensuring the fair and proper conduct of the disciplinary hearing.

F.9.p. Procedure at the hearing. Unless the Disciplinary Hearing Committee permits otherwise:

- (1) The University Representative shall first summarise the substance of the complaint, and then present the materials and witnesses produced in support of the complaint. Any witness may be questioned first by the person presenting the complaint, then by or on behalf of the employee. The members of the committee may question any such witness.

- (2) When all of the material on which the University Representative intends to rely has been presented, the employee or his or her representative may make a statement or address to the committee in response, and shall then present the materials and witnesses produced in his or her defence. Any witness may be questioned first by or on behalf of the employee, then by the University Representative. The members of the committee may question any such witness.
- (3) The University Representative may then again address the committee to sum up the matters supporting the complaint, to comment on the materials and witnesses presented by the employee, and to make any submission on the matter.
- (4) The employee or his or her representative may then finally address the committee to comment on the materials and witnesses presented in support of the complaint, to sum up the matters raised in his or her defence, and to make any submission.

F.9.q. Report of the Disciplinary Hearing Committee. Having heard and considered the case, the Disciplinary Hearing Committee will report to the Director of Human Resources. The committee's report will be presented to the Director of Human Resources and copied to the employee concerned within fifteen [15] working days of the completion of the hearing, although the Chair may extend this period where s/he considers that the report cannot practicably be completed within this period.

F.9.r. Determination by Director of Human Resources. The Director of Human Resources, having considered the Disciplinary Hearing Committee's report, will determine what disciplinary sanction, if any, is to be pursued. Such determination shall, where practicable, be made within five working days of receiving the committee's report. In determining what disciplinary sanction, if any, is to be taken, the Director of Human Resources may meet, or request more information from, either or both of the committee and/or the employee, before issuing his or her decision.

- (1) Decision to suspend: If, having considered the report of the Disciplinary Hearing Committee, the Director of Human Resources is of the view that the employee has committed a serious breach of conduct (short of Gross Misconduct), or that the employee has not responded to progressive disciplinary sanction and that the employee should be subject to a disciplinary suspension, by reason of his or her conduct or performance, the Director of Human Resources, having consulted with the relevant Head, may suspend the employee.
- (2) Decision to demote: If, having reviewed and considered the report of the Disciplinary Hearing Committee, the Director of Human Resources is of the view that the employee has committed a serious breach of conduct (short of Gross Misconduct), or that the employee's conduct or performance has consistently failed to meet expected standards or has failed to respond to progressive disciplinary sanctions, the Director of Human Resources, having consulted with the relevant Head, may demote the employee. The Director of Human Resources may review, at any time, the situation of an employee who has been demoted, and reverse that demotion if in his or her opinion the employee's subsequent conduct or performance warrants it.
- (3) Decision to dismiss: If, having considered the report of the Disciplinary Hearing Committee, the Director of Human Resources is of the view that the employee has not responded to progressive disciplinary sanctions, or where the nature of the employee's misconduct (including Gross Misconduct) or failure to perform duties is so serious that it merits dismissal, and that the employee should be dismissed, the Director of Human Resources, having consulted with the relevant Head, may dismiss the employee.

In each case, the Director of Human Resources' determination shall be issued in the form of a letter to the employee, which shall also set out the reasons for, and the circumstances which led to, the employee's suspension, demotion or dismissal, and the date on which it is to take effect. The letter shall also advise the employee of his/her right of appeal as set out in the following chapter, and the disciplinary suspension,

demotion or dismissal shall not take effect until the period for bringing an appeal has expired. A copy of this letter shall be placed on the employee's personnel file, and will be retained there permanently, except in the event of a successful appeal by the employee under F.10 below.

F.10. Disciplinary procedure: Appeals from disciplinary hearings.

F.10.a. Notification of appeal. An appeal against disciplinary suspension, demotion or dismissal shall be notified in writing to the Corporate Secretary within fifteen [15] working days of the confirmation to the employee of the disciplinary suspension, demotion or dismissal.

F.10.b. Suspension of sanction pending decision on appeal. In the case of a disciplinary suspension or demotion being appealed, the appellant will remain in his or her then current position pending the outcome of the appeal. In the case of a dismissal, an appellant shall remain within the employment of the University while his or her appeal is being determined (subject to F.6.a.3 above), but will be neither required nor permitted to report for work beyond the date on which the dismissal was to take effect, pending the outcome of the appeal. In the event of an appeal, any administrative suspension in place on the date of decision by the Director of Human Resources in accordance with Section F.9.q above will continue until the determination of the appeal by the Disciplinary Appeal Committee.

F.10.c. Composition of Disciplinary Appeal Committee. The appeal will be decided by a Disciplinary Appeal Committee drawn from the Disciplinary Appeal Panel nominated from time to time by the Governing Body (and comprising only external members of the Governing Body). The Disciplinary Appeal Committee will be a sub-committee of the Governing Body, and shall be convened on the request of the Corporate Secretary. Where the Governing Body exceptionally considers it necessary, it may invite one or more suitably qualified and experienced persons unconnected with the University to be a member of the Disciplinary Appeal Committee, either together with, or instead of, external members of the Governing Body. The Disciplinary Appeal Committee will appoint a Chair from amongst its membership.

F.10.d. Rights of employee. The employee shall have the right:

- (1) to represent himself or herself before the Disciplinary Appeal Committee or to have representation (as defined by F.6.b above);
- (2) to make submissions himself or herself or through his or her representative to the Disciplinary Appeal Committee; and
- (3) to apply to the Disciplinary Appeal Committee to be represented before it by a legal representative; and, where the employee is so represented, the committee may authorise the University Representative to be represented before it by a legal representative.

F.10.e. Time and place of hearing. The Disciplinary Appeal Committee shall notify the appellant, the Director of Human Resources and the University Representative of the time (which shall not be sooner than fifteen [15] working days from the date of such notification) and place fixed for the appeal hearing. The appeal hearing shall be conducted promptly and in any event within thirty [30] working days of the receipt by the Corporate Secretary of notification of the appeal, although the Chair of the Disciplinary Appeal Committee may extend this period where s/he considers that the appeal cannot fairly and practicably be determined within this period.

F.10.f. Notification of documents. Not later than five [5] working days before the date fixed for the appeal hearing, the Director of Human Resources shall send the Disciplinary Appeal Committee, and copy to the appellant and to the University Representative, copies of all documents which were before the Disciplinary Hearing Committee, a copy of that Committee's report, and any other record of the proceedings before it.

F.10.g. Grounds of appeal. Not later than five [5] working days before the date fixed for the appeal hearing, the appellant shall (if s/he has not already done so) submit a statement in writing to the Disciplinary Appeal Committee, with a copy to the Director of Human Resources and the University

Representative, clearly setting out the grounds of the appeal.

F.10.h. Without leave, no new documents and no witnesses. Neither the appellant nor the University Representative may rely on any document or witness which or who was not before the Disciplinary Hearing Committee, unless the Disciplinary Appeal Committee determines that consideration of such document or witness is necessary to fairly decide the matter and that there is a sufficient reason why such document or witness was not before the Disciplinary Hearing Committee. The Disciplinary Appeal Committee may adjourn the hearing to allow the other party an opportunity to consider such document or witness.

F.10.i. Consultation with Disciplinary Hearing Committee. The Disciplinary Appeal Committee may seek such information as it considers appropriate from the Disciplinary Hearing Committee in regard to the appeal, and shall copy such information, when provided, to the appellant and to the University Representative.

F.10.j. Attendance by parties. If the appellant or the University Representative does not attend the appeal hearing, then the Disciplinary Appeal Committee may, in its discretion, either:

- (1) proceed to hear the matter in that person's absence, if the committee is satisfied that such person had notice of that hearing and there is no good reason for his or her non-attendance; or
- (2) adjourn the hearing to such other date, venue and time as the committee may determine, and the committee shall give notice of that decision to the appellant and to the University Representative.

F.10.k. Control of proceedings. A Disciplinary Appeal Committee may in its discretion grant extensions of time, adjournments and postponements where it considers it fair and proper to do so. The committee, having regard to any criminal investigation arising out of the matter which is the subject of action under this procedure, may suspend or adjourn any action or proceedings under this procedure until any such investigation, and any action consequent upon it, is complete.

F.10.l. Legal assistance for the Committee. A Disciplinary Appeal Committee may, where it considers it necessary or desirable, instruct a solicitor and brief counsel. The sole purpose of the legal advisor[s] is to assist in ensuring the fair and proper conduct of the appeal process.

F.10.m. Procedure at the hearing. Unless the Disciplinary Appeal Committee permits otherwise:

- (1) the appellant shall first summarise his or her grounds of appeal, and then present the materials by reference to the proceedings before the Disciplinary Hearing Committee in support of the appeal;
- (2) when all of the material on which the appellant intends to rely has been presented, the University Representative may address the committee in response, and shall then present the materials produced in defence of the appeal; (3) the appellant or his or her representative may then finally address the committee in response.

F.10.n. Procedures and fairness. In determining the appeal, the Disciplinary Appeal Committee shall consider the procedures followed by the Disciplinary Hearing Committee (and where relevant, by the Head), and the fairness of the decision made.

F.10.o. Decision on appeal. The Disciplinary Appeal Committee shall allow or dismiss the appeal, and shall so inform the Director of Human Resources, the University Representative and the appellant. Where the committee allows the appeal on the grounds that the sanction imposed was too severe, it may recommend a lesser sanction than that originally imposed. Where the committee dismisses an appeal, it may not recommend a sanction beyond that originally imposed.

F.10.p. Speed of decision. Where possible, the decision of the Disciplinary Appeal Committee shall be

notified to the Director of Human Resources, the University Representative and to the appellant concerned within fifteen [15] working days of the hearing of the appeal, though the Chair of the committee may extend this period where s/he considers that the decision cannot fairly and practicably be made within this period.

F.10.q. Implementation of decision. The Director of Human Resources shall take the necessary action to implement the Disciplinary Appeal Committee's decision. Such action shall, where practicable, be taken within five [5] working days of receiving the committee's report, and shall be notified in writing to the appellant employee and to the person defending the appeal.

F.10.r. Finality of decision. The Disciplinary Appeal Committee's decision shall be final and binding, and there shall be no further right of appeal within the University.

APPENDIX D

Additional Operational Information

Administrative Support: An administrator will be assigned to assist the Research Integrity Officer in the administration of investigations. The Administrator's role will be limited to providing administrative support to the Research Integrity Officer and will not play any role in influencing the substance of the investigatory processes or outcomes. The Administrator will be subject to the provisions of this Code and to the same confidentiality requirements as the investigating panel members.

Confidentiality and security: The content and attachments of all outgoing emails and messages in an investigation will be encrypted in order to protect the privacy of the information being sent to external individuals.

Selection of External Panel: At either the preliminary investigation or the disciplinary hearing stage relating to a research integrity issue, involvement of external experts with disciplinary expertise to support investigations as appropriate is envisaged. An assurance of strict confidentiality and no conflict of interest will be a key priority in identifying external experts. Selection of the experts will be made by the Research Integrity Officer.