

## University Code of Practice for Dealing with Research Misconduct

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<b>Summary:</b>	This code of practice governs research misconduct by staff and students involved in research conducted under the auspices of the University of Hull. The Code sets out the procedure for handling allegations against UoH staff and directs allegations against students to be dealt with via extant academic misconduct regulations.
<b>Scope:</b>	All staff and students conducting research under the auspices of the University (including taught students involved in research). See Section 3 below for further detail.
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## **University Code of Practice for Dealing with Research Misconduct**

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## University Code of Practice for Dealing with Research Misconduct

### 1. Standards of professional integrity in research

- 1.1 The University is committed by its mission statement to the exploration, creation and communication of knowledge. In fulfilment of this mission, the University is committed to conducting its research professionally, in ways that are both expert and responsible. Research in this context not only means activity defined by the Frascati definition (OECD, 6th edition, 2002) but all work (e.g. consultancy) leading to the public dissemination of the outcomes.
- 1.2 The Nolan Committee on Standards in Public Life has made recommendations 'to ensure the highest standards are maintained' in key areas of public life. The Committee properly sees higher education as one of those key areas. The University has endorsed the seven principles of public life that the Nolan Committee articulates for the benefit of all who serve in a public way and which have relevance to best practice in the conduct of research: selflessness, integrity, objectivity, accountability, openness, honesty and leadership.
- 1.3 The University is also a signatory to the Concordat to support research integrity. The concordat responds to recommendations set out in the Science and Technology Committee's [report on research integrity](#), published in July 2018. The commitments within the concordat call on universities, research institutes and individual researchers to ensure their work is underpinned by rigorous high standards.
- 1.4 Everyone involved in research in an institution of higher education owes a duty of accountability to society, to their profession, to their institution and to the funders of their research, to accept full responsibility for the integrity of their own conduct of that research, and for the activities of staff or students under their direction. This extends to accountability for the ethical basis of the research, for the safety of all involved in the research process, for the probity of the financial management of the project, and for seeking to provide optimum value for the public or private funds invested in the project. These responsibilities extend in turn to the effective management of any agreed timetable for the project, together with timely provision of any tangible outcomes scheduled to be delivered to an external sponsor. Anyone who has concerns that research misconduct has taken or is taking place has a duty of care to raise those concerns and should feel free to raise them with the Named Person in complete confidence.
- 1.5 Investigation of alleged research misconduct may involve other external bodies, either because of the nature of the employment contract of the person(s) implicated or because of the nature of the research. For example, allegations associated with a joint appointment with a local hospital will require involvement of the NHS and perhaps the General Medical Council (GMC) or other professional body. If the allegation is related to a clinical trial, the Medicines & Healthcare Products Regulatory Agency (MHRA) may need to be involved.
- 1.6 This Code of Practice outlines how the stages of a research misconduct investigation should be conducted and how appropriate investigation panels should be organised. The objectives of the Code of Practice are to:
  - ensure that an investigation is thorough and fair;

- ensure that, by using an agreed standard process, errors in the conduct of an investigation should be minimised; and
- reassure those who are under investigation that the process of investigation will follow a standard procedure consistent with national best practice.

## 2. Definition of misconduct in research

2.1 The definition of Research Misconduct that the University subscribes to is taken from *The Concordat to Support Research Integrity* (2019), Commitment 4, pages 12-13:

2.2 *“Research Misconduct is characterised as behaviours or actions that fall short of the standards of ethics, research and scholarship required to ensure that the integrity of research is upheld. It can cause harm to people and the environment, wastes resources undermines the research record and damages the credibility of research. The Concordat recognizes that academic freedom is fundamental to the production of excellent research. This means that responsibility for ensuring that no misconduct occurs rests primarily with the individual researcher.*

2.3 Research misconduct can take many forms including:

- **Fabrication:** making up results, other outputs (for example, artefacts) or aspects of research, including documentation and participant consent, and presenting and/or recording them as if they were real.
- **Falsification:** inappropriately manipulating and/or selecting research processes, materials, equipment, data, imagery and/or consents.
- **Plagiarism:** using other people’s ideas, intellectual property or work (written or otherwise) without acknowledgment or permission.
- **Failure to meet:** legal, ethical and professional obligations, for example:
  - not observing legal, ethical and other requirements for human research participants, animal subjects, or human organs or tissue used in research, or for the protection of the environment,
  - breach of duty of care for humans involved in research whether deliberately, recklessly or by gross negligence, including failure to obtain appropriate informed consent,
  - misuse of personal data, including inappropriate disclosures of the identity of research participants and other breaches of confidentiality,
  - improper conduct in peer review of research proposals, results or manuscripts submitted for publication. This includes failure to disclose conflicts of interest; inadequate disclosure of clearly limited competence; misappropriation of the content of material; and breach of confidentiality or abuse of material provided in confidence for the purposes of peer review.
- **Misrepresentation of:**
  - data, including suppression of relevant results/data or knowingly, recklessly or by gross negligence presenting a flawed interpretation of data,
  - involvement, including inappropriate claims to authorship or attribution of work and denial of authorship/attribution to persons who have made an appropriate contribution,
  - interests, including failure to declare competing interests of researchers or funders of a study,
  - qualifications, experience and/or credentials,

- *publication history, through undisclosed duplication of publication, including undisclosed duplicate submission of manuscripts for publication.*
  - ***Improper dealing with allegations of misconduct:*** *failure to address possible infringements, such as attempts to cover up misconduct and reprisals against whistle-blowers, or failure to adhere appropriately to agreed procedures in the investigation of alleged research misconduct accepted as a condition of funding. Improper dealing with allegations of misconduct includes inappropriate censoring of parties though the use of legal instruments, such as non-disclosure agreements.*
- 2.4 *Honest errors and difference in, for example, research methodology or interpretations do not constitute research misconduct.”*
- 2.5 For the avoidance of doubt, misconduct in research includes acts of omission as well as acts of commission.
- 2.6 In addition, the standards by which allegations of misconduct in research should be judged should be those prevailing in the country in question and at the date that the behaviour under investigation took place.
- 3. Scope**
- 3.1 The scope of the policy in this document will be taken to include: all members of the University’s academic and academic-related staff; research fellows, assistants and associates; visiting researchers as well as all those with honorary positions conducting research within, or on behalf of the University of Hull. The policy also covers any person(s) not affiliated with or acting on behalf of the University, but who use University premises.
- 3.2 Allegations or indications of research misconduct could arise from a number of sources including, but not limited to,
- a) specific allegations made by a member of staff or a researcher or a student;
  - b) concerns highlighted by further research in the area;
  - c) concerns raised by a person external to the University, such as a research participant or patient;
  - d) disputes between researchers about the validity of published work (but excluding those that are a normal part of the conduct and evolution of original research); and
  - e) concerns raised by a journal [see Wager E, Kleinert S on behalf of COPE Council. Cooperation between research institutions and journals on research integrity cases: guidance from the Committee on Publication Ethics (COPE). March 2012. [www.publicationethics.org](http://www.publicationethics.org).

#### **4. Roles and responsibilities**

- 4.1 The Named Person and the Deputy Named Person are the individuals nominated by the PVC-RE on behalf of the institution to have responsibility for receiving any allegations of misconduct in research; initiating and supervising the Procedure for investigating allegations of misconduct in research; maintaining the record of information during the investigation and subsequently reporting on the investigation to internal contacts and external organisations; and taking decisions at key stages of the Procedure.
- 4.2 The Complainant is a person making an allegation of misconduct in research against one or more Respondents.
- 4.3 The Respondent is the person against whom allegations of misconduct in research have been

made.

## **5. Allegations against students**

- 5.1 Any allegation of misconduct against a student as set out in this code must be dealt with in accordance with the regulations for academic misconduct. Where the student is also a member of staff (e.g. academic staff undertaking a PhD, or a PhD student also employed to do work by the University), the Named Person will determine which process should be used.
- 5.2 Where an allegation is found proven in accordance with the regulations for academic misconduct, where the research student is in receipt of external funding for their research degree, the relevant funding body must be informed of the finding of misconduct and the penalty imposed. Under normal circumstances, an external body must not be informed of any allegation which is not proven, except when required by a regulatory body or when the funding body requires to be informed that an investigation has been initiated and/or has reached a particular stage, even if no allegation has yet been proven.(e.g. <http://www.rcuk.ac.uk/RCUK-prod/assets/documents/reviews/grc/RCUKPolicyandGuidelinesonGovernanceofGoodResearchPracticeFebruary2013.pdf>))

## **6. Allegations against staff**

- 6.1 The procedure for handling allegations of research misconduct is separated into three stages:
- A. Receipt of Allegation
  - B. Preliminary Investigation
  - C. Formal Investigation
- Firstly, an initial assessment to determine whether there is a 'case to answer' for an investigation, and secondly an investigation to examine and evaluate all the relevant facts, and to recommend an appropriate course of action.
- A Receipt of Allegation
- 6.2 If a member of the University or the public believe in good faith that potential research misconduct is occurring or has occurred, they should submit a written complaint relating to the misconduct to the Named Person.
- 6.3 Where the complaint is about the Named Person, or the Named Person has a conflict of interest, the complaint should be made in writing to the Deputy Named Person. The University recognizes that members of staff or students may fear their own position could be jeopardised if they raise a particular concern directly. In this case, the Universities [Whistleblowing Policy](#) should be followed.
- 6.4 The University does not encourage the making of anonymous allegations, but does encourage a complainant to put their name to any disclosures made. Anonymous allegations will be considered only at the absolute discretion of the Named Person. In exercising this discretion, factors to be taken into account will include: (1) the seriousness of the issues raised; (2) the credibility of the concern; (3) the likelihood of confirming the allegation from attributable sources.
- 6.5 The identity of the complainant will be kept confidential to the extent that the maintenance of such confidentiality does not hinder or frustrate any related investigation. However, the course of investigation may inevitably lead to the need for the person making the disclosure to provide a statement as part of the necessary gathering of evidence and this could lead to the identity of the person being revealed or becoming obvious.

- 6.6 The purpose of the receipt of allegation stage is for the Named Person to assess the allegation to determine whether the allegation is not malicious or trivial, and that it falls within the scope of Research Misconduct and this Code of Practice, or alternatively if there is a more appropriate process e.g. the [Universities Bullying and Harassment Policy](#) or the [University Grievance Policy](#).
- 6.7 The Named Person will inform the Head of Research Excellence Governance and Impact in confidence that an allegation of misconduct has been received, so the necessary administrative support can be provided. Where appropriate the Named Person may also consult Human Resources for advice.
- 6.8 The Named Person will acknowledge receipt of the allegation by the complainant, informing them that the allegation will be considered initially under the 'Receipt of Allegation' stage of the procedure. A copy of the Code of Practice for Research Misconduct will be provided to the complainant.
- 6.9 The Named Person will consider all the information provided and may decide it is necessary to contact the complainant to seek further information. All such contact should be in writing. The complaint and respondent would not normally be interviewed at this stage. If it is necessary to contact the respondent, they should first be informed that the allegation(s) of misconduct has been made concerning them and a full explanation of the process provided.
- 6.10 The Named Person will also consider if the allegation and/or research project in question require immediate action to prevent further risk or harm to staff, participants, or other parties. If so, then the Named Person should consult HR about the appropriate action to ensure any such potential or actual danger is prevented. This may include notifying external bodies e.g. regulatory authorities, professional bodies, partner organisations, publishers or funders, in which case the Named Person should emphasise to all parties that the allegation is yet unproven, and the information is confidential.
- 6.11 Following the initial assessment, the Named Person will write to the complainant to confirm the decision and reasons for this, along with any further actions.
- 6.12 The possible outcomes at this stage are:
- i. **Dismiss Allegation** – if the allegation does not fall under the remit of Research Misconduct and does not need to be referred elsewhere.
  - ii. **Referral internally** – If the allegation should be considered under another university process or if it relates to poor practice. If it is deemed as poor practice, the relevant Faculty Dean will be informed to address through non-disciplinary actions such as mediation, further education, or training.
  - iii. **Referral externally** – If the allegation warrants referral directly to an external organisation e.g. statutory, regulatory, or professional body. The findings of this external investigation may result in disciplinary action. This may be particularly relevant if there is concerns over Fitness to Practice.
  - iv. **Proceed to preliminary investigation** – If the allegation is deemed to fall under the definition of research misconduct and the scope of this code of practice.
- 6.13 The receipt of allegation stage should be completed as soon as is practical upon receipt of allegation. It is expected that where possible, a decision is made within 10 working days, provided a full and fair assessment can be made. The complainant should be informed in writing by the Named Person if there is to be any expected delays, and an estimated revised timeline should be provided.

## B Preliminary Investigation

- 6.14 The purpose of the preliminary investigation stage is to establish the facts of the complaint and decide if there is prima facie evidence of Research Misconduct to warrant a full formal investigation. The preliminary investigation should be undertaken discreetly and be mindful of the reputation of those involved.
- 6.15 An initial assessment of the allegations will be made by an 'Investigator' who should be a senior independent member of academic staff with relevant expertise, or an external expert where no independent internal expertise exists, appointed by the Named Person.
- 6.16 The respondent, and their Faculty Dean should be made aware of the allegation in writing at the earliest opportunity and be provided with a copy of this Code of Practice. The respondent should be informed of their right to seek advice from their Trade Union Representative or other forms of support available within the University. It should be made clear that the allegation is only at the preliminary investigation stage which is to determine if any formal investigation is required, and the allegation is still unproven.
- 6.17 The Investigator will meet separately with the complainant and respondent to discuss the allegation(s). The respondent should be provided with the evidence (subject to redaction where anonymity is deemed necessary) and be allowed the opportunity to respond to the allegation.
- 6.18 The investigator should consider all reasonable evidence available and compile a report of the outcome based on 'the balance of probabilities'.
- 6.19 The complainant and respondent will be provided with a copy of the draft report of the assessment and be given an opportunity to comment on the findings, preferably within 1 week of the provision of the report. Only errors of fact or omissions will be grounds for amending the report.
- 6.20 The Investigator shall submit the final report to the Named Person, recommending one of the following:
- i. **Dismiss allegation** – if the allegations are unfounded and should be dismissed,
  - ii. **Referral internally** – if the matter should be considered under another university process e.g. the University's disciplinary procedures or that due to the minor nature the matter should be addressed through non-disciplinary actions such as mediation, further education or training as deemed appropriate by the Faculty Dean.
  - iii. **Referral externally** - if the matter warrants referral directly to an external organisation e.g. statutory, regulatory, or professional body. The findings of this external investigation may result in disciplinary action. This may be particularly relevant if there are concerns over Fitness to Practice.
  - iv. **Proceed to formal investigation** - if it is deemed that there is prima facie evidence of research misconduct an Investigation Panel should be established to investigate matters further.
- 6.21 The recommendation should be considered by the Named Person who is responsible for the final decision. This decision should be communicated to the complainant and the respondent and any other parties who have been notified of the allegation e.g. HR, Faculty Dean.
- 6.22 The preliminary investigation stage should be completed within 30 working days of instruction from the Named Person, where possible, provided a full and fair assessment can be made. The respondent and complainant should be informed in writing by the Named Person if there is to be any expected delays, and an estimated revised timeline should be



provided.

C Formal Investigation

- 6.23 The purpose of the formal investigation is to review all the relevant evidence and determine whether, on the balance of probabilities, the evidence upholds the allegation.
- 6.24 The Named Person will convene an Investigation Panel. The panel should usually consist of three persons, including the Pro Vice Chancellor (Research and Enterprise), and one member external to the University, and should include representation from within the general area of the alleged misconduct. All members of the panel should have relevant knowledge and expertise of research. The PVC-RE will typically act as chair of the panel. For allegations where the respondent is employed on a joint clinical/honorary contract, an appropriate member of staff from the joint employing organisation(s) should also be invited to join the panel and should be considered in addition to the other external member of the panel.
- 6.25 The members of the panel must declare in writing to the Named Person that they do not have any conflicts of interest in the case. The complainant and respondent should be notified of the panel constitution and given 5 working days to raise a concern regarding any member of the panel. If raised, the Named Person should assess if there is a conflict of interest or reasonable complaint and if so, appoint a suitable replacement panel member/chair.
- 6.26 The Panel should be formed within 10 working days of the decision to move to this stage, and it should aim to complete its deliberations within a further 2 months provided a full and fair assessment can be made. The respondent and complainant should be informed in writing by the Named Person if there is to be any expected delays, and an estimated revised timeline should be provided.
- 6.27 The Panel will meet separately with the complainant and with the respondent, as well as with any relevant witnesses identified by either party or by the Panel themselves during their investigation. The Panel may request a second meeting with any individual should this be deemed necessary, for example by the uncovering of new evidence.
- 6.28 The respondent is entitled to be accompanied by another person during the interview(s). This may be a Union representative, a workplace colleague or a friend, but not a legal practitioner.
- 6.29 After considering all the evidence, the Panel, will produce a written report on the conclusions of the Panel (for each allegation, if relevant), agreed by all members. This should be produced within 2 weeks of the conclusion of the Panel meetings. This report will include as appendices minutes of each meeting undertaken by the Panel.
- 6.30 The object of the Panel report is to recommend to the Named Person one of four courses of action, with detailed reasoning which substantiates that recommendation:
- i. **Dismiss allegation** – if the allegations should be dismissed,
  - ii. **Referral internally** – if the matter should be considered under another university process e.g. the University's disciplinary procedures or that due to the minor nature the matter should be addressed through non-disciplinary actions such as mediation, further education or training as deemed appropriate by the Faculty Dean.
  - iii. **Referral externally** - if the matter warrants referral directly to an external organisation e.g. statutory, regulatory or professional body. The findings of this external investigation may result in disciplinary action. This may be particularly relevant if there are concerns over Fitness to Practice.
  - iv. **Upheld** – if the allegation is upheld in full or in part, and that the University's

appropriate disciplinary and dismissal procedures should be invoked in such a manner as the Named Person deems appropriate.

6.31 In addition, the Panel may make other recommendations, including but not limited to:

- i. Action to correct the research record;
- ii. Action to uphold the reputation of the University;
- iii. Referral to another University process, e.g. in relation to fraud;
- iv. Informing relevant external organisations;
- v. Informing research participants;
- vi. Any other investigation deemed necessary;
- vii. Any necessary administrative actions, e.g. to meet legal requirements.

6.32 The complainant and respondent will be provided with a copy of the draft report of the assessment and be given an opportunity to comment on the findings, preferably within 5 working days of the provision of the report. Only errors of fact or omissions will be grounds for amending the report.

6.33 The Chair will then send the final report to the Named Person, together with any documentation used in the investigation.

#### D Findings and Actions

6.34 The Named Person will:

- i. confirm their acceptance of the recommendations of the Panel report;
- ii. notify the complainant and the respondent in writing of the outcome of the investigation, providing a copy of the final report. The respondent may share the report with their representative in confidence;
- iii. where appropriate, notify in writing and in confidence the outcome of the investigation to (a) any relevant regulatory or professional bodies, (b) any relevant partner organisations, (c) research participants and patients and/or their doctors, (d) any other persons or bodies as they deem appropriate, including the editors of any relevant journals;
- iv. take any actions that may be necessary to meet all legal, contractual and ethical requirements, including relevant disclosures to funding bodies; and
- v. take any further actions agreed following additional recommendations of the Panel (paragraph 31).

6.35 When an allegation is not upheld, for whatever reason, the Named Person will then take such steps, as are appropriate in the light of seriousness of the allegation, to sustain the reputation of the respondent and the relevant research project(s) and, provided the allegation is considered to have been made in good faith, the complainant.

6.36 The final report of the investigation and documentation must be maintained by the University for three years from the time the report is delivered to the Named Person.

## 7. **Appeals stage**

7.1 The complainant and/or respondent may appeal against the outcomes of the procedure on the grounds of procedural irregularity, evidence of bias or unfairness in the process, or new evidence not previously considered.

- 7.2 Any appeal must be made to the Named Person (or the deputy Named Person if appropriate) within 10 working days of the outcome being communicated. The appeal must set out the grounds of appeal and be accompanied, where possible, by supporting documentation.
- 7.3 The Named Person will assess the appeal and determine if there are grounds for appeal. If it is determined that there are grounds for appeal, then an appeal panel will be appointed by the Named Person.
- 7.4 The appeal panel should usually consist of three persons, ideally with one member external to the University and should include representation from within the general area of the alleged misconduct. All members of the panel should have relevant knowledge and expertise of research. The Named Person will select one of the members of the panel to act as its chair. For allegations where the respondent is employed on a joint clinical/honorary contract, an appropriate member of staff from the joint employing organisation(s) should also be invited to join the panel and should be considered in addition to the other external member of the panel. No individual involved in the Appeals panel will have been involved at any prior stage of the case.
- 7.5 The members of the panel must declare in writing to the Named Person that they do not have any conflicts of interest in the case. The complainant and respondent should be notified of the panel constitution and given 5 working days to raise a concern regarding any member of the panel. If raised, the Named Person should assess if there is a conflict of interest or reasonable complaint and if so, appoint a suitable replacement panel member/chair.
- 7.6 The appeal panel will decide whether it upholds, reverses or modifies the original outcome.
- 7.7 The appeal panel will write a report of the conclusion of the appeal, giving full explanation for its reasoning.
- 7.8 The complainant and respondent will be provided with a copy of the draft report of the assessment and be given an opportunity to comment on the findings, preferably within 5 working days of the provision of the report. Only errors of fact or omissions will be grounds for amending the report.
- 7.9 The chair of the appeal panel will then send the final report to the Named Person, together with any documentation used in the investigation.
- 7.10 The Named Person will inform in writing the complainant and respondent the conclusion of the appeals panel, and ensure any further actions are taken as recommended.
- 7.11 The decision of the appeals panel is final.

## **8. Sources of Further Information**

- 8.1 Wager E, Kleinert S on behalf of COPE Council. Cooperation between research institutions and journals on research integrity cases: guidance from the Committee on Publication Ethics (COPE). March 2012. [www.publicationethics.org](http://www.publicationethics.org)
- 8.2 UKRIO '[Procedure for the investigation of misconduct in research](#)', version 2.10, March 2023
- 8.3 UUK, '[The concordat to support research integrity](#)', Universities UK, October 2019 ;

## Version Control

Version	Author	Date approved	Relevant sections
3	RGQO & Director of R&I	TBC	<ul style="list-style-type: none"> <li>Aligned to UKRIO recommendations including replacing specific roles with 'Named Person', inclusion of 3 separate stages of investigation with addition of 'receipt of allegation' stage, and details of 'appeals panel' stage.</li> </ul>
2.9	Research Governance and Quality Officer	Jan 2023	<ul style="list-style-type: none"> <li>Update to roles/titles</li> <li>Typographical/formatting amendments</li> </ul>
2-08	Doctoral College	Nov 2019	<ul style="list-style-type: none"> <li>Replaces Graduate School with Doctoral College</li> </ul>
2-07	LTE	July 2016	<ul style="list-style-type: none"> <li>Replaces Department with School,</li> <li>Replaces Programme Approvals Committee with Programme Management Committee</li> <li>Replaces Unfair Means to Academic Misconduct</li> </ul>
2-06	LTE	Oct 2014	<ul style="list-style-type: none"> <li>Corrects the link in para. 13.</li> </ul>
2-05	LTE	Apr 2014	<ul style="list-style-type: none"> <li>The Code of Practice has been thoroughly revised and expanded throughout. The revisions clarify the standards of professional integrity in research, the scope of the Code of Practice and the definition of research misconduct. The procedures for allegations and investigations have been expanded, identifying those responsible for undertaking investigations and agreeing a thorough and fair standard process</li> </ul>
2-04	LTE	Aug 2011	<ul style="list-style-type: none"> <li>Replaces references to Deputy Vice-Chancellor with PVC</li> </ul>
2-03	LTE	Sept 2010	<ul style="list-style-type: none"> <li>recognises changes to the committee structure</li> </ul>
2-02	LTE	Sept 2007	<ul style="list-style-type: none"> <li>Replaces references to 'code' on unfair means with 'regulations'.</li> <li>Replaces references to AAC with Programme Approvals Monitoring and Enhancement Committee (PAMEC)</li> <li>Removes reference to Pro Vice Chancellor Academic Affairs</li> </ul>