# Code of practice for the conduct of research

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Introduction

1. Edge Hill University recognises its responsibility to researchers and to the wider community to ensure that the highest standards of integrity and professionalism are met in the conduct of research in which it is involved. For the purposes of this code ‘research’ refers to the definition used by the Research Excellence Framework in which:

[R]esearch is defined as a process of investigation leading to new insights, effectively shared. It includes work of direct relevance to the needs of commerce, industry, and to the public and voluntary sectors; scholarship; the invention and generation of ideas, images, performances, artefacts including design, where these lead to new or substantially improved insights; and the use of existing knowledge in experimental development to produce new or substantially improved materials, devices, products and processes, including design and construction. It excludes routine testing and routine analysis of materials, components and processes such as for the maintenance of national standards, as distinct from the development of new analytical techniques. It also excludes the development of teaching materials that do not embody original research.

It includes research that is published, disseminated or made publicly available in the form of assessable research outputs, and confidential reports.

2. This Code of Practice sets out the guiding principles and standards of good practice in research across all subject disciplines and fields of study in the University. It applies to all those undertaking research on the University’s premises using its facilities, or on behalf of the University, including staff, students, visiting or emeritus staff, associates, honorary or clinical contract holders, contractors and consultants. This code also contains (or provides links
to) further guidance, policies and procedures issued by the University and by external bodies.

3. This code is informed by a number of key guidance documents, including:
   a. UK Research Integrity Office’s Code of Practice for Research: Promoting good practice and preventing misconduct; September 2009
   b. RCUK Policy and Guidelines on Governance of Good Research Conduct; updated April 2017

4. The code will be updated in light of updates to sector-wide guidance, the requirements of research regulatory and funding bodies and any other regulatory or legislative requirements.

5. Failure to comply with the code or any actions that may be deemed to constitute research misconduct, under the University’s Code of Practice for the Investigation of Research Misconduct, may be grounds for instigating disciplinary proceedings.

6. You are encouraged to use the UK Research Integrity Office’s checklist for researchers before beginning any research project.

Key principles

7. The UK Research Integrity Office identifies a number of key principles which should guide the design, conduct and management of the research process. These principles are intended to encourage you to consider the consequences of your work and to engage critically and actively with the practical, ethical and intellectual challenges that are inherent in the conduct of high quality research.

8. Edge Hill University requires all of its researchers, research managers and supervisors to review and follow the key principles set out below in all of their research activities. In doing so you should take responsibility for all aspects of your own research, use your own judgement, refer to institutional and external guidance, and consult with colleagues.

9. These key principles are:
   a. Excellence: the University and its researchers strive for excellence when conducting research and aim to produce and disseminate work of the highest quality.
   b. Honesty: the University seeks to create and maintain a research culture that fosters and supports honesty in all aspects of research. You should be honest in relation to your own research and that of others. You should do your utmost to ensure the accuracy of data and results, acknowledge the contributions of others, and neither engage in misconduct nor conceal it.
   c. Integrity: the University and its researchers must comply with all legal and ethical requirements relevant to their field of study. They should declare any potential or actual conflicts of interest relating to research and where necessary take steps to resolve them.
d. **Co-operation:** the University and its researchers should promote the open exchange of ideas, research methods, data and results and their discussion, scrutiny and debate, subject to any considerations of confidentiality.

e. **Accountability:** the University and its researchers recognise that in and through their work they are accountable to the general public and should act accordingly. Both the University and its researchers must ensure that any research undertaken complies with any agreements, terms and conditions relating to the project, and provide proper governance and transparency. You should follow the requirements and guidance of any professional bodies in your field of research. If you are a member of a regulated profession, you must follow the requirements and guidance of the body regulating your profession.

f. **Building capacity:** the University is committed to the provision of training and opportunities for development for its researchers, and to providing the resources required for them to conduct research to the required standards. You should ensure that you have the necessary skills, training and resources to carry out research within your proposed research team or through collaboration with specialists in relevant fields. You should always report and resolve any unmet training and development needs identified before commencing research. You are encouraged to review the University’s Researcher Development Programme (RDP) programme, enrolling for RDP sessions as required.

g. **Safety:** the University and its researchers must always ensure the dignity, rights, safety and well-being of all involved in research and avoid unreasonable risk or harm to research subjects, patients, participants, researchers and others. You should report and address any concerns relating to the dignity, rights, safety and well-being of those involved in research. Research should be initiated and continued only if the anticipated benefits justify the risks involved.

**Leadership and supervision**

10. Through its Research Code of Practice Edge Hill University seeks to promote and maintain an environment which fosters and supports research of the highest ethical standards, mutual co-operation, professionalism and the open and honest exchange of ideas.

11. Through this code, the University provides direction to you in meeting the legal and ethical requirements of conducting research. The University supports supervisors, managers and researchers in doing so, via the suite of research governance documents available through the University's website, briefings to line managers and research staff and through one-to-one guidance. The University also provides external training for researchers and research supervisors where this is appropriate.
12. If you are involved in the supervision and development of other researchers, you should ensure that they are fully aware of their responsibilities, as set out in this Code of Practice, the terms of funding and ethical approvals and their contracts of employment. They should ensure that they have the necessary training, time and resources to carry out their role, and request support if required.

13. The University is committed to fostering a culture in which good conduct in research is promoted and inappropriate conduct is identified and addressed. For further details, please see the University’s Whistle Blowing Policy and Procedure and Code of Practice for the Investigation of Research Misconduct.

14. The University supports the principles of the Concordat to Support the Career Development of Researchers. As part of this support the University has developed a programme of training and briefing sessions, delivered through the Researcher Development Programme. Managers and principal investigators are required to ensure that team members are aware of the opportunities that are open to them and facilitate their attendance at professional development sessions where beneficial.

**Student supervision**

15. The above principles should also apply to the supervision of research degree students (MRes, PhD and professional doctorate). If you will supervise research degree students you must attend the research degree supervisor development programme run by your department or faculty. If you do not have significant experience of research degree supervision you must also attend the central programme of Research Degree Supervisor Training, which consists of, in addition to the Annual Supervisor Training Session, a further six training sessions held over the course of two years. Details of supervisor training sessions are available on the Graduate School wiki.

16. All research degree supervision within the University must conform to the Research Degree Regulations.

17. You must observe the responsibilities outlined in the Research Degree Handbook.

18. You must decline appointment to a supervisory team unless you expect to be able to discharge the responsibilities outlined in the Research Degree Handbook.

19. The Graduate School seeks to establish that supervisors have the necessary knowledge and expertise to supervise a project, that the project is appropriate for the degree sought, that the necessary resources are available, that the projected timescale is appropriate, and that, as far as can be determined at the outset, the student has the capacity to undertake the project successfully. The Graduate School does this in consultation with prospective supervisors, academic staff acting as examiners, and the relevant Head of Department, Director of the Research Office or Pro Vice Chancellor. When advising the Graduate School on these matters you must satisfy yourself that any advice you give is accurate.
Training and mentoring

20. The University’s commitment to the Concordat to Support the Career Development of Researchers includes principles related to training and professional development. The University offers a wide range of training and mentoring for researchers and students to assist in their training, career development and to develop and maintain their knowledge and skills. You should identify needs for training when they arise and report them to your manager or other appropriate person as identified by your department. The national Researcher Development Framework is a useful tool for identifying training requirements and you are encouraged to assess your own development needs through it.

21. For staff, central research training is primarily delivered through the University’s Researcher Development Programme (RDP). The RDP has been informed by the Researcher Development Framework. Details of the RDP and instructions on how to book on to RDP sessions are available on the research wiki pages. All research degree students need to attend mandatory research training and development provided by the Graduate School. In addition, there are faculty level development programmes that are open to staff and research degree students.

22. All staff and students are encouraged to take responsibility for their own development as researchers. In assessing their strengths, weaknesses and development needs the University encourages staff and students to make use of the Researcher Development Framework (RDF) and companion resources developed by Vitae, the UK organisation championing the personal, professional and career development of doctoral researchers and research staff in higher education institutions and research institutes. These include:

   a. The Researcher Development Framework (RDF) and the various ‘lenses’ currently being developed (e.g. RDF tailored for research leaders)

   b. The RDF Professional Development Planner

23. Staff are also encouraged to engage as appropriate to their needs with the University’s Centre for Learning and Teaching.

24. The University is committed to the mentoring of staff in order to support and accelerate their development as researchers. The University has a centrally administered mentoring programme managed by Human Resources and departments provide mentors for researchers where need is identified. Each faculty has a research mentorship process for early career researchers to which they are directed when they arrive in post.

25. All new research supervisors must attend the training in research supervision organised by the Graduate School and the researcher’s faculty and/or department.
Research involving the use of human issue

26. The University holds a research licence issued by the Human Tissue Authority (licensing number 12632) to lawfully store human tissue on the premises.

27. If you believe that any proposed new research may involve the use or storage of human tissue, you must contact the University’s Designated Individual (Prof Adrian Midgley; Email: adrian.midgley@edgehill.ac.uk; Tel: 01695 584318/ext. 4318) for advice.

28. The University requires all researchers using or storing human tissue to follow the guidance and direction of the Designated Individual and any Persons Designated appointed by the University.

29. Any staff or students conducting research using or storing human tissue must undertake training on human tissue legislation and Edge Hill University’s policies and procedures for the acquisition, use, storage, and disposal of human tissue. If you are seeking consent from research participants for the use or storage of human tissue for research, you must also be assessed on your competency in seeking consent. Records of such training and competency assessment must be maintained for internal audits and inspection by the Human Tissue Authority. Please speak to the University’s Designated Individual to discuss and arrange training and assessment of competency in seeking consent.

30. Further information on working with human tissue at Edge Hill is available from edgehill.ac.uk/research/human-tissue.

Student researchers

31. As with staff, all students conducting research at the University must comply with all applicable University regulations and policies including this Code of Practice for the Conduct of Research. All student research must be subject to appropriate peer review and ethical scrutiny. You should consult with your supervisor and/or the Graduate School prior to conducting any research. All research undertaken by students (undergraduate and postgraduate) at Edge Hill must be done so under the supervision of the appropriate member of staff.

Research design

32. Research design is the foundation of high quality research. Identifying appropriate research questions and research objectives, and then putting in place a research programme that can address those questions and that can be achieved in light of all constraints, is vital. A sound approach to research design enables you to identify the requirements of the research process (for example, time, sequencing of tasks, funding, access to data, sampling, ethical approvals, data management processes). It also enables you to identify risks and put in place adequate steps to manage risk. When designing research projects, you should ensure that:
a. The proposed research addresses pertinent question(s) and is designed either to add to existing knowledge about the subject in question or to develop methods for research into it.

b. The design of the study is appropriate for the question(s) being asked and addresses the most important potential sources of bias.

c. The design and conduct of the study, including how data will be gathered, analysed and managed, are set out in detail in a pre-specified research plan or protocol.

d. All necessary skills and experience will be available to carry out the proposed research, in the proposed research team or through collaboration with specialists in relevant fields.

e. Sufficient resources will be available to carry out the proposed research and that these resources will meet the relevant standards.

f. Any issues relating to the above are resolved as far as possible prior to the start of the research.

g. It may also be appropriate to undertake a risk assessment of the planned study to determine:
   - Whether there are any ethical issues and whether ethics review is required.
   - The potential for risks to the University, the research or the health, safety or well-being of researchers or research participants.
   - Which legal requirements govern the research.

33. Where the design has been approved by ethics, regulatory or peer review, you should ensure that any subsequent alterations to the design are subject to appropriate review to determine that they will not compromise the integrity of the research or any terms of consent previously given.

34. You should seek to anticipate any risks that your proposed research might produce results that could be misused for purposes that are illegal or harmful. You should report any risks to, and seek guidance from, your head of department in the first instance and take action to manage and minimise those risks.

35. You should be prepared to make your research designs available to peer reviewers (internal and external) and journal editors when submitting research reports for publication.

Securing external funding for research

36. The University supports and encourages you to seek external funding for your research activities and accepts funding for research from a wide and diverse portfolio of legal sources, in accordance with University financial regulations and ethical scrutiny framework.
37. Any contract, or offer to contract (including the submission of research proposals) should only be entered into with the explicit institutional approval via the Research Office. This approval must be sought in good time, ensuring that there is time for bids and proposed contracts to be reviewed. Institutional approval is required in order to:

a. Establish a track record of the volume and value of external funding bids submitted
b. Ensure that there is an opportunity to check contract documents (for example to identify any liabilities that the University may be assuming, ensuring that there will be adequate risk management, insurance and indemnity)
c. Provide an opportunity to check and confirm that bids have been costed accurately
d. Provide an opportunity for quality assurance and improvement

38. You must seek institutional approval to submit bids through one of two routes:

a. Internal Peer Review:
   - Applications to any of the UK Research Councils
   - Applications for projects with a total cost (to the funder) of more than £10,000 to be submitted to the British Academy, Nuffield Foundation, Wellcome Trust, Royal Society and Leverhulme Trust and Horizon 2020

b. Green Card: most other proposed projects must be taken through the Green Card process.

**Pursuing or accepting resources from funders**

39. There may be circumstances in which ethical issues arise when considering whether or not to apply for or accept funding for research from particular sources. **It is important that the interests of all staff and the interests and the reputation of the University as a whole are safeguarded when seeking and accepting external funding.**

40. While it is outside the scope of this code to provide an exhaustive list of specific examples of what may or may not be acceptable sources of funding, circumstances where the following may occur would cause concern and further advice should be sought from the Head of Research Support, in the first instance:

a. Where a third party is involved and the original source of the funding is unknown or cannot be identified

b. Where a funding organisation wishes to place inappropriate restrictions on publication and exploitation of research which may lead to substantial ethical difficulties
c. Where a funding organisation is attempting to exert pressure to suppress or alter the results of the research which do not further, or may damage, its interests, commercial or otherwise

d. Where a member of staff may have an interest in a funding organisation

e. Where accepting funds from one source may compromise the ability of the University to apply for or accept funds from another source

f. Where the practices of a potential sponsor or their motives in commissioning the research may conflict with the mission, aims and objectives of the University

g. Where the ethical and political implications of undertaking research or accepting research funding from a particular source could result in negative publicity and/or may seriously damage the reputation of the University

h. Where the conduct of research may harm or place at undue risk members of the public, participants or staff

41. Further advice and guidance on any ethical considerations relating to the application for or acceptance of external funding for research activities should be referred to the Director of the Research Office in the first instance, who may also seek advice from the Pro Vice Chancellor (Research) and the University Research Ethics Sub-committee (URESC).

Collaborative working and international research

42. The University and its researchers must pay particular attention to research projects which include participants from different countries or where work will be carried out in another country. There may be additional legal and ethical requirements and other international or local guidelines that apply in such circumstances.

43. The University and its researchers will work with partner organisations to ensure the agreement of, and compliance with, common standards and procedures for the conduct of collaborative research, including detailing arrangements to ensure the resolution of any issues or problems that might arise and the investigation of any allegations of misconduct in research should they occur.

44. You need to be aware of the standards and procedures for the conduct of research followed by any organisation involved in collaborative research that you are undertaking. You should also be aware of any contractual requirements involving partner organisations, seeking guidance and assistance where necessary and reporting any concerns or irregularities to the appropriate person(s) as soon as you become aware of them.

45. You should try to anticipate any issues that might arise as a result of working collaboratively and agree jointly in advance how they might be addressed, communicating any decisions to all members of the research team.
46. In particular, you are advised to contact the Research Office as early as possible, so that an appropriate agreement can be put in place which clearly outlines the specific roles of the researchers involved in the project and on issues relating to intellectual property, publication, and the attribution of authorship, recognising that, subject to legal and ethical requirements, roles and contributions may change during the time span of the research.

Conflicts of interest

47. A conflict of interest can negatively affect research and risks compromising the validity or integrity of the research, your reputation, your research group(s), department, research centre, and the University. Conflicts of interest must be identified, disclosed and addressed to avoid poor research practice or potential research misconduct.

48. You should disclose and justify potential or real conflicts of interest. Conflicts of interest might be legal, ethical, moral, financial, personal, academic or of another nature. Any such conflict, which could affect, or be perceived to affect, your judgement in any aspect of undertaking your research, must be disclosed as soon as it is recognised and necessary steps taken to ensure it is recorded, and either avoided or appropriately managed.

49. Any perceived conflict of interest must be disclosed to the appropriate head of department who will determine what further action should be taken. That action may involve consultation with the University’s Research Office, a funding body, journal editors, publishers, or other parties to ensure that the conflict of interest does not compromise the research, or the University’s interests.

Ethical scrutiny

50. Edge Hill University is committed to advancing and safeguarding the highest academic and ethical standards in all its research activities. The University Research Ethics Sub-committee (URESC) was established formally on 1 October 2011 to govern ethical policy and to provide a clear research governance framework across the University. Details of the remit, constitution and membership of URESC are identified in the standard operating procedures for ethical approval (Research Ethics Policy Appendix 1). You must follow the appropriate procedures to ensure that your research project undergoes ethical scrutiny. Failure to secure appropriate ethical approval will result in the material been removed from the reporting of research findings. Repeated failures to secure ethical approval, a wanton disregard for the ethical approval process and/or carrying out research when ethical approval has been denied may constitute research misconduct which will be addressed via the Code of Practice for the Investigation of Research Misconduct.

51. The University is committed to supporting researchers to conduct their research to the highest ethical standards across all research fields. The University expects that staff and students will behave ethically and professionally in all their
activities. It is the responsibility of staff and students to consider the ethical implications of their research using this Research Code of Practice and all relevant guidelines of appropriate professional bodies to assist them in fulfilling their obligations. The ethos of ethical review is to have a robust system which is proportional to risk. At the same time, it is recognised that the University has certain obligations to external bodies that contribute to the research compliance environment.

Research project registration

52. The first stage of any research project is the registration of the research where it undergoes ethical scrutiny. Project registration helps the University to know what research it is supporting which, in turn, helps to ensure that the appropriate insurance and indemnity are in place. It is at this stage that it is determined whether a project needs to undergo formal ethical approval by the appropriate ethics committee. Details of the ethical approval process can be found in the Research Ethics Policy. In general, projects that are determined to be low risk, will not require ethical approval and permission to proceed may be given by the departmental research management group. All other projects require an application for ethical approval before any primary data collection can commence. Most applications will be considered at faculty-level but certain high risk projects will need to be considered by URESC.

Human participants, materials and data

53. The dignity, rights, safety and well-being of participants must be the primary consideration in any research project. Research involving any human participant’s data, organs, tissue must have ethical approval and adhere to all laws governing such research: this extends to research involving NHS staff and premises.

54. If you wish to undertake research involving human participants, their data and/or tissue (this may also include research involving the data of deceased participants) under the auspices of the University, you must obtain appropriate ethical approval. This approval will set out the governance and ethical regulations applicable to the research and the appropriate human protection approvals required in order for the research to commence. In addition, no data collection associated with the project can commence until all necessary approvals are in place.

Research involving the use of human tissue

55. The University holds a research licence issued by the Human Tissue Authority (licensing number 12632) to lawfully store human tissue on the premises.

56. Where staff believe that any proposed new research may involve the use or storage of human tissue must contact the University’s Designated Individual (Prof Adrian Midgley; Email: adrian.midgley@edgehill.ac.uk; Tel: 01695 584318/ext. 4318) for advice.
57. The University requires all researchers using or storing human tissue to follow the
guidance and direction of the Designated Individual and any Persons Designated
appointed by the University.

58. Any staff or students conducting research using or storing human tissue must
undertake training on human tissue legislation and Edge Hill University’s policies
and procedures for the acquisition, use, storage, and disposal of human tissue. Those staff and students seeking consent from research participants for the use
or storage of human tissue for research, must also be assessed on their competency in seeking consent. Records of such training and competency
assessment must be maintained for internal audits and inspection by the Human Tissue Authority. Please speak to the University’s Designated Individual to
discuss and arrange training and assessment of competency in seeking consent.

59. Further information on working with human tissue at Edge Hill is available here:
https://www.edgehill.ac.uk/research/human-
tissue/

Work using genetic resources and traditional knowledge (Nagoya Protocol)

60. Any work that involves genetic resources must comply with the Nagoya Protocol,
a supplementary agreement to the Convention on Biological Diversity (CBD),
which promotes the fair and equitable sharing of the benefits of research that
uses genetic resources. The Protocol, which came into force in Europe on 12
October 2014, also covers the use of traditional knowledge. The key aim of the
Protocol is to provide a legal framework for the implementation of one of the three
objectives of the CBD: the fair and equitable sharing of benefits arising out of the
utilisation of genetic resources, thereby contributing to the conservation and
sustainable use of biodiversity. There are a number of obligations that must be
adhered to (access, benefit-sharing and compliance) and any researcher whose
work is likely to fall under the Nagoya Protocol should contact the Research
Office for guidance.

61. Any research which falls under the obligations of the Protocol should be clearly
identified in your ethical approval documentation and how you will respect the
obligations should be specified. The burden is placed on you to show that any
genetic materials used during the course of the research was legally obtained in
accordance with the Protocol. DEFRA has indicated that severe wilful non-
compliance with the Protocol could result in a fine of up to £250,000 and two
years in prison.

Research using animals

62. At present, no research using animals takes place at Edge Hill University. Should
these circumstances change, the laws, rules and guidelines below must be
adhered to.

63. In the UK, research and teaching activities involving animals considered to be
sentient are governed by a range of legislation, including the Animals (Scientific
Procedures) Act 1986. All members of the University carrying out procedures regulated under the Act must, by law, have had prior training, relevant experience, and authority from the Home Office. All projects affecting such animals are subject to formal ethical review within the University.

64. You must consider, at an early stage in the design of any research involving animals, the opportunities for reduction, replacement and refinement of animal involvement (the 3Rs). For further information in this area please consult the Association of Medical Research Charities’ (AMRC) guidelines on promoting good practice in research involving animals.

Working with sensitive material

65. The University recognises that some researchers will need to engage with material of a sensitive nature and does not wish to limit any colleague’s or student’s legitimate research. Alongside the well-being issues for both researcher and research subject, the University also has legal duties established in the Counter-Terrorism and Security Act 2015.

66. Research involving security-sensitive research material, or other material of a sensitive nature such as investigations into child sexual abuse, accessing the ‘dark web’, and other extreme material raises a number of issues for researchers and research organisations. These include legal matters, questions about IT specifications related to the storage of such material, and issues of research ethics and research integrity. In order for the University to be satisfied that the research does not contravene any legal requirement, there are additional governance requirements of which researchers and supervisors need to be aware. You should ensure that you store any materials related to such topics in a secure environment and do not share them with others or make them easily available to others.

67. Any research that involves accessing sensitive material should carried out in accordance with the University’s Policy on Researching and Handling Sensitive Material.

68. Regardless of the nature of your research, you must adhere to Edge Hill’s IT Acceptable Use Policy.

Research ethics committees

69. The Research Ethics Policy is the governing document for ethical research and research practice at Edge Hill University. All academic staff, support staff with research roles and students involved in research practice should ensure they are aware of its contents and incorporate the values, principles and obligations set out by the policy into their practice.

70. Protocols and advice have been developed in response to specific issues raised by members of the University Community with the Research Ethics Subcommittee (URESC) for deliberation and guidance or advice. Protocols are
extensions of the Research Ethics Policy. All academic staff, support staff with research roles and students involved in research practice are required to be aware of their contents and incorporate them into relevant practice. Where advice is offered, it is offered to enrich the practice of staff and students in their own deliberations.

71. The Edge Hill research governance webpages contain details on how to apply for ethical approval. You may also need to seek approval from an external research ethics committee (for example, from an NHS research ethics committee where research involves healthcare patients as subjects).

72. Once you have ethical approval please note that the approval only covers the original study for which ethical approval was sought (unless advised otherwise by the ethics committee issuing the approval). If a study is being extended or changed and/or further use of samples or data from a study already completed is required, it advisable to contact the Research Office and the ethics committee from which your original approval was granted.

73. Please note a Disclosure and Barring Service (DBS) check may also be required, if you will come into contact with children or vulnerable adults. Please consult Human Resources or refer to UK government guidance.

Insurance and indemnity

74. All research can raise potential insurance and indemnity issues. The University needs to be aware of new research projects (and/or the decision to undertake particular research tasks) in order to ensure that:

a. Any risks are identified and managed appropriately

b. Research activity can be covered by existing insurances or additional cover purchased

c. The University is compliant with the terms of existing insurance policies.

75. The need to ensure that insurance and indemnity issues are fully understood and addressed before a research proposal is entered into, before research funding applications are submitted, and before any unfunded research begins is one of the primary reasons why you are required to seek institutional approval – via funding and ethical approval mechanisms - before commencing a new research activity.

76. You should undertake a risk assessment of all proposed activity when applying for funding (since the outcome of a risk assessment may affect method and budget) and before beginning the research. All key team members should be involved in this risk assessment process and be advised of the outcome. The University’s Research Risk Assessment guidance is available from the University’s research governance web pages.
Insurance

77. Whenever the University is involved in any research activities, whether these activities are funded, unfunded or internally funded, then appropriate insurance cover must be in place. Involvement can mean, for example:

a. Where the University has designed the research project
b. Where the University is managing the research project
c. If the University is receiving funding for the research, or
d. The research involves University staff, students and/or its facilities

78. Please note that it is unlikely that another institution’s insurance policies (e.g. NHS, other HEI or commercial organisation) will cover research undertaken by Edge Hill, even in cases where the other institution is the project lead; therefore Edge Hill must ensure all its research activities are covered under its own policies. Equally, the University's insurance cover is unlikely to cover any third parties, so it is the responsibility of the third party to ensure they have appropriate insurance in place.

79. The University’s insurance covers staff members who have honorary contracts for the research they undertake as part of their role at the University but not for any element of the project which is undertaken outside the scope of their role at the University; i.e. where the honorary member of staff is employed by an NHS Trust then the University insurance would not cover clinical or surgical procedures that individual performs as an NHS Trust employee. Where an honorary member of staff is acting as the principal investigator for a study, it is advisable to contact the Research Office to ensure that the project is covered under the University's existing policy.

80. Whether research involves human participants or not, the principal investigator will still need to consider whether any ethical approval or additional insurance cover is required before the University can accept the award. Where such approval is required, evidence that approvals and/or additional cover are in place will be necessary before any research can commence. Initial enquiries regarding whether a project requires ethical approval can be directed to faculty research ethics committees.

Indemnity

81. Separate to insurance, an indemnity is an undertaking by one party (indemnifying party) to compensate for (or to provide protection against) injury, loss, incurred penalties, or from a contingent liability suffered by another party (indemnified party).

82. If the University gives an indemnity that is not covered by its insurance and there is a breach of contract then the University would be required to meet the cost of the indemnity out of its own assets.
83. The University has a number of insurance policies in place to cover some types of indemnities; however, there are some indemnities which are not covered or are unable to be covered. It is essential, therefore, that the Research Office and the Compliance Unit check any contractual indemnity clauses to ensure these are covered by the University's existing insurance policies.

**IRAS applications (insurance and indemnity)**

84. Edge Hill University can act as a sponsor for projects submitted via IRAS (Integrated Research Application System) applications. The Director of the Research Office authorises the applications on behalf of the University. General queries regarding authorisation can be directed to the chair of the Faculty of Health and Social Care Research Ethics Committee or the Research Office. It is vital that proposed activity is covered by the terms of the University’s indemnity and insurance agreements. Detailed information on the process of making an application via the IRAS system can be found on the IRAS system.

**Open access commitments**

85. The University supports open access, both in relation to the dissemination to research findings and the management of research data. Unless there is good cause (e.g. a funder or publisher restriction) all publications and other research outputs need to be deposited in the University’s research repository subject to any embargo requirements as identified in the University’s [Open Access Policy](#).

86. Similarly you should refer to and follow the provisions of the University’s [Research Data Management Policy](#). The maintenance and retention of accurately recorded and retrievable research data is essential. This ensures that the University and its researchers can demonstrate good research practice and can respond should questions over researcher conduct or the results obtained arise.

**Data and Records**

87. Data must be retained intact in paper or electronic format as appropriate, normally for a period of at least ten years from the date of any publication which is based upon it. Lab-based data must be retained in indexed lab books and where appropriate, supervisors should regularly review and sign off said notebooks to signify records are complete and accurate.

88. Where funders or professional bodies have specific regulations with regard to the period of data retention or with regards to where you should place/publish data (e.g. specific archives), these regulations should be followed, even if these are different to standard University policy. You should ensure that, where required by funders, you are able to deposit your data in data repositories and archives with the required meta-data.

89. You must ensure all members of your team are aware of any confidentiality provisions applying to specific projects and whether there are any obligations with respect to these provisions.
90. If you leave the University and wish to retain data/copies of data for personal use, you must obtain written permission prior to leaving from your head of department to do so. Where personal data is processed in connection with the research involved, the request must be refused unless it is clear that future use will be consistent with the terms of the participant’s original consent.

91. The RCUK Common Principles on Data Policy places requirements on researchers in all disciplines and at institutional level, including:
   a. Making data and appropriate metadata available and maintaining its accessibility over time to support understanding and reuse
   b. Including information in publications on how to access supporting data
   c. The need for best practice data management policies and plans at project and institution level
   d. Protection of data as required: legal, ethical and commercial constraints on release should be considered at all stages in the research process

92. Individual Research Councils also have separate policies on data management which you should follow if in receipt of support from those organisations.

93. Personal data must not normally be transferred outside the European Economic Area. A transfer can only be made where there is adequate protection for the rights and freedoms of individuals in relation to the procession of information about them. For further advice in this area researchers and heads of departments should contact the University’s Data Protection Officer.

**Research Data Management Policy**

94. You must comply with the University’s Research Data Management Policy and practical guidance on how to implement and adhere to this policy can be found in the Research Data Management Guidelines.

95. Research data is an important output from the research process. It can be a key asset for the University’s researchers, its collaborators and for the wider research and research-user communities. Both individual researchers and the University need to manage a number of requirements, including:
   a. Legal requirements (for example, the Data Protection Act (soon to be superseded by the General Data Protection Regulation: GDPR) and the Freedom of Information Acts)
   b. The need to respect confidentiality for ethical and/or commercial reasons
   c. Ensuring that data generated in publicly-funded research is made publicly available
   d. Ensuring that data is retained and accessible for an appropriate period of time in a format that enables validation of research findings
96. In order to fulfil these requirements, it is vital that the University is made aware of research data generated by its researchers and that this data is managed appropriately. As such, the University’s Data Management Policy seeks to ensure that data produced or reused by Edge Hill University research activities is:

a. Reported, registered, stored, made accessible for audit and use/reuse as appropriate
b. Managed over time
c. Disposed of according to legal, ethical, funder requirements and good practice.

97. Alongside the policy and associated guidance, the University has a resource page on information compliance, which all researchers should consult.

**Monitoring and audit**

98. The University and its researchers must ensure that research projects comply with any monitoring and audit requirements. These requirements and the person responsible will be reviewed and confirmed at the beginning of a project.

99. The University ensures that researchers charged with carry out such monitoring and audit tasks have sufficient training, resources and support to fulfil the requirements of the role required of them.

100. You should consider any requirements for monitoring and audit at an early stage in the design of your project, ensuring that adequate resources are available for the requirements to be met.

101. The University monitors and audits research projects to ensure that they are being carried out in accordance with good practice, legal and ethical requirements and any other guidelines as appropriate. In doing so, it adopts a risk-based and proportional approach.

102. You should co-operate with the monitoring and audit of your research by applicable bodies and undertake monitoring and audit tasks when required. You should also engage and co-operate with any outcomes from this work. If you become aware of a need for monitoring and audit where it is not already scheduled, you should report that need to the appropriate person(s).

**Peer review**

**Peer review for external funding bodies or other research organisations**

103. If you are invited to join a peer review college established by a research funder, or otherwise invited by a research funder to act as a peer reviewer of a research funding proposal, you should follow all aspects of the procedures and processes set out by that funder.

104. Although detailed guidance varies, all research councils require peer reviewers to act in accordance with a number of key principles. These include:
a. Confidentiality: keeping all information disclosed confidential, to use it only for the purposes of peer review and to dispose of it accordingly when peer review has been completed

b. Respect: Applicants should be treated with respect throughout the peer review process. Their application is likely to represent their best effort and this should be recognised in providing comments. Although the application – and the ability of the applicant to undertake the research programme outlined – need to be assessed objectively and robustly, peer reviewers should ensure that they confine their assessments to the application presented rather than the applicant. Applicants’ proposals represent their intellectual property and this must also be respected. Reviewers should avoid any plagiaristic and unacknowledged appropriation of the applicants’ ideas

c. Impartiality: Reviewers should adopt a stance of impartiality in assessing the strengths and weakness of research proposals. They should be open to new ideas and approaches, ensuring that their own theoretical or methodological preferences are not used as the bases for judgements. Any conflict of interest which might threaten the impartiality of the review must be declared to the funder in line with their detailed guidance

d. Transparency: The basis on which reviewers make gradings and arrive at judgements should be made clear, in line with the funder’s detailed guidance

e. Timeliness: It is important to applicants, funders and the wider research community that proposals are reviewed in a timely fashion. Reviewers should follow the timescales set out by the funder, and/or communicate any difficulties in doing so at the earliest opportunity

f. Developmental assistance: Although the primary role of peer reviewers is to assess the merits of funding applications to funders, a secondary role is to provide comments and feedback that will be of use to the applicant in their learning and development as researchers

105. Each research council publishes information about its peer review process, which can be found on their respective websites.

**Internal peer review**

106. You may be required to act as an internal peer reviewer of funding applications prepared by your colleagues for submission to an external funder. This requirement is most likely to be made of members of the University’s Internal Peer Review College comprised of professors and readers of the University; however, any member of academic staff may be asked to undertake such internal peer review exercises.

107. An overview of the University’s approach to internal peer review is provided [here](#). The University provides a standard template for internal peer reviewers to use when providing comments on proposals.
The University expects staff acting as internal peer reviewers to act in accordance with the same principles outlined above for staff acting as peer reviewers on behalf of funders, namely:

a. Confidentiality
b. Respect
c. Impartiality
d. Transparency
e. Timeliness
f. Developmental assistance

**Publication and authorship**

You have a duty to publish and disseminate research in a manner that reports the research and all the findings of the research accurately and without selection that could be misleading.

In accepting funding or other support for research, the University will ensure that sponsors and funders of research:

a. Respect the duty of researchers to publish their research and the findings of their research (subject to any appropriate confidentiality arrangements and ownership of intellectual property as set out in funding agreements)
b. Do not discourage or suppress appropriate publication or dissemination, and
c. Do not attempt to influence the presentation or interpretation of findings appropriately

The University provides support to help you address any issues which may arise in the potential publication and dissemination of research that involves confidential or proprietary information, issues relating to patents or intellectual property, findings with serious implications for public health, contractual or other legal obligations and or interest from the media or general public.

You should address issues relating to publication and authorship, especially the roles of all collaborators and contributors, at an early stage in the design of the project, recognising that, subject to legal and ethical requirements, roles and contributions may change during the life of the project. Decisions on publication and authorship should be agreed jointly and communicated to all members of the research team.

Any person – including research students, research assistants, research officers, technical officers and other support staff – who has participated in a substantial way in conceiving, executing or interpreting the relevant research must be given the opportunity to be included as an author of a publication derived from that research.
Authorship should be restricted to those contributors and collaborators who have made a significant intellectual or practical contribution to the work. Anyone listed as an author of any work must be prepared to take public responsibility for it, ensure its accuracy and be able to identify their contribution to it. You should list the contribution of all individuals who do not meet the criteria for authorship in an acknowledgements section. All funders and sponsors of research should be clearly acknowledged and any competing interests listed.

In addition to meeting the above requirements regarding publication, you must ensure that the work of any relevant person is recognised and appropriately acknowledged in all publications derived from research to which they have made a contribution.

You should declare any potential or actual conflicts of interest in relation to your research when reporting your findings at meetings or in publications. Any person who has not participated in a substantial way in conceiving, executing or interpreting the relevant research must not be included as an author of the publication derived from that research.

You must clearly acknowledge all sources used in your research and seek permission from any individuals if a substantial amount of their work has been used in the publication. A publication which is substantially similar to other publications derived from the same research must contain appropriate reference to the other publications. If you submit substantially similar work to more than one publisher you should disclose that fact to the publishers at the time of submission.

Publication and dissemination of work electronically or on the web should be treated with the same degree of integrity as every other form of publication.

Where work has been funded by a UK Research Council, you should ensure that all publications (and other outcomes) are recorded against your funding award on ResearchFish and ensure that, as a minimum, you respond to annual requests for updates. Other funders also use ResearchFish or may have similar processes and you should comply with their requirements, as detailed in your funding agreement.

Some funders may specify the journals to which publications must be submitted as a condition of their funding, or have requirements for publications and data to be placed in an open access repository within a defined period. You must comply with any such requirement you have accepted through your funding agreement.

Further information

- Committee on Publication Ethics (COPE) Code of Conduct
UKRIO Information Note: Guidance for researchers on retractions in academic journals (2010)

Research misconduct

121. This code is relevant to all individuals involved in research, irrespective of the subject of research, entry route into research or any other consideration, including:
   a. researchers
   b. research support staff
   c. students
   d. research managers and administrators

122. You are expected to observe the highest standards of research integrity and to embed good practice in all aspects of your work, including the training of new researchers. You must operate honestly and openly in respect of your own actions and in response to the actions of others involved in research.

123. The spectrum of inappropriate behaviour is wide, ranging from minor misdemeanours which may happen occasionally and inadvertently, to significant acts of misappropriation or fabrication. Poor practices, such as weak procedures or inadequate record-keeping which may jeopardise the integrity of the research but might only require further training or development rather than formal disciplinary action, are normally a matter solely for the University.

124. This code therefore concentrates on entirely unacceptable types of research conduct. Individuals involved in research must not commit any of the acts of research misconduct specified here.

Unacceptable research conduct

125. Allegations should be investigated by the University and proven cases must be notified to the research funder.

126. Unacceptable conduct includes each of the following:
   a. Fabrication: this includes the creation of false data or other aspects of research, including documentation and participant consent
   b. Falsification: this includes the inappropriate manipulation and/or selection of data, imagery and/or consents
   c. Plagiarism: this includes the general misappropriation or use of others’ ideas, intellectual property or work (written or otherwise), without acknowledgement or permission
   d. Misrepresentation, including:
• Misrepresentation of data, for example suppression of relevant findings and/or data, or knowingly, recklessly or by gross negligence, presenting a flawed interpretation of data
• Undisclosed duplication of publication, including undisclosed duplicate submission of manuscripts for publication
• Misrepresentation of interests, including failure to declare material interests either of the researcher or of the funders of the research
• Misrepresentation of qualifications and/or experience, including claiming or implying qualifications or experience which are not held
• Misrepresentation of involvement, such as inappropriate claims to authorship and/or attribution of work where there has been no significant contribution, or the denial of authorship where an author has made a significant contribution

e. Mismanagement or inadequate preservation of data and/or primary materials, including failure to:
• Keep clear and accurate records of the research procedures followed and the results obtained, including interim results
• Hold records securely in paper or electronic form
• Make relevant primary data and research evidence accessible to others for reasonable periods after the completion of the research: data should normally be preserved and accessible for ten years, but for projects of clinical or major social, environmental or heritage importance, for 20 years or longer
• Manage data according to the research funder’s data policy and all relevant legislation
• Wherever possible, deposit data permanently within a national collection

Responsibility for proper management and preservation of data and primary materials is shared between the researcher and the research organisation.

f. Breach of duty of care, which involves deliberately, recklessly or by gross negligence:
• Disclosing improperly the identity of individuals or groups involved in research without their consent, or other breach of confidentiality
• Placing any of those involved in research in danger, whether as subjects, participants or associated individuals, without their prior consent, and without appropriate safeguards even with consent; this includes reputational danger where that can be anticipated
Not taking all reasonable care to ensure that the risks and dangers, the broad objectives and the sponsors of the research are known to participants or their legal representatives, to ensure appropriate informed consent is obtained properly, explicitly and transparently

Not observing legal and reasonable ethical requirements or obligations of care for animal subjects, human organs or tissue used in research, or for the protection of the environment or cultural objects

Improper conduct in peer review of research proposals or results (including manuscripts submitted for publication); this includes failure to disclose conflicts of interest; inadequate disclosure of clearly limited competence; misappropriation of the content of material; and breach of confidentiality or abuse of material provided in confidence for peer review purposes

Procedures for the investigation of research misconduct

127. Misconduct in research is constituted by a failure to comply with the provisions of the Code of Practice for the Conduct of Research and, without limiting the generality of the foregoing provisions, includes:

a. The fabrication or falsification of research data

b. The use of another person’s ideas, work or research data without appropriate acknowledgement

c. Misleading ascription of authorship to a publication

128. You have a duty to report misconduct and such reports shall be managed as prescribed in the Code of Practice for the Investigation of Research Misconduct. (See also the University’s Whistle Blowing Policy and Procedure.)

129. Any failure to comply with this Code or proven allegation of misconduct could lead to disciplinary actions as set out in the University’s disciplinary policy or employees’ terms and conditions as appropriate.

UKRIO Researcher Checklist

130. The United Kingdom Research Integrity Office (UKRIO) has provided a checklist to help you design, plan and implement research studies. Edge Hill University strongly recommends that all staff and students undertaking research use this checklist.

Relevant University documents

- Research Strategy
- Code of Practice for the Investigation of Research Misconduct
- Research Ethics Policy & Standard Operating Procedures for Ethical Approval
Policy on Researching & Handling Sensitive Material
Open Access Policy
Research Data Management Policy
Research Data Management Guidance
Information compliance
Intellectual property
Freedom of Speech Policy and Code of Practice

This code was approved on **19th March 2014** by the Edge Hill University Academic Board. The following minor updates and amendments have since been prepared.

<table>
<thead>
<tr>
<th>Section</th>
<th>Nature of amendment</th>
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<tr>
<td>Research involving the use of human tissue</td>
<td>Research Licence granted by the Human Tissue Authority and procedures now in place to manage work with human tissue.</td>
<td>15 June 2016</td>
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<tr>
<td>Working with sensitive material</td>
<td>Section added</td>
<td>Approved by Academic Board 22 November 2017</td>
</tr>
<tr>
<td>Working with genetic materials</td>
<td>Section added (Nagoya protocol)</td>
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<tr>
<td>Research data management</td>
<td>Section revised and new policy established</td>
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