FALMOUTH
UNIVERSITY

HANDBOOK FOR RESEARCH INTEGRITY AND ETHICS

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Table of Contents

PART 1

CHAPTER 1: INTRODUCTION

1.1 NAVIGATING THIS DOCUMENT

This document is divided into two main parts. Part One comprises five chapters that outline both the values that underpin Research and Innovation activity at the University and the structures and processes used to ensure compliance with sector quality benchmarks, legal and professional obligations. Part Two comprises a single chapter, which focusses on the process of conducting an ethics review.

1.2 GUIDING PRINCIPLES

Research and innovation are core to Falmouth's academic culture and the University is committed to advancing and safeguarding the highest standards of governance in all its research and innovation activities. Drawing on the UK funding bodies' definition used in the Research Excellence Framework, research is defined here as 'a process of investigation leading to new insights, effectively shared…It includes work of direct relevance to the needs of industry, and to the public and voluntary sectors; scholarship; the invention and generation of new ideas, images, performances, artefacts including design, where these lead to new or substantially improved insights; and the use of knowledge in experimental development to produce new or substantially improved materials, devices, products and processes, including design and construction.'[1]

This document provides guidance on the application of the principles outlined in the University's Research and Innovation Integrity and Ethics Policy, which in turn reflects the University's firm commitment to the five core principles of the Concordat to Support Research Integrity. By adopting the values of the concordat, the University commits to:

1. underpin all of its work with common values of rigour and integrity;
2. conform to all ethical, legal and professional obligations incumbent on its work;
3. nurture a research environment that supports research of the highest standards of rigour and integrity;
4. use transparent, robust and fair processes to handle allegations of misconduct; and,
5. continue to monitor, and where necessary improve, the suitability and appropriateness of the mechanisms in place to provide assurances over the integrity of research.

Upholding these values necessitates that the common principles of integrity, honesty, rigour, openness and transparency lie at the heart of everything we do. This will be reflected in every stage of research and innovation activity, from research design and the preparation of funding proposals,

[1] Described in Assessment framework and guidance on submissions (2011) www.ref.ac.uk/2014/pubs/2011-02/

to dissemination of outcomes. In all cases, staff and students must adhere to structures and processes outlined in this document, which safeguard the rights and dignity of everybody involved in research and innovation projects, minimise negative impact on the environment and observe obligations towards funders, partners, the law and society at large.

1.3 SCOPE

This handbook is for the use of all individuals involved in research and innovation, consultancy and knowledge exchange activities, taking place under the auspices of the University. This includes members of academic, technical and support staff and research students and any individuals external to the University conducting or contributing to research activities which take place under the auspices of the University. This handbook is designed to be read with reference to the Research and Innovation Integrity and Ethics Policy (appendix 2).

The frameworks and guidance contained in this handbook are reviewed and updated by the Research Integrity and Ethics Committee on (at least) an annual basis. The Committee is responsible for advising the University on the moral, legal, and ethical issues pertaining to research and innovation activity, and for ensuring that the Concordat to Support Research Integrity is upheld through its consideration of research ethics applications.

Line managers, research degree supervisors and academic departments (via Departmental Committees) also carry responsibilities for ensuring research is carried out ethically and in line with the relevant policies and procedures. The diagrams in section 6.4 and 6.5 outline roles in the research ethics review process.

Subject to the requirements of validating bodies, the **Research Degrees Committee** is responsible for determining and implementing procedures for the quality assurance of research degree programmes, including monitoring progress of PGR student research ethics applications as submitted to the Research Integrity and Ethics Committee and reporting annually to the validating bodies.
Questions about this handbook should be directed to the Director of Research and Chair of Research Integrity and Ethics Committee, in the first instance.

CHAPTER 2: RESEARCH INTEGRITY

2.1 UNDERPINNING THE VALUES OF RIGOUR AND INTEGRITY

Falmouth University is committed to maintaining, and continually improving, the integrity of the research and innovation activities that take place under its auspices. It is therefore essential that all research should be conducted honestly, accurately and in accordance with the highest professional standards. These standards are vital for ensuring high quality research, as well as maintaining trust and confidence in individual researchers, the University, and the research community as a whole.

The responsibility for ensuring that these principles are upheld rests both with individual researchers and the University. Individual researchers must be able to exercise freedom in their academic decisions and with this comes a duty of responsibility to consider how these decisions might affect people, values, and the environment. The University must create an environment that nurtures integrity through a spirit of honesty, rigour and openness and providing appropriate training and support for researchers. The University will also maintain structures of governance that ensure due diligence in the ethical financing of research and innovation, and robust scrutiny of all of its research and innovation activities, including clear procedures for the reporting of concerns and the handling of allegations of misconduct.

2.2 HONESTY

Researchers are expected to behave honestly at all times. This value runs throughout every project; in the presentation of research goals and the projection of likely outcomes; in all interactions with team members and stakeholders; and, in the publication of outcomes and the reporting of research methods. Researchers must fully acknowledge the contributions of others and must report their findings even when these demonstrate negative results. Plagiarism, deception, collusion or the fabrication, or falsification, of results will be regarded as academic misconduct and a serious disciplinary offence.

2.3 RIGOUR

Trustworthy research findings require rigorous research methods, and all Falmouth University researchers are expected to observe the highest standards in this regard. It is incumbent upon researchers to keep abreast of developing disciplinary norms of best-practice in all aspects of research; from the design stages, to public outcomes and the communication of findings. This will include, but is not limited to, the adherence to legal frameworks including; the Data Protection Act 1998 and General Data Protection Regulation 2016; the Equality Act 2010; the Children's Act (1989 and subsequent); the Human Rights Act (1998); the Health and Safety at Work Act (1974); and the Mental Capacity Act (2005 and subsequent). As the legal obligations relating to research ethics are not covered in a single act, researchers are expected to respond to their obligations by adherence to subject specific standards of research practice set out in guidelines published by scientific and learned societies and other relevant professional bodies.

A list of approval routes and recognition of other review bodies can be found in Section 6.4.

2.4 OPENNESS

Researchers are expected to reveal to the broader research community the data, theory and methodology upon which they have based their conclusions, or in the case of practice-research, the theory, rationale and processes that have led to their research outputs. While the University recognises the need for researchers to protect intellectual property, Falmouth University encourages researchers to be as open as possible in discussing their work with other researchers and with the general public.

In keeping with the Budapest Open Access Initiative (2002)[2], and the OECD report "Principles and Guidelines for Access to Research Data from Public Funding" (2007)[3], the University recognises publicly-funded research as a public resource, produced in the public's interest. As such, the University is committed to disseminating research and scholarship widely, and requires staff to make their research available through Open Access wherever possible. Where research funders include Open Access requirements as a condition of grant funding, researchers are expected to ensure that they comply with such requirements. Similarly, many funders will have data sharing policies that must be observed. These points notwithstanding, researchers must take care when discussing work that is not yet complete or has not been published, particularly if it has not undergone peer review. It should also be noted that the principle of transparency and open communication does not obviate the researcher's responsibilities towards confidentiality and data security and, where necessary, researchers must seek approval of research stakeholders prior to publication or other forms of disclosure.

Researchers are required to understand the legal rights of the data subject outlined in the General Data Protection Regulation (GDPR) and comply with requests to the University under the Freedom of Information Act 2000 (see section 3.6 below).

More information on Open Access can be found on the Research & Development Intranet page:

https://falmouthac.sharepoint.com/research/SitePages/Home.aspx

2.5 CARE AND RESPECT

Researchers must show care and respect for all participants in, and subjects of, research; including humans, animals, the environment and cultural objects. Researchers must also show care and respect for the stewardship of research and scholarship for future generations. Guidance on upholding these values and applying them to the principles of consent and data usage, as well as relevant legal frameworks for research ethics, can be found below in Chapter 3.

[2] http://www.budapestopenaccessinitiative.org

[3] https://www.oecd.org/sti/sci-tech/38500813.pdf

CHAPTER 3: CONFORMING TO ETHICAL, LEGAL AND PROFESSIONAL OBLIGATIONS

Building on the underpinning values of rigour and integrity outlined in chapter 1, this chapter explores the key considerations for researchers in their compliance with ethical, legal and professional obligations.

3.1 INFORMED CONSENT

Consent is at the core of research ethics approval. Normally, potential participants in research should give their consent prior to participation, and the lead researcher is responsible for obtaining that person's consent. Consent must be given freely and voluntarily and under no circumstances must coercion be used to obtain a person's consent to participate in research. There should be a recognition and consideration of any power differential between the researcher and participant in this context. Wherever possible, and proportionate to the nature of the research activity, an individual's consent should be obtained in writing. Where this is not possible oral consent should be obtained, ideally in the presence of at least one witness. Prior to participation, researchers should make clear a participant's right to refuse to participate in, or to withdraw from, the research at any stage, irrespective of whether payment or other inducement has been offered.

For consent to be legally valid, there are three requirements:

- the potential participant must be competent, i.e. of adequate age and having the necessary mental capacity;
- the consent must be voluntary, i.e. the potential participant must be free from inducement, coercion or undue influence;
- adequate and appropriate information must have been given to the potential participant.

Informed consent exists to protect the subject, not the researcher. It is important to remember that the pursuit of knowledge is not a justification for ignoring the interests of those studied or asked to take part.

Informed consent in research is a dynamic on-going process, not a one-off event, and may require renegotiation over time, depending on the nature and timescale of the project and the use and dissemination of any data. It is an issue to which the researcher should return periodically, both during the course of the research and after its completion. Researchers should, where appropriate, identify the possible need for renegotiation of consent, particularly where the research takes place over a lengthy timescale, where the nature or outcome of the research changes, or where data obtained is to be used in a way not covered by the original consent. In some of these cases it may be necessary to submit further documentation for approval to the Research Integrity and Ethics Committee.

The quality of the consent obtained is critical to its validity and the onus is on the researcher to ensure that the consent is freely given and fully informed. The quality of the consent is affected by a number of factors, these being:

- the format of the record of consent;
- the competence and capacity of the subject/ participant to give consent; and
- the clarity of the information provided to the subject/ participant.

When 'light touch' consent is appropriate the recording of consent must be consistent with the research design (e.g. where visitors to an exhibition are asked a few questions without supplying their name or address). Consistency is important; for example, if information is being collected without identifying data, obtaining the participant's signature would invalidate an agreement to preserve anonymity.

3.2 CONSENT AND VUNERABLE PARTICIPANTS

Some people participating in research may be more vulnerable to harm than others and this possibility requires special consideration. Where a prospective participant is unable to give informed consent to participate, a legal guardian or other appropriate person may give consent on their behalf. The Mental Capacity Act (2005) provides a legal framework for acting on behalf of those deemed unable to make decisions for themselves. Relevant legal requirements, conventions or special policies should be observed. The NHS Health Research Authority (HRA) provide useful guidance on working within the framework of the Mental Capacity Act here:

https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/mental-capacity-act/

The University's Safeguarding Policy can be found here:
https://falmouthac.sharepoint.com/hr/Shared%20Documents/Safeguarding%20Policy%20and%20Procedure.pdf

There are a number of circumstances where the competence and/ or capacity of participants is absent or compromised. These circumstances typically fall within the categories outlined below. This list is not exhaustive and researchers should consider the issues of competence and capacity for all participant groups.

- **Children and young people:** Research involving children under 16 will require the informed consent of parents, carers or guardians. Young people (i.e. between the ages of 16 – 18) are generally thought to be able to give informed consent but it might be appropriate to seek advice depending on the nature of the work. Courts of law presume competence from the age of 14. All researchers intending to work with children should endeavour to gain informed consent from the child participants in addition to the required consent of their parents or legal guardians. Regardless of these consents, it is the responsibility of the researcher to safeguard the rights of children participants.

- **Participants who can't give informed consent:** Where adult participants are not in a position to

give informed consent, the researcher should consult the Mental Capacity Act (2005) and specialist legal advice might be needed. The Department of Health define Adults at Risk as someone aged 18 years or over 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation' (Department of Health, *No Secrets*, 2000).

- **Other vulnerable groups:** There are many factors that may affect the ability of participants to freely give informed consent, for example institutional groups (employees, prisoners, patients) may feel coerced into taking part in research by the consent of the institutional authority to carry out research within their domain. Researchers should, therefore, ensure that members of an institutionalised group understand that the institutional consent places them under no greater obligation to participate in the research.

- **Other factors that may affect voluntariness:** Voluntariness can be called into question when other pressures may be an influence; for example, when a university teacher proposes to use students as participants in his research, or when researchers propose to pay participants more than their expenses and lost earnings.

- **Significant cultural differences:** In cases where significant cultural differences may affect understandings about the nature of informed consent, the researcher should employ culturally appropriate methods to allow subjects to make decisions to participate or to withdraw from the research process.

3.3 CONSENT IN EXCEPTIONAL CIRCUMSTANCES

- **Consent and research involving concealment:** Special consideration is needed in those exceptional circumstances where it may be desirable to avoid bias in participants' responses, by concealing or withholding particular information regarding either the fact they are the subject of research or the aims of the research.

- **Consent and research in public and with groups:** Obtaining consent from every individual participating is not always possible nor practical. In such cases, researchers should ensure that:

    - such research is only carried out in public contexts;
    - where possible approval is sought from relevant authorities;
    - appropriate individuals are informed that the research is taking place;
    - no details that could identify specific individuals are given in any reports on the research unless reporting on public figures acting in their public capacity;
    - particular sensitivity is paid to local cultural values and to the possibility of being perceived as intruding upon or invading the privacy of people who, despite being in an open public space, may feel they are unobserved.

The privacy and psychological wellbeing of people participating must be respected. Every reasonable effort should be made to ensure that members of a group understand they are being observed for

research purposes. In such activities, researchers should at least obtain the consent of any group leader or others in positions of responsibility.

Where the nature of the research is such that informing participants of some details before the work is carried out might render the results invalid, for example within aspects of the social and cognitive sciences such as perception, there must be appropriate explanations following the study. In these circumstances, justification for this course of action is required to be submitted for approval to the Research Integrity and Ethics Committee. Researchers must provide convincing reasons why such research should proceed without the necessary informed consent. Researchers should not mislead participants if it is thought that prior permission will not be obtained.

3.4 DESIGNING CONSENT FORMS

Consent forms and information sheets should be written in language that is appropriate for the participant. They should avoid using jargon, be as simple, accessible and appropriate as possible. Descriptions of the project should be written specifically to make sense from a participant point of view.

Participants should be given sufficient time to understand the information, to ask questions and to express any concerns that they may have.

An essential element of informed consent is telling participants clearly the following:

- the purpose of the research, expected duration, and procedures;
- what they are being asked to do;
- their right to decline to participate and to withdraw from the research once participation has begun;
- the foreseeable consequences of declining or withdrawing;
- reasonably foreseeable factors that may be expected to influence their willingness to participate such as potential risks, discomfort, or adverse effects;
- any prospective research benefits;
- limits of confidentiality;
- incentives for participation; and,
- who to contact for questions about the research.

Participant information must contain University contact details for the researcher via a contact in the University's Research and Development team. Other contact details may also be appropriate; for example, the site at which the participation activity is taking place (e.g. within a museum). Personal contact details, such as home address or phone number of the researcher, should not be given.

A recommended format for participant information and consent forms can be found in Appendices 3 and 4 of this document.

3.5 DATA PROTECTION AND DATA SECURITY

Data protection concerns the measures in place relating to the processing of information relating to individuals. Data protection is concerned with how data about individuals is obtained, processed and kept (stored, used and held), and the uses or disclosure of such information. Personal data can only be collected and stored for the specific purposes declared at the time of collection. It cannot be used for purposes other than these nor can it be passed on to others for different purposes. Data collected should be relevant and sufficient for the purpose of its collection. There is an obligation on the person or organisation holding the data to make sure it is kept securely to assure its use only for the purposes for which it was obtained, by those authorised to use it; that it is not kept longer than necessary; and that it is not passed on to third parties.

Current legislation is covered by the Data Protection Act 2018 (DPA) and the General Data Protection Regulation (GDPR), which came into effect in May 2018. DPA builds on the 1998 Data Protection Act but brings a much stronger emphasis on the need to have a clear, legal basis for collecting, holding and processing data and a greater emphasis on the obligations of individuals, in addition to the obligations already in place for organisations. The DPA also brings GDPR into UK law. Penalties for the misuse of data are also higher than they were. GDPR is administrated in the UK by the Information Commissioner's Office (ICO), and a wide range of information, guidance and the regulation itself can be found on the ICO website here:

https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/

The GDPR frequently uses the following key terms:

- **Data Subject:** a living individual to whom personal data relates
- **Data Processing:** all use of data, including its collection, storage and analysis
- **The Controller:** the person or organisation who determines the purposes for which personal data is used
- **Personal Data**: Any information that can be used identify a living individual either by itself or when combined with other data sets.

In line with the GDPR, the collection, storage and processing of data at Falmouth must adhere to the following the principles below.

- **Lawfulness, fairness and transparency**: Personal data must be processed lawfully, fairly and in a transparent manner in relation to the data subject. This means that researchers must have a justifiable reason for collecting data and that there must be a legal basis for processing it. Although there are various legal reasons justifying the collection data (including protecting public interest, employment etc.), in a research context, the most likely legal basis will lie in the researcher having obtained active, informed consent.

- **Purpose Limitation:** Personal data must be collected for specified, explicit and legitimate purposes, and not further processed in a way incompatible with these purposes. This means that if a researcher collects personal data for several different reasons, they must keep track

of which purposes and permissions apply to each set of data. It is essential that researchers tell data subjects what the data will be used for and if they wish to use the data for a purpose unrelated to the original consent, they will either need a valid legal basis for doing so such as the protection of vital interests, or the permission of the data subjects themselves. With the above notwithstanding, archiving of personal data for scientific, historical or statistical research is generally recognised as being in the public interests provided appropriate safeguards are in place to ensure the rights and freedoms of data subjects are upheld.

• **Data minimisation:** Personal data must be adequate, relevant and limited to what is necessary in relation to the purpose for which they are being processed. For this reason, it is illegal to hold personal data that is not related to the purpose it is being put to, or that goes into more detail than necessary.

• **Accuracy:** Personal data must be accurate and where necessary, kept up to date. This means that researchers should take reasonable steps to ensure that personal data they hold is correct and not misleading as to any matter of fact.

• **Storage Limitation:** Personal data must be kept in a form which permits identification of data subjects for no longer than is necessary. This means that researchers must destroy or anonymise personal data once it has served its purpose. How long data can be held depends on the purpose for which the data is used and researchers are encouraged to consult the ICO website for more details.

• **Security and Confidentiality:** Personal data must be processed in a way that ensures appropriate security. Data must therefore be kept secure, not only from unauthorized access but also from accidental damage. This principle assumes that physical, technical and behavioural measures are in place to protect data. Physical measures will include locking rooms and cupboards etc., avoiding the use of small or vulnerable media (such as SD cards, memory sticks or portable storage devices). Technical measures will include the use of passwords and encryption and only using corporate information systems such as OneDrive and SharePoint for cloud storage. Behavioural measures will include robust data management processes and well-organised and tidy work environments.

• **Accountability:** The controller should be responsible for and be able to demonstrate compliance with the legislation. Where the 1998 Data Protection Legislation focused on compliance, GDPR places more emphasis on the ability of the controller to <u>demonstrate</u> compliance. In practice, this means that researchers will need to keep a summary of the following:

a) contact details, along with those of joint controllers
b) the purpose of the processing
c) the types of personal data being processed
d) how long we are keeping the data
e) the security measures that have been put in place

Data Breaches: the term 'data breach' refers not only to the unauthorized access to data, but any event that leads to unauthorized damage, loss of disclosure of personal data. If a data breach puts individual's rights and freedoms at risk, researchers have 72 hours to notify the supervisory authority and provide relevant details.

In the event of a data breech, you must contact FX Plus IT Services immediately stating that this is a suspected data breach, they will in turn ensure the correct people are notified and that the formal University Data Breach process is followed. If you are unsure if what has happened constitutes a data breach, please get in contact with the Information Governance Team:

Email: informationoffice@falmouth.ac.uk
Phone: +44 (0)1326 255775

If the risk to individual's rights and freedoms is considered high, you will need to contact them too if advised to do so by the Information Governance Manager.

3.6 FREEDOM OF INFORMATION AND THE RIGHTS OF THE DATA SUBJECT

The Freedom of Information Act (2000) (FOIA) created new rights of public access to all types of 'recorded' information held by public authorities. The aim of the Act is to promote greater openness and accountability across the public sector. It achieves this by giving public authorities two main responsibilities under the Act:

- To produce a publication scheme; and
- To deal with individual requests and release information unless we can justify withholding information because an exemption in the Act applies.

With the introduction of the GDPR (see item 3.5 above), further emphasis has been given to the rights of the data subject. Data subjects have the following rights.

• **The right to be informed:** Data Subjects have the right to know that their personal data is being processed and what is being done with it. Often, this information is provided when the data is first collected, by means of a privacy notice or consent form. If secondary personal data is being used in the course of research, additional consent may be required.

• **The right of access:** Data Subjects have the right to see all data that is held on them and can request this information by means of a Subject Access Request. Under the 1998 Data Protection act, controllers could charge up to £10 to process a request and were entitled to up to 40 days to process the request. Under GDPR, only the most complex requests can be charged for and the expectation is that requests should be responded to within one month.

• **The right to rectification:** Data Subjects have the right to right to rectify incorrect data held on them and data controllers are obliged to correct information they hold, or have supplied to others.

• **The right to erasure:** This is also referred to as the Right to be Forgotten. It is not an absolute right but where there is no over-riding reason to keep data, it must be destroyed. Individuals can make a request for erasure verbally or in writing and you have one month to respond to a request.

• **The right to restrict processing:** Where the accuracy of data is contested, Data Subjects have the right to request that data is not processed while the investigation takes place. Individuals can make a request for erasure verbally or in writing and you have one month to respond to a request.

• **The right to portability:** Data Subjects have the right to request a machine-readable copy of personal data so that it can be transferred elsewhere. This right allows individuals to obtain and reuse their personal data for their own purposes across different services. It allows them to move, copy or transfer personal data easily from one IT environment to another in a safe and secure way, without affecting its usability.

• **The right to object:** Data Subjects have the right to object to the processing of their personal data in certain circumstances. Individuals have an absolute right to stop their data being used for direct marketing and in other cases where the right to object applies you may be able to continue processing if you can show that you have a compelling reason for doing so. Research participants must be told about their right to object and researchers have one month to respond to an objection.

• **The right to challenge an automated decision:** While this right would not usually be relevant to research, Data Subjects have the right to challenge any decision made about them, which has a legal effect, if an automated process has been used to make that decision. The Data Subject has the right to request that a) a person is available to check the decision, b) express their point of view c) to obtain an explanation of the decision and challenge it.

Falmouth University is committed to remaining compliant with both the Freedom of Information Act and the Data Protection Act, and it is the responsibility of individual researchers to be able to demonstrate their compliance with relevant legislation.

For further information on Falmouth University's policy on Freedom of Information and data privacy, please refer to the information here: https://www.falmouth.ac.uk/data-privacy. The site at this link includes information on the University's processes for undertaking a Data Protection Impact Assessment (DPIA). Furthermore, you can find useful guides, key relevant policies and further information on how to handle data here:

https://falmouthac.sharepoint.com/ict/info/SitePages/Welcome%20to%20the%20Information%20Office.aspx

Details of the Freedom of Information Act can be found here:
http://www.legislation.gov.uk/ukpga/2000/36/contents

3.7 DISCLOSURE AND BARRING SERVICE (DBS)

The DBS check is a criminal record check used in England and Wales. Its primary purpose is to help employers make safer recruitment decisions and to safeguard young people and adults at risk. It replaced the more widely known Criminal Records Bureau (CRB) check. Further information is available here:

https://www.gov.uk/government/organisations/disclosure-and-barring-service

Who Needs a DBS Check?

You will need a DBS check if your research involves working with people under the age of 18 or adults at risk in England and Wales.

The Department of Health define Adults at Risk as someone aged 18 years or over 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation' (Department of Health, *No Secrets*, 2000).

You must complete the DBS check before beginning any contact with young people or vulnerable adults as part of your research.

(Please note that if your research is to take place in Scotland or Northern Ireland, there are different arrangements for criminal record checks. It will be your responsibility to ensure that you meet the relevant legal requirements.)

Types of DBS Check

There are three types of DBS check: basic, standard and enhanced. Enhanced checks are required for those intending to work with children or adults in certain circumstances such as those in receipt of healthcare or personal care. An individual cannot apply for an enhanced check by themselves. There must be a recruiting organisation who needs the applicant to get the check. This is then sent to DBS through the University.

Requesting a DBS Check

Falmouth's Human Resources handle the University's requests for DBS checks. If you require a check, you should contact hrservices@falmouth.ac.uk as quickly as possible. You should normally expect to pay for the check from an external research grant but in any event, you will need to identify the relevant cost-code for the expenses incurred.

There is an online application form to complete and you must provide relevant documentation. The amount of documentation required will depend on your nationality and what identity documents you can provide.

3.8 HEALTH AND SAFETY

Ensuring the health and safety of researchers and participants is an essential aspect of a robust research Integrity and ethics strategy. It is imperative that appropriate steps are taken from the planning stage onwards to minimize health and safety related risks to everybody involved in a research project.

All researchers should take responsibility for their own health and safety, attend compulsory health and safety training and any additional training associated with specific methods used. Researchers should abide by the Health and Safety at Work Act (1974) and the University's Research and Innovation Integrity and Ethics policy and report unsafe conditions and any incidents that have resulted, or could have resulted in injury or harm. Additionally, those responsible for designing research —whether they be students working alone or Principle Investigators coordinating a team— should undertake a risk assessment on behalf of the project.

A comprehensive guide to the University's Health and Safety policy can be found here: Health & Safety - Home (sharepoint.com)

3.9 ENVIRONMENTAL IMPACT

Falmouth University is firmly committed to the principles of sustainability, and recognises that its research and innovation activities have an impact on the environment; through its routine operations, infrastructure developments, and its influence on the wider community.

Falmouth University is dedicated to leading by example, through minimising negative environmental impacts, enhancing significant impacts, and communicating this effectively to all staff, students and key stakeholders.

Falmouth University is committed to continually improving environmental performance and protecting the environment at all levels. With this in mind, the University is committed to:

1. Comply with all relevant environmental legislation and regulations, as well as all other requirements to which they subscribe;

2. Ensure continual improvement in environmental performance through the setting, communication, implementation and regular review of clear objectives and targets;

3. Put in place appropriate controls to prevent pollution;

4. Reduce energy consumption and resource use through the delivery of the joint Carbon Management Plan;

5. Implement measures to reduce the amount of waste generated through all activities, as well as promoting re-use, and recycling through the delivery of the Campus Waste and Resources Action Plan;

6. Promote a purchasing policy which encourages, where possible, improvements in the environmental performance of suppliers, goods and services;

7. Maintain the campus grounds in an environmentally sensitive way, enhancing natural habitats and biodiversity on the University's campuses;

8. Minimise any significant adverse environmental impacts of new development and refurbishments through the use of sustainable construction principles;

9. Encourage the adoption of sustainable travel practices by staff, students and visitors through the delivery of the Green Travel Plan;

10. Seek to integrate a consideration of environmental issues into all relevant aspects of research and innovation;

11. Promote environmentally sustainable practices to, and be advised by initiatives from university;

12. Provide education and training on the Environmental Policy to all Falmouth students and staff working on behalf of the universities, so they can pursue their work in an environmentally friendly way;

13. Work closely with the Higher Education sector and local community to ensure the sharing of environmental best practice;

14. Ensure that the Environmental Policy is regularly reviewed, documented, and implemented. A series of targets will be identified for Falmouth Exeter Plus and included within the Environmental Sustainability Action Plan. This plan will be updated annually, and progress towards meeting targets will be reviewed and reported to the Environmental Sustainability Working Group (ESWG), the Falmouth Exeter Plus Senior Executive Team (SET), and the Falmouth Exeter Plus Board, as well as the Falmouth Exeter Plus website. The Carbon and Sustainability Manager is responsible for the production of this annual review and report. The Chief Executive Officer is responsible at the board level for environmental matters for Falmouth Exeter Plus.

All campus users (staff and students) share the responsibility for implementing the actions and meeting targets as set out in the Environmental Sustainability Action Plan.

3.10 EQUALITY AND DIVERSITY

Falmouth believes that positively engaging with equality and diversity will mean we are better placed to provide the best possible experience for our students, improve staff satisfaction, strengthen our decision-making and our overall performance. This ethos is at the heart of our research and innovation activities. Increasing evidence across the sector suggests that diverse and inclusive institutions are more efficient, more productive and deliver better outcomes.

To take full advantage of these opportunities we will need to ensure that we plan for a diverse workforce to create a talent pipeline that reflects a global mind-set; one that is culturally fluent and adept at working across traditional boundaries, internationally as well as across sectors. A copy of the University's Equality and Diversity Charter can be found here: Equality, Diversity and Inclusion |

Falmouth University

3.11 PREVENT STRATEGY

The Prevent Strategy is part of the UK Government's counter-terrorism strategy, CONTEST. Its aim is to stop people becoming terrorists or supporting terrorism. The Prevent Strategy requires universities to have policies and procedures in place to support students and staff working on security sensitive or extremism-related research. Extremism is defined as engagement in, or advocacy of, activities which seek through actual or threatened violence, intimidation or harassment, to restrict or oppose values of liberal democracy: tolerance, equality, justice, respect for the rule of law, non-violence, inclusiveness, freedom of thought and of expression of thought (whether by oral, visual, written or other means). The intention is not to restrict students or staff from carrying out research into any area but to help staff and student researchers understand the risks involved to them in accessing and/or storing and/or disseminating material that may be regarded as promoting or endorsing terrorist acts.

The legislation holds the university partners, as Relevant Higher Education Bodies, accountable for fulfilling the obligations of the Statutory Duty. The remit of the Partnership Group is to support and facilitate the universities in fulfilling these responsibilities, and in complying with the monitoring regime.

The overall approach to meeting the Prevent Duty at Falmouth has been to provide a sufficient and effective response which is proportionate, sustainable and one that has relevance to our context, and that forms part of the ways in which Falmouth may identify and help vulnerable students. This is overseen for the Falmouth Exeter partnership by a Prevent Partnership Group which includes representatives from both universities and the FXU, as well as FX Plus staff. It is chaired by the Director of Student Services.

All Falmouth staff are obliged to undertake mandatory training in the Prevent Strategy. The aim of the training strategy is to encourage a consistent and proportionate approach to raising awareness of Prevent as part of the wider safeguarding agenda. The Prevent Training and Competencies Framework provides clarity on the level of training required for staff working at Falmouth University and Falmouth Exeter Plus; it identifies three levels of training including level 1 (mandatory) and those who have to attend level 2 training – Workshops to Raise Awareness of Prevent (WRAP). For more information on training available, see the Staff Development page of the HR SharePoint site here:

https://falmouthac.sharepoint.com/hr/Shared%20Documents/Prevent%20Staff%20Policy.pdf

The Government's Prevent Strategy document can be found here:

http://webarchive.nationalarchives.gov.uk/20130321045720/https://www.education.gov.uk/publications/eOrderingDownload/Prevent_Strategy.pdf

3.12 CONFLICTS OF INTEREST

Conflicts of interest arise where an individual may have a pecuniary, family or other personal or academic interest in an activity that a member of the public, knowing the facts of the situation, could reasonably conclude might influence that individual's judgement. The University's standard rules and procedures on dealing with conflicts of interest apply equally to this precept: any real or potential conflict of interest must be disclosed to the relevant Director of Department, Head of Service or other line manager who will make a decision or refer to another authority as appropriate.

In the specific case of research ethics review, a conflict of interest may arise through links with the funder, such as consultancy, directorships or shareholdings. This may also occur in the course of research ethics approval, such as when a reviewer has an interest in a project under review.

The existence of a conflict of interest does not inevitably mean a researcher or member of a committee must be excluded. In all cases, however, any real or potential conflicts of interest must be fully disclosed on the ethics review application or to the chair of the committee respectively; it is left to the judgement of the committee or chair to take any necessary precautions to remove the conflict of interest.

Where a conflict of interest arises after approval, the case should undergo a further review.

CHAPTER 4: NURTURING THE RESEARCH ENVIRONMENT

In keeping with the UK Concordat, the University is committed to providing a research environment that is underpinned by a culture of integrity and based on good governance, best practice and support for the development of researchers.

4.1 RESEARCH TRAINING

To ensure that researchers understand what is expected of them in relation to upholding the values of the UK Concordat, the University will provide appropriate training and development opportunities to support researchers at every stage of their careers, and through every aspect of their research and innovation activities.

4.2 RESEARCH & INNOVATION DEVELOPMENT PROGRAMME

Falmouth University's Research & Innovation Development Programme (RIDP) has been developed to support the implementation of the European Commission Concordat to Support the Career Development of Researchers. The RIDP has been designed to support academic staff in all aspects of their research activity: it is mapped to the Researcher Development Statement (at the sub-domain level) providing coverage across the domains; it is also benchmarked against the phases of the Researcher Development Framework so that staff are able to navigate to suitable support depending on their career stage.

The Programme consists of a day of mandatory training, networking, and IAG sessions delivered as part of the University's annual Core Academic Training, in addition to optional fortnightly one- or two-hour workshops, providing input and guidance as well as opportunities to practice and discuss the topic with peers in the context of participants' own research. The workshop programme is primarily oriented towards staff, but has been designed to complement the RSDP and is open to PGR researchers.

These practical skill- and knowledge-focused workshops are complemented by opportunities to gain support and participate in a research environment outside of the training room. The latter three activities are designed for both staff and PGR students, with the aim of creating a vibrant, cross-disciplinary research environment across all levels of researcher experience at the university. These consist of:

Active signposting to other avenues for support and information for researchers, including resources provided by Vitae (https://www.vitae.ac.uk/), and specialist *ad hoc* guidance and support from the university's Research Fellows.

4.3 POST-GRADUATE RESEARCH STUDENT SUPERVISOR FORUM

All staff eligible to act as post-graduate research student supervisors are invited to submit a supervisor details form and an up-to-date CV to the Research Degrees Committee, evidencing their ability to supervise doctoral-level scholarship and research. Any member of staff invited to join a supervision team will be required to undertake the appropriate elements of the research student supervisor Forum. The programme currently covers themes including; introducing the supervisory relationship, managing the student milestones, specific units on integrity and ethics, and examining and chairing research degrees.

4.4 RESEARCH STUDENT DEVELOPMENT PROGRAMME (RSDP)

The Research Student Development Programme is open to all post-graduate research students registered on MPhil and PhD programmes at Falmouth. The programme is made up of Essential Units and complementary Optional Units. The Essential Units are built around the milestones of Enrolment, Application for Registration, Symposia, Confirmation of Route and project submission, and address key themes pertinent to all PhD projects along the way.

Alongside these, students are encouraged to attend complementary and stand-alone optional units, which, collectively, allow them to personalise a development programme to progress both their research and professional aspirations. Personal development planning (PDP) is a key element of a student's research degree. Details of personal development planning, aims and objectives, are given in the Falmouth Research Degrees Handbook, and a review of a student's skills and goals should run alongside the consideration of courses or professional development opportunities that could be taken. Beyond its intrinsic value, the RSDP is designed to meet the core external requirements of, for example, the Quality Assurance Agency and the Researcher Development Statement.

To illustrate how the programme meets the core external requirements, we have used the Vitae Researcher Development Statement (RDS), which replaces the Research Councils' Joint Skills Statement (2001) as the UK framework underpinning professional development for researchers at all levels. Details on the Research Student Development Programme, and its alignment to the RDS, can be found on the Learning Space here: http://learningspace.falmouth.ac.uk/

4.5 POST GRADUATE RESEARCH STUDENT PEER MENTORING SCHEME

The aim of the PGR peer mentoring scheme at Falmouth is to support research students in their work and the personal journeys they take through the PhD experience. The Peer Mentoring Scheme is designed to be a complement to the guidance students receive from their supervisors, the development opportunities they receive as part of the Research Student Development Programme (RSDP) and the support services offered centrally by the University. The scheme is not designed to replace any of these relationships but, rather, it is there to provide a formal link between new students and those in the later stages of their study, the latter of who are often well-placed to offer advice on the practical, intellectual and emotional challenges that PGR students face.

Mentoring is offered to all first-year students and the role of mentee is open to all students from year two of registration onwards. If students have been mentored in their first year and wish to

continue the relationship in subsequent years, we encourage them to do so! All students participating in the scheme are required to sign up to a code of conduct and mentors are required to undergo training provided by the University.

4.6 POST GRADUATE RESEARCH SUPERVISOR TEAMS

New supervisors will be integrated into teams with more experienced supervisors to ensure that mentoring is a component of the supervisory experience. The Mentoring supervisors receive through this route is designed to complement the guidance that supervisors receive as part of the post-graduate research student supervisor training programme. New supervisors are also invited to observe one sitting of a Research Degrees Committee (RDC) and are free to contact the Post-Graduate Research Student Coordinator for advice at any time.

4.7 THE STEP-UP MENTORING PROGRAMME

The Step-up monitoring programme was launched by the HR department in 2020 to support staff at all career stages from early career researchers to those moving into leadership and management. Mentoring at Falmouth aims to help staff enhance their skills, maximise their potential, expand their networks, enhance collaboration and consider career paths by working with other staff from across the university.

Details of the Step-Up mentoring programme can be found here:

https://falmouthac.sharepoint.com/hr/SitePages/Mentoring.aspx?OR=Teams-HL&CT=1626347128641

4.8 INDIVIDUAL RESEARCH AND INNOVATION PLANS (IRIPs)

The Individual Research & Innovation Plan (IRIP) was introduced in 2018 to provide an opportunity for every academic at Falmouth University to discuss their plans for research, innovation and scholarly activity and to establish that personal trajectories are in line with the development of the Research & Innovation themes and programmes, in addition to supporting Departmental strategic objectives.

Research & Innovation Programme Leads and Research Fellows oversee the process which ensures that any developmental needs are identified and can be addressed either through individual mentoring or through the Researcher Development Programme.

The IRIP is undertaken at the beginning of the academic year, ensuring that the outcome of these conversations can be taken into consideration within key strategic processes such as the Personal Development Review (PDR), timetabling and business planning.

4.9 KEY STAFF ROLES, COMMITTEES AND OFFICES

The Deputy Vice Chancellor, Research and Innovation has overall responsibility for ensuring that the university meets its obligations in relation to research integrity and ethics, and is the person to whom allegations of misconduct may be taken. The DVC (Academic) has oversight of the University's quality assurance and enhancement framework for taught and research provision.

The **Strategic Advisor to the Vice-Chancellor & Secretary to the Board of Governors** is responsible for annual reporting to the Board of Governors on compliance with the Concordat to Support Research Integrity.

The **Director of Research** has responsibility for the strategic leadership and management of research development at the University. The Director of Research advises the Vice Chancellor on the direction and priorities for Falmouth's research and innovation and work with research programme leaders to identify real-world challenges and opportunities.

Directors of Departments are responsible for the research and innovation activities that take place within their departments. All new research projects require approval from Directors, who will need to be confident that the project complies with the research and integrity guidelines outlined in this document.

The **Research Theme Chairs** have oversight for the direction of research and innovation activity across the university.

The **Research Programme Leads** are responsible for leading their respective programmes, nurturing and developing communities of academic staff, research fellows and PhD students in tackling shared research questions, identifying appropriate funding and delivering projects.

Principal Investigators are responsible for managing the preparation, delivery and dissemination of an externally funded research grant. Principle Investigators will normally work with a team of co-investigators and research fellows or assistants in the delivery of a research project.

The **Post-Graduate Research Student Coordinator** ensures that research programmes are delivered in accordance with the applicable research degree regulations, policies/codes of practice, and procedures, and that students registered on such awards have access to the necessary resources and training in accordance with the principles of the research student environment. The PGRSC acts as Chair to the Research Degrees Committee and reports to the DVC (Academic) and the Research and Innovation Committee. The PRGSC coordinates the Research Student Development Programme and will normally act as coordinator of externally funded research degree programmes.

The Research & Development Support Officer is the first point of contact (outside of supervision teams) for PGR students seeking guidance on University policies, processes and regulations and signposting to sources of support. The RDSO is also the serving officer for key Research Committees including the Research Integrity & Ethics Committee and Research Degrees Committee.

The **Research and Innovation Committee** is responsible for implementing the University's approved Research Strategy and Innovation Strategy and the achievement of associated targets; and, overseeing and maintaining the regulatory framework, policies and procedures that underpin the academic standards and codes of practice pertaining to the University's research degree programmes. Terms of Reference for the Research and Innovation Committee can be found in Appendix 1.

The **Research Integrity and Ethics Committee** is responsible for implementing the University's policy for research integrity and ethics and has oversight of the University's policies and procedures in relation to research governance, ensuring that all research and innovation activity is conducted according to the highest standards. Terms of Reference for the Research Integrity and Ethics Committee can be found in Appendix 1.

Subject to the requirements of validating bodies, the **Research Degrees Committee** is responsible for determining and implementing procedures for the quality assurance of research degree programmes, including; approving applications to undertake research degrees; approving applications for upgrade from MPhil to PhD; reviewing the progress of students registered for research degree programmes; approving examiners for research degrees; monitoring progress of PGR student research ethics applications as submitted to the Research Integrity and Ethics Committee and reporting annually to the validating bodies; conferring the award of research degrees on the basis of the report and final recommendation of the examiners. Terms of Reference for the Research Degrees Committee can be found in Appendix 1.

Post-Graduate Research Student Supervisors will comprise a minimum of one Director of Studies and one Co-Supervisor. Teams will sometimes include a second co-supervisor and advisors. The Director of Studies is responsible for the oversight of the thesis as a whole and the student's progress towards the milestones outlined in the research student handbook. The Director of Studies is also responsible for coordinating the supervision team, reporting of progress to the Research Degrees Committee and ensuring that the student has adequate access to resources.

The **Head of Quality Assurance and Enhancement** is the institutional lead on the design, implementation and monitoring of the University's quality assurance and enhancement framework for taught and research provision, including regulatory compliance with external bodies.

The Human Resources Team is responsible for designing and implementing staff codes of conduct, and supporting and implementing the University's Equality & Diversity Strategy through the development of policy and guidance for staff and students.

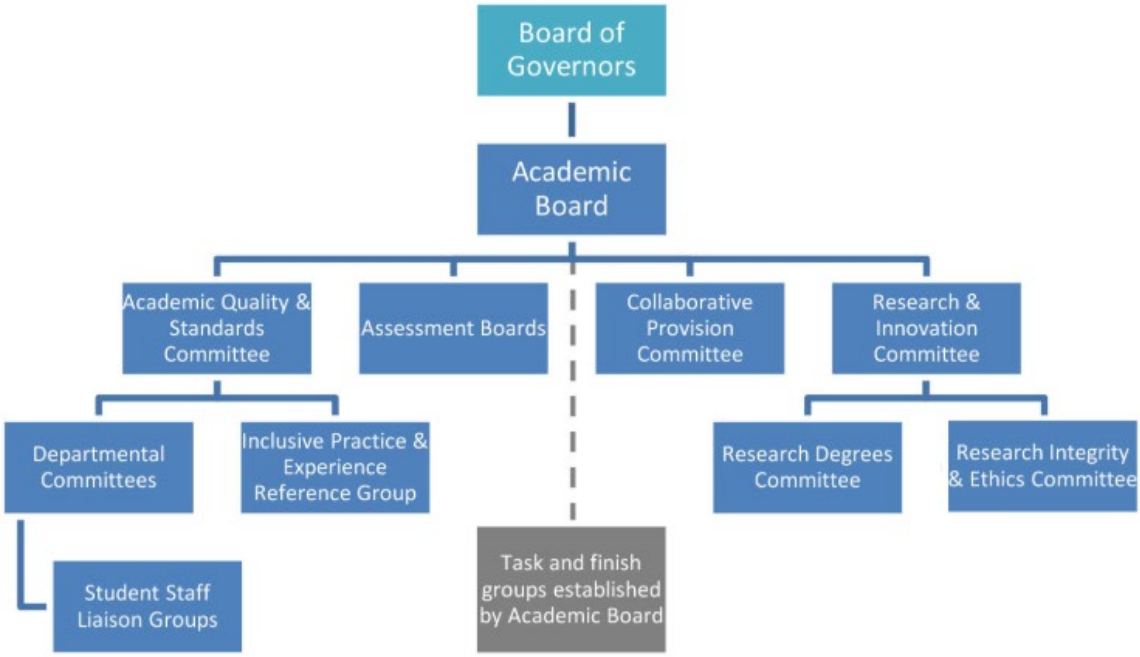
The **Head of Library and Archives** is responsible for the University's procurement and provision of resources necessary for study; ensuring compliance with the copyright, licensing and availability of such resources; supporting and promoting good research practice through the delivery of academic skills sessions; and, delivering tailored support for students with specific learning needs and/or language requirements.

4.10 MONITORING AND IMPROVING METHODS OF SCRUTINY

The University is committed to continually monitoring the methods it uses to ensure the integrity of its research and innovation activities. This principle is embedded into the induction, training and development opportunities for researchers; into clear, accountable governance structures, which respond to the needs of the University's research and innovation activities; into the approaches researchers take to the design, delivery and dissemination of research and innovation activity, and into a robust and transparent set of policies to deal with the referral of concerns and allegations of misconduct. Both the Research Degrees Committee and the Research Integrity and Ethics Committee report regularly to the Research and Innovation Committee and contribute to a continually updated Risk Register.

The University is receptive to the scrutiny of its industry partners and external stakeholders. The Board of Governors receives an annual report on compliance with the Concordat to Support Research Integrity, which is subsequently published on the University website here: https://www.falmouth.ac.uk/research/support/research-ethics-integrity

4.11 FALMOUTH UNIVERSITY RESEARCH AND INNOVATION GOVERNANCE STRUCTURE



CHAPTER 5: HANDLING OF ALLEGATIONS OF MISCONDUCT

The University will deal with all allegations of research misconduct very seriously, irrespective of who the allegation is made by. Research misconduct affects not only the reputation of the individual concerned but the University as a whole and even extending to the reputation of the quality of UK research.

5.1 FORMS OF MISCONDUCT

Research misconduct can take many forms, including but not limited to:

Plagiarism: the unacknowledged use of another's work or ideas, whether published or unpublished, submitted or presented by the student or member of staff as their own. Such unattributed use is plagiarism whether obtained from articles, books, essays, papers, reports, performances, data, projects, or any other material originated by another person, no matter the medium used by the source. It is plagiarism whether the medium is literary (for example essays, reports), graphical (for example designs, graphics, diagrams), electronic (for example computer programs), oral (for example presentations) or any other medium specified.

Examples of plagiarism include but are not confined or limited to:

- copying another's work;
- unacknowledged verbatim copying from a text book, article, web resource or other source;
- unacknowledged copying through the paraphrasing or summarising of another's work by altering word order, omitting words, phrases or sentences and inserting linking words or phrases over a paragraph or a number of paragraphs;
- using the creative ideas of others in written or visual work without appropriate acknowledgement;
- making significant use of unattributed quotations from sources.

Collusion: This is when work is produced by more than one person without prior authorisation and/or is presented as if it is the work of a single individual without acknowledging the contribution of others. Collaborative projects are a distinctive feature of both taught courses and research projects at the University, and the University encourages collaborative work both within and between different programmes. This is not collusion, as long as published, or otherwise publicly disseminated work represents a clear and accurate reflection of each person's individual contribution to a collaborative project. Collaborative work must explicitly and appropriately acknowledge the contribution of others or collusion may be deemed to have occurred.

Commissioning: This is when an individual asks another person to produce a piece of work on their behalf, whether for payment or not, which that person then submits as their own work. It may be appropriate or good practice in some disciplines to commission, for example, an element of an artefact, but this must be agreed in advance with a research student's Director of Studies or the Principal Investigator of a funded research project. Agreement would need to be formally acknowledged in writing by the relevant party, and clearly indicated when the work is presented for publication or other forms of public presentation.

Commissioning applies to both the person submitting the work and the person creating it: if a student or member of staff at the University has produced a piece of work specifically for submission by another party, without acknowledgement, both parties concerned will be subject to disciplinary action.

a) **Misrepresentation or Falsification:** This includes making false statements, manipulating research processes to lead to the production of false data or the falsification of data after it has been collected. Misrepresentation or Falsification also includes the omission of data, where it could be deemed to be significant to the findings of a project.

b) **Failure to Meet Ethical, Legal and Professional Obligations**: for example, failure to declare competing interests; misrepresentation of involvement or authorship; misrepresentation of interests; breach of confidentiality; lack of informed consent; misuse of personal data; and abuse of research subjects or materials.

c) **Failure to Properly Deal with an Allegation of Misconduct:** when an allegation of misconduct is made, an appropriate and robust response is required. Failure to follow the University's procedure on dealing with the allegation may constitute misconduct in itself.

5.2 REPORTING MISCONDUCT IN RESEARCH

We can only ensure that the excellent reputation of the research conducted within the University is maintained by taking misconduct seriously. For the University, this means using robust, transparent and fair processes for dealing with allegations of misconduct, having clear and confidential mechanisms for reporting allegations of misconduct, and providing protection to people who make allegations in good faith. For researchers, this means not only ensuring that your own research is conducted properly, but telling the University when you discover that others have not met our high standards.

If you believe that someone is acting inappropriately in their research, is using questionable research practices or is in breach of legal, ethical or professional standards, then you should contact the relevant Named Person. For issues relating to a member of staff, the Named Person is **your** line manager. For issues relating to a Post-Graduate Research Student, the Named Person is the Post-Graduate Research Student Coordinator.

If you think that the relevant Named Person is unable to deal with your concern, maybe because it involved them, or you have raised it with them but do not believe that it has been dealt with appropriately, you can raise it with the PGR Coordinator (for students), or the person's line manager or the Human Resources team (for staff).

It is important that you bring concerns to the University's attention at the earliest opportunity. It is not necessary to provide, or to wait for, 'proof' of malpractice. The disclosure should, however,

contain as much detail as possible of the grounds for concern, including the names of individuals and significant dates, locations or events, where applicable.

Allegations of misconduct will be handled in a confidential manner wherever possible, and the University's Whistleblowing Policy establishes protections for anyone who makes an allegation of misconduct that is of public interest to an appropriate body in good faith. Qualifying public interest disclosures are those where the worker reasonably believes one or more of the following matters is either happening, has taken place, or is likely to happen in the future: a criminal offence; failure to comply with a legal obligation; a miscarriage of justice; a danger to the health and safety of an individual; damage to the environment; and any deliberate attempt to conceal any of the above.

Falmouth's policy on Whistleblowing can be found here:

https://falmouthac.sharepoint.com/hr/Shared%20Documents/Whistleblowing%20Policy.pdf

The procedure for investigating allegations of misconduct in research can be found in Appendix 6.

PART 2

CHAPTER 6: CONDUCTING AN ETHICS REVIEW

6.1 PROCEDURE FOR ETHICS REVIEW

Researchers are expected to identify risks and then take steps to mitigate them. Before undertaking any research project, researchers are required to conduct an online Ethics Review. The online form has been designed in such a way that low risk projects will be very quick to complete. Only when the answer to a given question is 'yes' do further questions relating to that theme appear. In this way, more complex projects will require more detail to be provided, while more lower risk projects can remain streamlined.

The online Ethics Review can be found here:

https://falmouthac.sharepoint.com/research/SitePages/Research%20Integrity%20%26%20Ethics.aspx

What follows in this chapter is guidance on the procedures used for the sign-off of staff and PGR ethics reviews.

6.2 CATEGORIES OF ETHICAL RISK

Your first step will always be to use the check-list to ascertain whether your proposed project constitutes **Low, Medium** or **High** risk.

Low Risk describes research that presents ethical risks no greater than those encountered in everyday life. Low risk activities include:

- Desk-based scholarship that does not involve participants and is not dealing with contentious or sensitive themes.
- Routine studio practices that use equipment that does not require a risk assessment.

If the checklist reveals your project to be low risk, you will not be required to submit a full ethics review form.

Medium Risk describes research in which there is potential for harm or distress but where the likelihood is low and these risks can be mitigated with simple, standardised procedures. Medium risk activities include:

- Research involving individuals or groups
- Research involving access to records of personal or confidential information concerning identifiable individuals
- Research involving the participation or observation of animals
- Research involving interaction with individuals or communities where different cultural

perceptions of ethics might result in misunderstandings

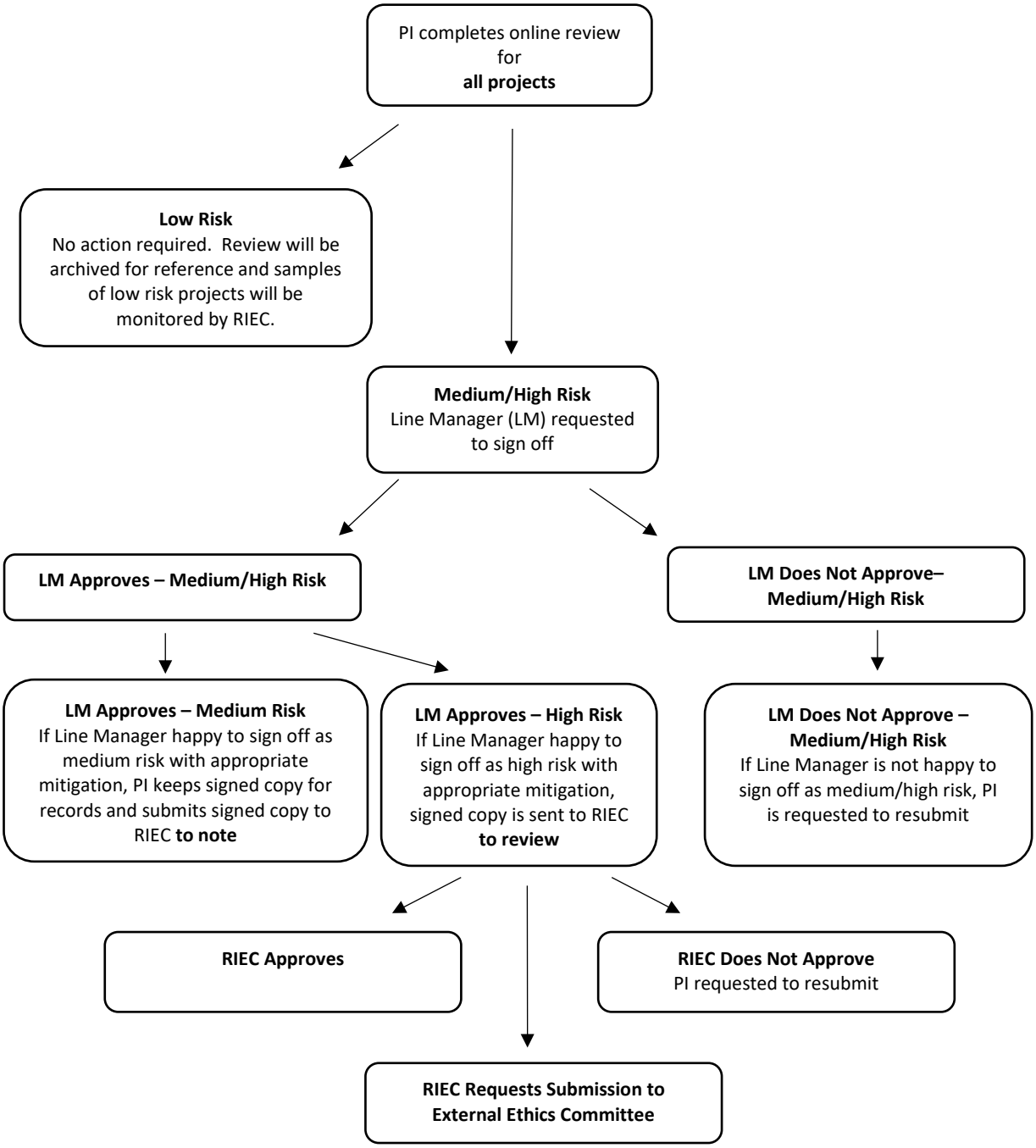
If the checklist reveals your project to be low risk, you will be required to submit a full ethics review form.

High Risk describes activities in which the potential for harm or distress is high without appropriate mechanisms for mitigation. Mitigation might require complex or bespoke planning and approval will require ongoing scrutiny from the ethics committee. High Risk activities include:

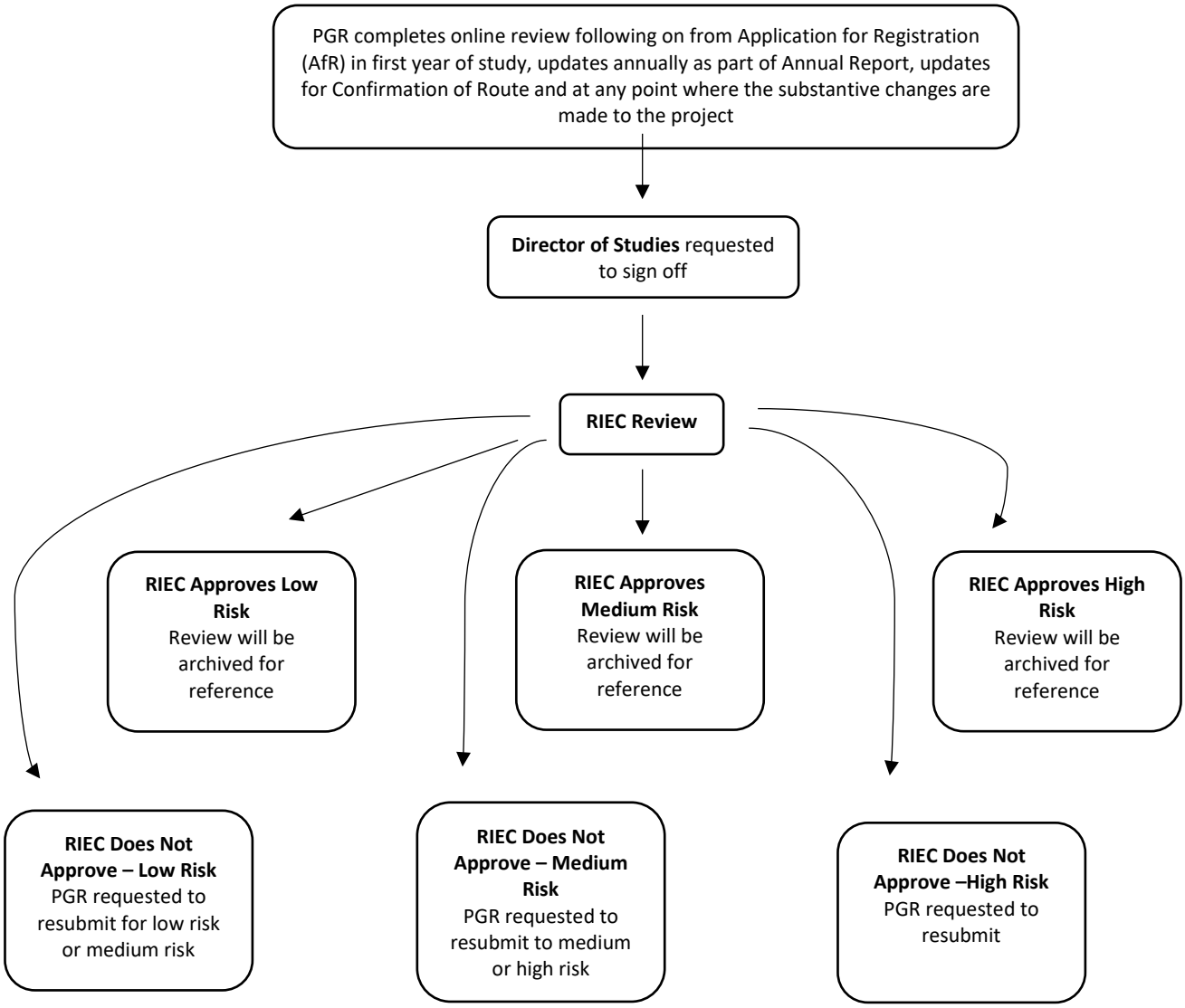
- Research involving accessing and/or storing and/or disseminating material which may be regarded as unlawful, including promoting or endorsing terrorist acts
- Research involving sensitive topics such as:
    - Sexual, political or illegal behaviour
    - Experience of violence, abuse, exploitation, racist or sexist behaviour
    - Mental health and/or treatment
    - Physical health and/or treatment
- Research that might induce psychological stress, anxiety or humiliation or cause more than minimal pain under any reasonably foreseeable circumstances
- Research involving intrusive interventions, including vigorous physical exercise, which participants would not normally experience or undergo in the course of their everyday life
- Research which might cause participants to reveal information which causes concern to them either at that time or later
- Research involving human tissue (note – such research may require specific approval by a Research Integrity and Ethics Committee approved by the Department of Health).

For case studies of projects falling into each of the risk categories, please go to the Research Integrity and Ethics area of the Research and Development Intranet page here: https://falmouthac.sharepoint.com/research/SitePages/Home.aspx

6.4 PROCEDURE DIAGRAM: PRINCIPAL INVESTIGATOR/ LEAD RESEARCHER



6.5 PROCEDURE DIAGRAM: POST-GRADUATE RESEARCH STUDENT



6.6 EXTERNAL ETHICS APPROVAL: ROUTES AND RECOGNITION OF OTHER REVIEW BODIES

Sometimes, research projects require approval from ethics panels external to the University. This would usually be because the research is subject to external regulation, such is the case with research involving NHS patients. In these cases, the University will accept the assessment of a recognised external ethics body.

Examples of situations where external review might be necessary include but are not limited to:

- Research involving adults lacking the capacity to consent (which must be reviewed by the appropriate NHS Ethics Committee);
- Research involving the release of genetically modified organisms into the environment (which must be reviewed by DEFRA and is subject to Health and Safety oversight);
- Research classified as a Clinical Trial under the Medicine for Human Use Act (2004) and research involving human tissue, as defined by the Human Tissue Act (2004) and associated Regulations (2006);
- Research that has been reviewed and approved by another UK Higher Education Institution (provided that evidence of sufficiently robust review is confirmed by the Ethics Committee).

Additionally, there are many relevant professional bodies, charities and funding organisations that provide researchers with guidelines and ethics procedures for the conduct of research. The following associations provide useful online information if you are planning to work with young people or children; or in communities which require a 'gatekeeper' to provide you with access to participants (i.e. through a school, a clinic, an association or a club); to conduct experiments, workshops or projects with participants as a major part of your research; or to conduct interviews to obtain data, quotations or other kinds of material for your research:

American Anthropological Association
http://www.aaanet.org/profdev/ethics

American Psychological Association
http://www.apa.org/ethics

Association of Research Ethics Committees
http://www.arec.org.uk

British Medical Association
http://www.bma.org.uk/ethics

British Sociological Association
http://www.britsoc.co.uk

British Psychological Society
http://www.bps.org.uk/what-we-do/ethics-standards/ethics-standards

Disclosure and Barring Service (previously Criminal Records Bureau
https://www.gov.uk/government/organisations/disclosure-and-barring-service

Department of Health
https://www.gov.uk/government/organisations/department-of-health

Medical Research Council (Research policy & ethics) http://www.mrc.ac.uk/research/research-policy-ethics
National Children's Bureau
http://www.ncb.org.uk

National Patient Safety Agency
http://www.npsa.nhs.uk

Oral History Society
http://www.ohs.org.uk/ethics.php

Own-It (Intellectual Property Advice Service)
http://www.own-it.org

Social Research Association
http://the-sra.org.uk

Appendix 1: Falmouth University Committee Toolkit

The Falmouth University Committee Toolkit provides comprehensive resources and guidance on the University's committees, including a library of Terms of Reference for each committee. The toolkit can be found here:

https://falmouthac.sharepoint.com/sites/committees/SitePages/Falmouth-University-Committee-Hub.aspx?OR=Teams-HL&CT=1626349178076

Appendix 2: Research Integrity and Ethics Policy

The University's Research Integrity and Ethics policy can be found here:
https://www.falmouth.ac.uk/research/support/research-ethics-integrity

Appendix 3: Guidance on creating a participant information sheet

A participant information sheet should allow a potential participant to decide whether or not they wish to take part in the research. It should provide clear information on the essential elements of the specific study: the topic being studied, the voluntary nature of involvement, what will happen during and after the study, the participant's responsibilities, and the potential risks or inconvenience balanced against any possible benefits. The key to producing a clear set of information is to consider the participant's point of view. This means that first you need to briefly describe your project in a way that will make sense to the participant – this will answer the question 'why are you asking me to take part?'.

Secondly, you need to explain clearly what you are asking a participant to do, this answers the question 'what are you asking me to do?'. Participant information is easy to read and understand if you write it as a series of questions which you answer in the text as simply as possible. Below we give some examples. These are just indications, you need to consider what is appropriate for the particular circumstances you are dealing with; using your own wording will demonstrate to Research Integrity and Ethics Committees that you have seriously considered the ethical dimensions of your research.

1. University Logo: University logos should be used on all public-facing documents

2. Document heading: We recommend the document is headed Participant Information and Consent Form.

3. Research project title: One consistent title should appear on all the documents and be comprehensible to a lay person. Ask yourself: Does this explain the study in simple English?

4. Invitation paragraph: The invitation is to ask the potential participant to consider the study and then decide whether to take part. Both must be clearly explained. The following is an example:

   We would like to invite you to take part in our research. Before you decide we would like you to understand why the research is being carried out and what it would involve for you. We will go through the information sheet with you and answer any questions you have.

5. Purpose of the research: Answer the question: What is the purpose of the study? Purpose is an important consideration for participants and we recommend that you present it clearly and succinctly and, if appropriate, in the brief context of other work in your field.

6. Explain why you are inviting this participant to take part in your research: Answer the question: Why have I been invited? You should explain briefly why and how the participant was chosen or recruited and how many others will be in the study.

7. Explain that taking part is optional: Answer the question: Do I have to take part? You should explain that taking part in the research is entirely voluntary. The following is an example:

It is up to you to decide to join the research. We will describe the study and go through this information sheet. If you agree to take part, we will then ask you to sign a consent form. You are free to withdraw at any time, without giving a reason.

8. Explain what the participant will be asked to do: Answer the two questions: What will happen to me if I take part? What will I have to do? To answer these questions, we suggest you try to "put yourself in the participant's shoes". This section should include:

    - how long the participant will be involved in the research;
    - how long the research will last (if this is different);
    - how often the participant will need to meet the researcher;
    - how long these meetings will be and where they will take place;
    - what exactly will happen e.g. access to personal information, a questionnaire, interview, discussion group, an activity, etc.
    - Set down briefly and clearly what you will expect from your participants.
    - Use the most appropriate format (e.g. tables, diagrams, photos, etc.) and not necessarily just words. The detail required will depend on the complexity of the study and who you are communicating with and the context in which you are approaching them.
    - You should inform the participant if your study will involve video/audio- taping or photography. Specific consent will be needed if you will publish material that identifies a participant.

9. Consider each type of participation separately: Many research projects involve more than one type of participation. For example, you may be conducting a series of interviews with experts in a field (e.g. exhibition curators) and you may be running workshops (e.g. for visitors to exhibitions). These participant communities are different and their experience of engagement with the research will be different. It follows, therefore, that you need to provide different participant information and consent forms tailored for each type of participant.

10. Expenses and payments: You should explain if expenses (e.g. travel, meals, child-care, compensation for loss of earnings, etc.) are available and you should consider whether anything that you are intending to give as a 'thank-you' for participation, should be detailed in the information sheet. The arrangements for any other payment should be given.

11. What are the possible disadvantages and risks of taking part? Any risks, discomfort or inconvenience to the participant should be outlined. You should consider insurance issues and explain any implications in the information you supply.

12. What are the possible benefits of taking part? Explain these, but it is important not to exaggerate any possible benefits to the participants themselves. You ought to consider how you can give them access to your findings, if that is appropriate and they are interested.

13. What happens when the research ends? Will there be any further contact with the participant? If so, explain what this will be (see 9.7 above – this is all part of the participant's experience of the research).

14. Explain how a participant can withdraw from the study: Answer the question: What will happen if I don't want to carry on with the study? Explain what the subject can and can't

expect if he or she withdraws. It may not be possible or desirable for data to be extracted and destroyed. The position on retention/destruction of data/artefacts on withdrawal must be made clear so that the participant can make an informed decision about whether or not to take part in the first place.

15. What if there is a problem? You should inform participants how complaints will be handled and what redress may be available. A participant may want to contact the researcher or may wish to make a formal complaint. To accommodate either situation we recommend that the participant information includes information on how to contact the researcher (use only institutional contact information, not personal contact information such as personal telephone number or home address, e.g. Give your university email address, postal address and telephone extension number) and also information on how to contact the institution's research office (or equivalent).

16. Participant confidentiality: Answer the question: Will my taking part in this study be kept confidential? You should tell the participant how their confidentiality will be safeguarded during and after the study. You may wish to tell the participants how your procedures for handling, processing, storage and destruction of their data match the appropriate legislation.

    The participant should be told: how their data will be collected; that it will be stored securely, giving the custodian and level of identifiability (e.g. whether it will be anonymised during storage, etc.); and what it will be used for. It must be made clear whether the data is to be retained for use in future studies and whether further Research Ethics approval will be sought; who will have access to identifiable data; how long it will be retained, and that it will be disposed of securely. Consider what your research requires – for example do not say data will be anonymised if it is critical to the research that data can be attributed to sources. Participants have the right to check the accuracy of data held about them and correct any errors.

17. What will happen to the results of the research study? Participants often want to know the results of research they have taken part in. You should tell participants what will happen to the results of the research, whether and how it is intended to make public (e.g. publish, exhibit, broadcast) the results and how the results will be made available to participants. You should add that participants will not be identified in any report/publication unless they have given their consent.

18. Make clear the institutional context of the research: Answer the questions: Who is organising and funding the research? Who has reviewed the study? You should include the name of the University, and should identify any external sources of funding and should make reference to the University's procedures for research integrity and ethics scrutiny and approval.

19. Keeping a record of participant consent: Participants should be provided with their own copies of the participant information, which should be dated. It is easiest to maintain a record of participant consent if you append the consent items to the participant information document. The example of the form of the consent record given below will be suitable for many studies, and may be attached to, or be part of, the participant information sheet. The participant is consenting to everything described in the text of the information sheet.

For some studies a fuller, itemized, or hierarchical consent form may be needed to cover important issues, especially if additional elements are optional for the participant. These may include: consent to use of audio/video-taping, with possible use of verbatim quotation or use of photographs; and transfer of sensitive personal data to countries with less data protection.

The signatories to the consent should be those who are involved in the consent process, e.g. the participant and the researcher. An independent witness is not routinely required except in the case of consent by a participant who is blind, illiterate, etc.

20. Contact Details: Always provide University contact details on an information form. Do not use personal contact details.

21. Participant consent form: Once you have set out clearly the information to inform your participant, the consent record is fairly simple. We recommend that there are two copies: 1 for participant; 1 for researcher's file. Below we show typical content for this that you can customize to suit your particular project.

Appendix 4: Guidance on creating a participant consent form

- University Logo
- Title of Project
- Name of Researcher
- Please initial box

1. I confirm that I have read and understand the information provided above dated.....(version.....) for the research study. I have had the opportunity to consider the information, ask questions and I have had these answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my legal rights being affected.

3. I agree to take part in the above study.

Include:

- Name of Participant, Date, Participant Signature
- Name of Person taking consent (usually the researcher), Date, Signature.
- Finally, include the contact details of Falmouth's Research and Development team.

Implicit Consent

In some situations, it may be appropriate to provide participant information without requiring a consent form which identifies the participant. An example might be if you are asking someone to answer a few questions anonymously at an exhibition. As long as you make it clear that participation is voluntary, agreeing to answer questions anonymously (verbally or by completing a questionnaire) can be regarded as implying consent to participate. However, the participant information provided should still meet the standards set out in the sections above.

Appendix 5: Useful Ethics Guidelines from Professional Bodies and Subject Groups

The **British Educational Research Association (BERA)** is the society for educational research in the UK. It supports educational research through publications, training and development of researchers.

British Psychological Society has a Code of Ethics and Conduct and provides ethical guidelines for psychologists.

The **British Sociological Association** has a Statement of Ethical Practice which will be of interest to staff and students working within the social sciences.

Designing with people is a website created by the Helen Hamlyn Centre for Design at the Royal College of Art that covers a number of issues about how to design with people, including developing protocols for ethical practice.

ESRC Research Ethics Framework sets out what the ESRC requires by way of ethics approval. It is mandatory for ESRC- funded research and recommended good practice.

The **Home Office** provides a concise overview of the legislation about the use of animals in research and the licenses required to undertake research involving animals.

The **Human Genetics Commission** is the UK Government's advisory body on new developments in human genetics and how they impact on individual lives

The **Institute of Biomedical Science (IBMS)** is the professional body for biomedical scientists in the UK. It aims to promote and develop biomedical science and its practitioners. The Institute was founded in 1912 and represents approximately 16,000 members employed mainly in NHS and private laboratories, veterinary laboratories, the National Blood Authority, Health Protection Agency, Medical Research Council and Department for Environment, Food and Rural Affairs.

The **International Collaboration for Participatory Health Research** produce position papers which are an important forum for defining and debating the practice and principles of participatory research in health.

The **Market Research Society (MRS)** are available across a range of research practice areas and industry sections, covering topics such as questionnaire design, incentives and online research. The Society champions high ethical, commercial and methodological practices in research.

Medical Research Council - All MRC-funded researchers must comply with MRC Ethics and Governance guidelines to ensure that their work is of a high scientific standard, is conducted safely, and respects the wishes and integrity of any patients or volunteers involved.

The MRC has also produced a number of useful online tool kits for particular types of research:

- MRC Data and Tissues Tool Kit (the use of personal information and human tissue samples in

healthcare research in the UK)

- Clinical Trials Tool Kit (joint initiative with the Department of Health)
- MRC Experimental Medicine Tool Kit
    - The MRC Clinical Trials Unit has a very good explanatory section about clinical trials. This information is principally directed at members of the public who are thinking of participating in a trial but through the Glossary and FAQs page, it is also very useful for researchers too and can be found here. The National Centre for the Replacement, Refinement and Reduction of Animals in Research works in partnership with bioscience research funders, academia, industry, regulators and animal welfare organisations to advance the 3Rs [replacement, refinement and reduction] of animals in research.

The **National Research Ethics Service (NRES)** provides ethical guidance and management support to research ethics committees in England and delivers the quality assurance framework for the Research Ethics Service

The **Nuffield Council on Bioethics** examines ethical issues raised by new developments in biology and medicine. Established by the Nuffield Foundation in 1991, the Council is an independent body, funded jointly by the Foundation, the Medical Research Council and the Wellcome Trust.

The **Nutrition Society** was established in 1941 'to advance the scientific study of nutrition and its application to the maintenance of human and animal health'

The **Research Ethics Guidebook**; a resource for social scientists is designed as a resource for social science researchers - those early in their careers, as well as more experienced colleagues.

The **Royal Academy of Engineering** has developed, in collaboration with Engineering Council (UK) and a number of the leading professional engineering institutions, a statement of ethical principles which all professional engineers and related bodies should adhere to.

The **Royal College of Nursing (RCN)** represents nurses and nursing, promotes excellence in practice and shapes health policies

The **Royal Society for Chemistry** is the largest organisation in Europe for advancing the chemical sciences. Supported by a worldwide network of members and an international publishing business, our activities span education, conferences, science policy and the promotion of chemistry to the public. All RSC members are bound by its Code of Conduct and Guidance on Professional Practice

The **Social Research Association** maintains an up-to-date set of ethical guidelines and is proactive in the discussion of social research.

The **UK Research Integrity Office (UKRIO)** is an independent body which offers advice and guidance to universities and other research organisations, and also to individual researchers, about the conduct of research.

US Department of Health and Human Services Office for Human Research Protections: International Compilation of Human Research Standards – 2014 this document provides information

on (country by country) the laws on data protection / codes of research ethics - a useful reference for applications to conduct research overseas.

The **Universal Ethical Code for Scientists** is a public statement of the values and responsibilities of scientists and applies to anyone whose work uses scientific methods, including social, natural, medical and veterinary sciences, engineering and mathematics."

Wellcome Trust has a series of accessible policy and position statements that outline their expectations of the research ethics applied by researchers which can be found here. The statements cover a range of issues including: good research practice; research involving human participants and personal data; intellectual property and patenting; research involving people in low- and middle-income countries; and medical research.

Appendix 6: Procedure for the Investigation of Misconduct in Research

The University uses the UK Research Integrity Office's Procedure for the Investigation of Misconduct in Research to investigate complaints of misconduct in research. This document outlines the procedures which will be taken once a complaint has been received by one of the NPs.

Procedures for making and handling allegations of misconduct

1. A complaint of misconduct in research concerning a University member of staff or registered postgraduate student **must** be made to a Named Person (NP) for an initial assessment of the nature and severity of the allegations.
2. A complaint of misconduct in research concerning an undergraduate or taught postgraduate student **must** be reviewed by the Academic Director in the first instance before a decision is made on the most appropriate route for dealing with the complaint. In making their decision, the Academic Director **may** seek advice from the Head of Quality Assurance and Enhancement
3. In the case of a member of staff, the NP will contact Human Resources immediately on receipt of an allegation of misconduct to agree the appropriate process for investigating the allegations.
4. In the case of a PGR student, the NP will contact the Post Graduate Student Research Coordinator immediately on receipt of an allegation of misconduct to agree the appropriate process for investigating the allegations.
5. Where, in the view of the NP (in consultation with Human Resources or the Post Graduate Student Research Coordinator or the Academic Director, as appropriate), it would be appropriate to manage the alleged misconduct informally, this **may** be done without recourse to the University's formal procedures.
6. Cases of alleged misconduct involving registered students will be dealt with according to the student disciplinary policy.
7. All enquiries into alleged misconduct (including formal investigation, if any) will be conducted on the basis of confidentiality within the process (wherever possible), as well as of integrity and non-detriment so that no party may suffer solely as a consequence of an allegation made in good faith.
8. The identity of the individual reporting serious research misconduct will be kept confidential wherever practicable. However, the identity of this individual may be revealed if, for example, it is deemed necessary in order to allow the person accused of misconduct to conduct their defense. If an anonymous complaint is received, the University will decide how to proceed, taking into account the nature and circumstances of the complaint.
9. A complaint may be made via an intermediary, but that intermediary **must** act solely as a conduit for the transfer of material between the complainant and the University, and **must not** seek to interfere with or influence in any way the intent or conduct of the case. Any person who is approached to act as intermediary who is not able to act in this manner should decline the request.
10. Where there is prima facie evidence that an allegation of research misconduct is made with vexatious or malicious intent, that allegation may be considered as a disciplinary matter. A

complainant may be given an opportunity to respond if the allegation is not accepted and if the complainant believes that they have been misunderstood or key evidence overlooked.

Notification to external bodies of allegations

1. The Research Councils UK Policy and Code of Conduct on the Governance of Good Research Conduct states that, once a formal investigation begins:
   "*Where an investigation is about someone funded by or engaged with RCUK (including acting as a supervisor for an RCUK postgraduate student or engaged with peer review activities), even if it is about work not connected with a grant from a UK Research Council, the case is reported to the relevant Council at this stage; the Councils reserve the right to take appropriate action about any duties being performed for RCUK.*" (p.8)
   The University will comply with these requirements and notify RCUK of any allegations of misconduct which have proceeded to formal investigation.
2. The University will also comply with the regulations of any other research funder, professional association or similar body in the reporting of investigations or proven allegations of research misconduct.

Investigation of Misconduct

Guidelines on international collaborative projects, supervision during investigations and non-compliance with investigations.

1. Where an investigation involves an international collaborative project, the non-contractual OECD code Investigating Research Misconduct Allegations in International Collaborative Research Projects may be used as a guide.
2. Without prejudice to the presumption of innocence, the Named Person (in consultation with Human Resources) will consider whether it would be appropriate to appoint a replacement supervisor for any researchers or other staff linked to an investigation, for the duration of any investigation, in order to protect their interests and that of the member(s) of staff under investigation.
3. Should the complainant, respondent or any key witnesses refuse to co-operate with an investigation, or leave the University during an investigation, the University will be responsible for deciding whether to continue with or terminate the investigation, taking into account the specific details of the case.
4. If during the investigation of a complaint, evidence of misconduct in research is found distinct from that forming the basis of the initial investigation, the University will be responsible for deciding whether or not to investigate further, either as part of the initial investigation or as a separate investigation.

Actions that may be taken by the University if misconduct in research is found after an investigation:

1. If research misconduct is found following the completion of an investigation, supplemental penalties may be agreed in addition to any disciplinary or legal procedures. These may include:

a) Retraction or correction of articles in published materials; Withdrawal or repayment of research funding;
b) Notification to regulatory bodies and/or professional bodies;
c) Notification to other employing institutions or organisations;
d) Notification to other organisations involved in research including research funders;
e) Notification to research participants, patients or their doctors;
f) Review of internal management and or training and supervisory arrangements;
g) The making of any public statement necessary to protect the good name and reputation of the University;
h) Any actions necessary to safeguard research participants, patients and any other involved parties;
i) Addressing and remedying any research misconduct that may have taken place;
j) Reporting on any procedural or organisational issues which should be reviewed by the institution; and/or
k) Remedial training, mentoring and monitoring when the person(s) involved continue to work or study at the University.

2. The University reserves the right to report proven allegations of research misconduct against its staff, honorary and emeritus staff, former staff and current and former registered students to potential, new and subsequent employers. Where employees or students of another institution are involved in a collaborative research project with the University and are implicated in a University finding of serious research misconduct, the University reserves the right to notify the home institution of those involved.

Appendix 7: Other useful resources for Research Ethics

Publications:

Aitchison, C and Mowbray, S. (2016) Doctoral Writing Markets: Exploring the Grey Zone. In (ed.) Handbook of Academic Integrity. Singapore, Stringer, 2015: 287-302

Bolt, B and Vincs, R (2015) Straw Godzilla: Engaging the Academy and Research Ethics in Artistic Research Projects. Educational Philosophy and Theory, 47(12): 1304-1318

Centre for Academic Integrity (1999) The Fundamental Values of Academic Integrity. Available online at http://academicintegrity.org/icai/assets/FVProject.pdf

Miller, T., Birch, M., Mauthner, M. & Jessop, J., eds. (2012) Ethics in Qualitative Research, 2nd ed. Sage

Wilse, R. (2012) What are Qualitative Research Ethics? Bloomsbury

Zylinska, J. (2005) The Ethics of Cultural Studies. Continuum/Bloomsbury

Webpages:

Falmouth University Research & Innovation Integrity & Ethics
https://www.falmouth.ac.uk/research/support/research-ethics-integrity

Research Integrity and Ethics on the Staff Intranet
https://falmouthac.sharepoint.com/research/SitePages/Research%20Integrity%20%26%20Ethics.aspx

Research & Innovation Strategy and toolkits
https://falmouthac.sharepoint.com/research/SitePages/Research%20%26%20Innovation%20Strategy.aspx

Falmouth University Regulations and Policies
For Students - https://www.falmouth.ac.uk/student-regulations
For Staff - https://falmouthac.sharepoint.com/hr/Shared%20Documents/Forms/Policy.aspx

Appendix 8: Key Contacts at Falmouth University for Research Ethics

Research & Development Office
Email: research@falmouth.ac.uk
Telephone: +44 (0)1326 259247

Service Desk
For device encryption and online storage.
Direct line: +44 (0)1326 213822
Email: servicedesk@fxplus.ac.uk

The Deputy Vice-Chancellor Research & Innovation, Professor Patric Eriksson, is responsible for ensuring that the University promotes a commitment to research integrity, and is the first point of contact for all allegations of misconduct, and for whistle-blowers or for any other person wishing to raise concerns about the integrity of research being conducted under the auspices of Falmouth University.

If you have any concerns regarding the integrity of research being undertaken at Falmouth University, the Deputy Vice Chancellor Research & Innovation can be contacted via the Research & Development Office: research@falmouth.ac.uk