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# Guidelines on the procedure in the event of suspected deviations from good research practice

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# Guidelines on the procedure in the event of suspected deviations from good research practice

All persons engaging in research activities at Uppsala University must maintain high quality standards in their research. Deviations from good research practice in research processes must therefore be prevented as far as possible and suspected deviations must be dealt with in a uniform and legally certain manner.

## General

### Section 1

Any person engaging in research activities at Uppsala University has an obligation to ensure that results are obtained, compiled and reported in accordance with the principles approved by the research community. This means, among other things, that all participating researchers and co-authors in research collaborations must make sure that the results have been produced and described correctly and that any necessary permits have been obtained.

### Section 2

The University will inform academic and administrative staff of applicable rules on good research practice in the area of research.

## Definitions

### Section 3

The term *deviations from good research practice* refers to phenomena that damage or risk damaging the integrity of the research process, research or researcher and that are performed intentionally or by gross negligence when planning, conducting or reporting research.

### Section 4

The term *research misconduct* is defined in Section 2 of the Act on responsibility for good research practice and the examination of research misconduct (2019:504) as “a serious deviation from good research practice in the form of fabrication, falsification or plagiarism that is committed intentionally or through gross negligence when planning, conducting or reporting research.”

## Board for Investigation of Deviations from Good Research Practice

### Section 5

At Uppsala University there will be a “Board for Investigation of Deviations from Good Research Practice”, referred to below as “the Board”.

The Board has the following responsibilities:

1. The Board will investigate suspected deviations from good research practice in accordance with Chapter 1, Section 17 of the Higher Education Ordinance (1993:100), including cases that the National Board for Assessment of Research Misconduct hands over to the University under Section 11 of the Act on responsibility for good research practice and the examination of research misconduct.
2. If investigations under point 1 give rise to a reasonable suspicion of misconduct in research, the Board will notify the Vice-Chancellor of this for forwarding to the National Board for Assessment of Research Misconduct.
3. The Board is also responsible for submitting reports as required by Section 13 of the Act on responsibility for good research practice and the examination of research misconduct and Chapter 1, Section 18 of the Higher Education Ordinance (1993:100).

### Section 6

The Board consists of one legally qualified member, who must be or have been a permanent judge, three academically qualified members who are employees of Uppsala University, the University Director, a legal officer from the Legal Affairs Division and a student representative.

With the exception of the student representative and the University Director, the members serve for a three-year period, which may be renewed. The student representative is appointed in accordance with the provisions of the Student Union Ordinance (2009:769). The student representative is appointed for a maximum period of one year at a time.

The Vice-Chancellor appoints the legally qualified member. The academically qualified members of the Board are appointed by the Vice-Chancellor on proposals from the respective disciplinary domains at the University and the legal officer from the Legal Affairs Division is appointed by the Vice-Chancellor at the proposal of the University Director. The Vice-Chancellor decides who will chair the Board. When necessary, the chair of the Board may decide to temporarily enlarge the Board by co-opting additional members.

An alternate must be appointed for each of the members. The alternates are appointed in the same way and for the same term as the regular members. The alternate for the University Director is the Deputy University Director.

The Board is to have the assistance of an official from the University Administration, appointed by the University Director.

The University's faculties have an obligation to assist the Board in its work at the Board's request, and as desired by the Board. The dean of each faculty is responsible for ensuring that this is done.

## Investigation

### **Section 7**

If a suspicion of research misconduct or other deviations from good research practice arises, this must immediately be reported to the Vice-Chancellor in writing.

Unless it is deemed unnecessary, the Vice-Chancellor will forward the report to the Board for investigation. If it is deemed unnecessary to forward the report to the Board, after consulting the chair of the Board, the Vice-Chancellor will decide that no action will be taken in response to the report, or that the report will be dealt with in some other way. The Vice-Chancellor's decision to this effect is to be taken following a presentation of the matter.

If the Board, having examined the report, finds that there is a suspicion of research misconduct, this must be reported to the Vice-Chancellor, who will take a decision on submitting the case to the National Board for Assessment of Research Misconduct.

### **Section 8**

When the Board investigates matters concerning deviations from good research practice, the following applies.

When necessary, the Board is to obtain opinions from one or more experts, at least one of whom must be attached to another university. When appointing experts, it must be ensured that there are no disqualifying relations or other conflicts of interest between the experts and the respondent or the complainant in the case.

The Board must treat both the respondent and the complainant with respect when conducting its investigations.

During the investigation, facts are to be gathered and the respondent must be given an opportunity to make an oral or written statement after having been informed of the circumstances behind the complaint and the findings that have come to light in the course of the investigation.

The Board's investigation report must document the accusation and the investigation, and report the Board's assessment of the accuracy of the accusation.

Once finalised, the report is to be sent to the respondent, the complainant and

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the Vice-Chancellor.

It is incumbent on the Vice-Chancellor to decide, on the basis of the findings of the investigation, whether deviations from good research practice have occurred or not. The Vice-Chancellor takes this decision following a presentation of the matter.

## Measures

### **Section 9**

If it is found that deviations from good research practice have occurred, or if the National Board for Assessment of Research Misconduct has decided that research misconduct has occurred, the issue of measures must be promptly presented to the Vice-Chancellor by the chair of the Board and the Adviser to the Vice-Chancellor on Good Research Practice, with the participation of the head of department concerned.

### **Section 10**

Section 14 of the Act on responsibility for good research practice and the examination of research misconduct contains provisions on information to stakeholders.

## Appendix: Special guidelines for research supported by the United States Public Health Service (PHS)

The Office of Research Integrity (ORI) is a body within the US Department of Health and Human Services (DHHS) that is responsible for issues of research misconduct and research integrity relating to research supported by the PHS.

### **Section 1**

ORI must be notified at any stage of an investigation if it comes to light that any of the following situations applies:

1. there is an immediate risk of danger to health
2. there is an immediate need to protect US federal funding or equipment
3. there is an immediate need to protect either the respondent or the complainant
4. the alleged offence is likely to come to the attention of the public.

In the event of reasonable suspicion of a crime, ORI must be informed within 24 hours.

### **Section 2**

Appropriate administrative actions must be taken to protect US federal funding and guarantee that the purposes of US federal support for research are being carried out.

### **Section 3**

If there are grounds to terminate an investigation for any reason without completing all relevant requirements in these guidelines, this must be reported to ORI. The report must include an account of the reasons for such termination.

### **Section 4**

ORI must be informed that an investigation is to be initiated no later than the date the investigation begins.

### **Section 5**

The Board must immediately notify ORI if, during the investigation, facts are revealed that could affect current or future DHHS funds for individuals under investigation or that the PHS needs to know in order to guarantee the appropriate use of US federal funding or otherwise protect public interests.

**Section 6**

The Board must submit its final report to ORI within 120 days of the initiation of the investigation.

The final report to ORI must describe the principles and procedures under which the investigation was conducted, how and from whom relevant information was obtained, the findings of the investigation and the basis for the findings. It must also include a detailed account of the views presented by the individual involved in research misconduct, as well as an account of any sanctions imposed by the Vice-Chancellor.

**Section 7**

If the investigation cannot be completed in 120 days, the Board must submit a written request for an extension to ORI. The request for an extension must include an explanation for the delay, a report on the progress to date, an outline of what remains to be done and an estimated date by which the investigation can be completed.

**Section 8**

The Board is responsible for preparing and retaining documentation so that the findings of the investigation can be confirmed. This documentation must be made available to ORI's executive management.