24: Research Misconduct

This policy is subject to ongoing review.

24.1 Barts Health Policy

24.1.1 Background

The validity of research and other academic endeavour is based on the implicit assumption of honesty and integrity by the research investigator and on the explicit premise that research data are properly obtained, reliable and verifiable. Queen Mary University of London (Queen Mary) and Barts Health NHS Trust (Barts Health), working in partnership, must uphold this principle and endeavour to maintain public trust in the research process. This is summarised in the following Joint Policy Statement on Research Misconduct.

This policy recognises the need for Barts Health and Queen Mary to augment their standard policies and guidelines to address issues relating to misconduct in research. The guidelines should be read in conjunction with other relevant related policies of each organisation, including research integrity, whistle-blowing and disciplinary policies.

24.1.2 Policy statement

Barts Health is committed to:

- maintain the highest standards of rigour and integrity in all aspects of research; ensuring that research is conducted according to appropriate ethical, legal and professional frameworks, obligations and standards;
- support 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;
- use transparent, robust and fair processes to deal with allegations of research misconduct should they arise; and
- work together to strengthen the integrity of research and reviewing progress regularly and openly.

Barts Health is responsible for ensuring that the research carried out under their aegis is carried out legally, in the public interest and in accordance with best practice. This policy applies to anyone involved in research at Barts Health, whether as an employee, student, research manager or in some other capacity, and includes researchers holding substantive or honorary employment contracts at either organisation who are responsible for visitors or engaged in external research collaborations.

All individuals undertaking research at Barts Health are obliged to comply with this policy and to conduct, record and report their research in line with all relevant laws and regulations, and research policies endorsed by Barts Health.

All employees of Queen Mary or of other Trusts who carry out research involving Barts Health patients, patient samples, patient records, premises, facilities, staff and services must be bound by Barts Health policies and hold a current Barts Health honorary contract or Letter of Access for Research with clear lines of reporting and accountability at Barts Health. All employees of Barts Health, or other Trusts and Universities, who carry out research involving Queen Mary premises, facilities, engagement with staff, research samples, records, information or Queen Mary's intellectual property, must be bound by the policies of the other relevant Trust or University; if relevant hold an honorary contract, and have clear lines of reporting and accountability whilst undertaking research.

All employees of Barts Health, and individuals permitted to work under their oversight, have the responsibility to report any cases of suspected research misconduct and must fulfil their responsibilities where appropriate as outlined in the UK policy framework for health and social care research, 2017.

Any designated Chief or Principal Investigator must accept a key role in detecting and preventing research misconduct and must adopt the role of a guarantor on published outputs from the work they have oversight for as Chief Investigator/ Principle Investigator. Researchers must comply with and aid in any necessary monitoring and auditing of research projects required by Barts Health, Queen Mary or other body. Any complaints, incidents or risks relating to research must be reported through the approved Barts Health mechanisms. Any such complaints, incidents or risks should be logged using an appropriate Trust reporting system by the JRMO for Barts Health.

Allegations of misconduct will be handled and investigated in line with the research misconduct procedures of the employing organisation. Barts Health and Queen Mary will inform each other's HR Departments (or those of other organisations) immediately upon notification of any allegations of research misconduct that have been reported that involve both organisations and/or employees that have contracts with both organisations. Suitable arrangements between the organisations will then be made to address the allegations with reference to the Joint Procedure.

24.1.3 Principles

Barts Health will investigate all allegations of research misconduct relating to the work of any employee, student, or anyone else involved in research within their organisations.

No detrimental action of any kind will be taken against any person making an allegation through this policy in good faith, in line with Barts Health and Queen Mary Whistleblowing Policies and Public Interest Disclosure Legislation.

Any allegations made will be investigated thoroughly and in accordance with the highest standards of integrity, accuracy and fairness.

Investigations will be carried out in such a way as to appropriately safeguard the confidentiality of the interested parties, as necessary.

Bearing in mind appropriate levels of confidentiality as needed, the outcome of the investigation will be made known as quickly as possible to all parties with a legitimate interest in the case.

24.1.4 Definition of Research Misconduct

For the purposes of this policy, research misconduct includes carrying out, attempting or planning any of the following (as well as any other examples that might reasonably fall within the remit of the policy and its documentation):

- The fabrication, falsification, plagiarism or deception in proposing, carrying out or reporting the results of research;
- The deliberate, dangerous or negligent deviation from agreed formal protocols or regulations, including accepted professional standards of behaviour and conduct, in carrying out research, and the failure in that context to avoid risk or harm to humans, animals used in research, and the environment where appropriate;
- The facilitation of misconduct in research or collusion in, or concealment of, such actions by others;
- The intentional and unauthorised use, disclosure of, removal of or damage to research-related property of another researcher, including:

    intellectual property, writings, data, apparatus, materials, hardware, software, any other substances or devices used in or produced whilst conducting research, infringement of data protection requirements or the confidentiality of research subjects, misuse or misappropriation of the work of others and, for example, the unethical use of material provided in a privileged way for review or assessment.

Misconduct in research can include acts of calculated omission as well as acts of commission. It excludes genuine errors or differences in interpretation or judgement in evaluating research methods or results, or misconduct unrelated to research processes.

24.2 Queen Mary Policy

24.2.1 Introduction

Queen Mary is committed to the highest standards of integrity and probity in the conduct of research and our procedures are aligned to those established by the United Kingdom Research Integrity Office (UKRIO). The policy covers allegations of research misconduct brought against any present member of staff of Queen Mary in respect of research undertaken while employed by the University.

24.2.2 Scope

This policy is designed to cover staff (academic and professional services supporting research) and honorary staff. It is intended to support other members of Queen Mary and those external to the organisation, to raise concerns or make complaints where the individual has a genuine and reasonable belief of research misconduct, which is in the interest of Queen Mary or of the public to be investigated.

The University uses the definition of research misconduct specified in the Universities UK *Concordat to Support Research Integrity*. This conceives of research misconduct as '*behaviours or actions that fall short of the standards of ethics, research and scholarship required to ensure that the integrity of research is upheld*'. The forms these might take might be summarised as follows:

(i) Fabrication: the making up of results, data, or any other information presented on documentation.

(ii) Falsification: the inappropriate manipulation of research data, processes, and other materials.

(iii) Plagiarism: the appropriation of the intellectual property or work of others without their knowledge or permission.

(iv) Failure to meet legal, ethical, and professional obligations: This might be deviation from the formal protocols and regulations governing research, leading to risks of harm to people or the environment. Examples include ethics approvals and disciplinary codes of conduct. Other examples include misuse of personal data and improper conduct in peer review.

(v) Misrepresentation: This is applicable to research data, authorship, and declarations of conflicts of interests by researchers and funders.

(vi) Improper dealing with allegations of misconduct: This includes failure to investigate alleged research misconduct and reprisals against whistle-blowers.

Honest errors, which are clearly unintended and acknowledged, and differences in interpretation do not amount to research misconduct.

Allegations of research misconduct involving visiting staff will be referred to the institution that employs them.

Matters, unrelated to research conduct, pertaining to individual staff circumstances or concerns should be addressed through Queen Mary's Grievance Resolution Policy and Procedure. (https://hr.qmul.ac.uk/procedures/policies/grieve/)

It is the responsibility of the Research Integrity Committee to determine whether research misconduct has taken place. To this end, it will delegate competence to a Research Integrity Panel. The Research Integrity Panel, following investigation, may recommend a case for consideration under University disciplinary procedures once it has made its final determination on behalf of the Committee: https://hr.qmul.ac.uk/media/hr/policies/Discipline-Policy-Updated-2021.pdf. This will be directed to the head of school and the line manager of the respondent, or another appropriate management contact. The Director of Human Resources will be informed.

Decisions about subsequent disciplinary action are a matter for the relevant disciplinary panel. However, these do not have any bearing on the final determination of the Committee or the Panel as to whether research misconduct has occurred.

24.2.3 Making a Complaint of Research Misconduct

Any person becoming aware of an allegation of potential research misconduct should immediately inform the Research Integrity Office in writing, either directly using the dedicated email address, at research-integrity@qmul.ac.uk, or through their Faculty Research Integrity lead, who are contactable through faculty research managers. The Research Integrity and Assurance Officer will ensure that the Named Person (http://www.jrmo.org.uk/performing-research/research-integrity/) is made aware and initiates the actions outlined in this procedure.

Where an allegation has been made orally or briefly, the Named Person will request that the complainant provides a substantive written outline of the allegation along with any supporting evidence. The complainant will be issued with a dedicated proforma. They will be asked to ensure that their complaint, in its entirety, is presented on this document.

Upon submission of the complaint, the Named Person, with support from the Research Integrity and Assurance Officer, will make an initial assessment of its substance. This will be based entirely on the information presented to them on the dedicated proforma.

If there are major concerns about immediate risk to safety, suffering to animals, negative environmental consequences (where this might contravene the law or fall below good practice), or that experimental results will be destroyed, the Named Person will take urgent action to ensure that any such potential or actual detriment, danger, illegal activity, or risk is prevented as much as possible. To ensure legal and governance compliance, appropriate advice will be obtained. On instruction, the Research Integrity Office will take steps to secure all relevant information and evidence so that it can be available to those undertaking any consequential investigation. This may include, but is not limited to:

(i) Liaising with ITS securing all relevant electronic and physical information and records, materials and locations associated with the work.

(ii) Liaising with Human Resources and relevant line manager(s) to:

(iii) Request the temporary suspension of the respondent in accordance with the relevant provisions of the Queen Mary disciplinary policy.

(iv) Request the temporary barring of the respondent from part, or all, of the premises of QMUL and any of the sites of any partner organisation(s), such as Barts Health; and/ or

(v) Request a temporary restriction be placed on the respondent requiring him/her not to have contact with some or all the staff of QMUL and/or and those of any partner organisation(s), such as Barts Health.

(vi) Liaising with Faculty, or clinical board, managers, review the risk that evidence could be destroyed, risk to individuals and any respondents' responsibilities for supervision, teaching and management.

On receipt of a substantive written allegation, accompanied by any supporting evidence, the Research Integrity Office, on behalf of the Named Person, will formally acknowledge receipt of the allegations by letter to the Complainant, with a copy of any relevant information about how their complaint will be considered. The complainant will be reminded that the information they have provided in writing, on the dedicated proforma, will define the scope of any subsequent investigation.

A meeting of the Research Integrity Committee will be arranged to consider the complaint and appropriate route in accordance with the UKRIO procedure. This is essentially a triaging stage before an investigation and should consider whether the complaint(s) are:

(i) mistaken, frivolous, vexatious and/or malicious.

(ii) should be referred directly to the organisation's disciplinary process or other internal process.

(iii) are sufficiently serious and have sufficient substance to justify a formal Investigation.

The Research Integrity Committee will decide whether to convene a panel to investigate the complaint. An important consideration will be the intentionality of the alleged misconduct.

The Named person will, on behalf of the Committee, inform the Director of Human Resources and the Chief Governance Officer and University Secretary of all disclosures they determine an investigation is required. They will request any evidence of further, distinct instances of proven misconduct in research by the respondent, unconnected to the allegations under investigation.

24.2.4 Investigating a Complaint

Where the matter is to be investigated, the Research Integrity Committee will then determine:

(i) who should undertake the investigation – the Named Investigator.

(ii) the composition of the Panel convened to investigate.

(iii) the policy to be followed.

(iv) the scope of the concluding report.

In deciding who should undertake the investigation, the Research Integrity Committee will check with the proposed investigator that they:

(i) do not have a potential conflict of interest, as defined by this policy.

(ii) are able and willing to conduct the investigation in a timely way.

(iii) are adequately experienced or knowledgeable about conducting investigations of this nature and are confident they have received adequate training.

(iv) do not believe themselves conflicted in any other respect.

The Named Investigator may need to contact the respondent's substantive (primary) employer, where an honorary contract is held and the Research Integrity Office may need to contact external sponsors, funding organisations and/or collaborators, as dictated by their policies. The Named Investigator shall liaise with the Employee Relations Advisory Service relevant to the School/Institute of the respondent, to ensure that the rights of the respondent and the integrity of the investigation are not compromised by any such actions.

24.2.4 Remit and composition of a panel convened by the Research Integrity Committee to investigate a complaint of research misconduct.

The Panel will investigate complaints of research misconduct, in accordance with University standard operating procedures, including interviews with complainants and respondents where applicable, and recommend a course of action to the Named Person. The investigative process will be led by the Named Investigator.

The Panel will be appointed for the purpose of investigating a specific complaint and will make its final determination on behalf of the Research Integrity Committee from whom its authority is delegated.

The Panel will be comprised as follows:

(i) At least one member of the Research Integrity Committee, who shall chair the Panel. Other members may be appointed to ensure the Panel is comprised of an odd number.

(ii) A research integrity champion within the University with disciplinary knowledge relevant to the specific case.

(iii) An external expert with disciplinary knowledge relevant to the specific case, if applicable.

(iv) A representative from the partner organisation, if applicable.

The Panel should always be comprised of an odd number of members. The exact number may vary according to the expertise required for a specific case.

Administrative support will be provided to the Named Investigator and to the Panel by the Research Integrity and Assurance Officer.

The Named Investigator will be responsible for the collection of evidence, which usually should involve the conducting of interviews with relevant parties such as the respondent.

Using the evidence collected, the Named Investigator will write a draft report, with recommendations. They will present this to the Panel and take questions. The respondent will have been given the NI's report before the panel meeting and be allowed to submit comments in response for their consideration.

The Panel will formally consider the draft report presented to them by the Named Investigator. They may request revisions to it or for the collection of additional evidence.

Once the Panel has agreed a final version of the report, it will be presented to the Named Person. The report will:

(i) Summarise the conduct of the investigation.

(ii) State whether the allegations of misconduct in research have been upheld in whole or in part, giving the reasons for its decision and recording any differing views.

(iii) Make recommendations in relation to any matters relating to any other misconduct identified during the investigation; and

(iv) Address any procedural matters that the investigation has brought to light within QMUL and/ or BHT and relevant partner organisations and/ or funding bodies.

(v) Ensure compliance with the scope agreed at the outset of the investigation.

In addition to reaching a conclusion over the nature of the allegations, the Panel should also, in the report, make recommendations with respect to:

(i) Whether the allegation(s) should be referred to the relevant organisation's disciplinary process.

(ii) Whether any action will be required to correct the record of research (e.g., informing publishers, correcting, or retracting publications etc.).

(iii) Whether action will be required to inform external organisations such as funders, collaborators, business partners, regulators (such as MHRA, HRA, GMC, NMC as applicable), professional bodies etc.

(iv) Whether organisational matters should be addressed by QMUL and/or BHT through a review of the management of research; or

(v) Other matters that should be investigated e.g., clinical trials the respondent may have been involved in, in case of any subsequent regulatory inspection.

The Named Person will make the Panel report available to the respondent and to the complainant(s) for comment solely on the factual accuracy of the report. This is unless there are proven reasons not to arising from legal or safety concerns. Comments are to be returned within 10 working days. Modifications will only be made to the draft report where it is found to contain errors of fact. No other information will be shared with the complainant or respondent.

Once initiated the investigation will progress to the natural endpoint irrespective of:

(i) The complainant withdrawing the allegations at any stage.

(ii) The respondent admitting, or having admitted, the alleged misconduct, in full or in part; and

(iii) The respondent or the complainant resigning or having already resigned their post(s).

It might form the basis of a separate investigation, as in some instances it may be necessary to refer the matter to an external authority for further investigation.

24.2.5 Appeals by respondents

The respondent has the option of appealing against the report of the Panel. This is distinct from the outcome of its deliberations and subsequent recommendations. The grounds for appeal and the process will be explained in the outcome letter resulting from the investigation.

The grounds for appeal are as follows:

(i) Procedural irregularity in the investigation.

(ii) The emergence of new evidence that was not available during the investigation.

Appeals should be made in writing to the Named Person. The respondent should specify which of the grounds for appeal they wish to cite. They should then explain the reasons for this, providing evidence if applicable.

The appeal will be considered by an independent panel that will decide whether further action or investigation is required. If so, they will reinitiate the investigation process as described in this policy. Their decision will be based on the written information provided to them. The Panel will be appointed by the Named Person. They will not have had any previous involvement in the investigation.

24.2.6 Right of response by complainants

Complainants will have the right to provide a written response to the Named Person at the following stages of the investigation:

(i) After the initial assessment by the Named Person if a decision is taken to dismiss the complaint.

(ii) After triage by the Committee if a decision is taken to dismiss the complaint.

(iii) At the conclusion of an investigation after being notified of the outcome.

24.2.7 Reporting of Outcomes

If all or part of the allegations are upheld, the Named Person, in consultation with the Director of Human Resources, shall determine whether the matter should be referred to the QMUL disciplinary process. At this point, research misconduct will have been proven. If the allegations proceed to disciplinary processes, the report of the Panel shall form the basis of the evidence that the Disciplinary Panel receives. All the information collected and brought to light through this policy will be transferred to the disciplinary process.

The Named Person will inform the following of the outcome of their report if the allegations are upheld in full or in part:

(i) The respondent

(ii) As relevant to their employment status, the Principal (QMUL), Chief Executive (BHT)

(iii) The Director of the School, Institute or Clinical Body

(iv) As relevant to their employer, the Research/Clinical Director

(v) The Academic Secretary

(vi) If the respondent has left the University and moved on to alternative employment by another university or in a research role, the Director of Research or nearest equivalent

(vii) The complainant(s)

When the allegations were found to have some substance, but due to a lack of clear intent to deceive or due to their relatively minor nature, the Research Integrity Committee can decide that the matter should be addressed through QMUL competency, education and training mechanisms, or other non-disciplinary processes. The Research Integrity Committee can agree remedial actions who will ensure that relevant remedial actions are taken through management structures with support from relevant School/Institute Human Resources. Any such recommendations are actioned via the Head of School, Institute, or Clinical Board if applicable. This may include:

(i) Retraction/correction of articles in journals.

(ii) Notifying other organisations involved in the research, such as funding bodies, research collaborators, industry collaborators, Queen Mary Innovations etc.

(iii) Discussion with funders about withdrawal/repayment of funding.

(iv) Notifying participants/participants' doctors of any potential medical issues that may arise, ensuring due diligence in line with reporting duties of all clinical professionals' duty of candour and duty of care.

(v) Notification of misconduct to regulatory bodies (such as the MHRA, the Healthcare Commission, the Home Office (for research involving animals), other professional bodies, etc.).

(vi) A review internal management, training, supervisory procedures for research as appropriate; and/ or

(vii) Undertaking further investigations of other projects, the Respondent was involved in (especially Clinical Trials of Investigational Medicinal Products) to assure the

organisation that the data are robust and there is no evidence of research misconduct with respect to these other projects.

If the allegation is not upheld following an investigation, both the respondent and complainant will be informed of the reason for this normally within 10 working days. The final report will be shared.

Where allegations have not been upheld, the Named Person will take steps as are appropriate based on the seriousness of the allegations, to protect the reputation of the respondent and any relevant research project(s). Where the case has received any publicity, the respondent shall be offered the possibility of having an official statement released for internal and/ or external purposes.

The Research Director will submit a report of all disclosures and any subsequent actions taken to the Audit and Compliance Committee. Where the issue falls within the purview of the Committee, a detailed report will be submitted, in other cases a summary report, to allow the Committee to monitor the effectiveness of the policy. Copies of the report will be retained for a minimum of three years by the Integrity office.

24.2.8 Timescales:

The investigation will be conducted to the following timescales:

(i) Upon submission of their proforma, the complainant will be notified of the outcome of the initial assessment of their complaint, by the Named Person, within 10 working days.

(ii) The Research Integrity Committee will meet to triage the complaint and, if required, appoint a Named Investigator and Panel within 21 working days.

(iii) The Named Investigator and Panel will seek to complete their work within 60 working days.

(iv) Following the submission of the Panel report, the Named Person and the Research Integrity Committee will deliberate and notify the relevant parties of the outcome within 15 working days.

Should the Research Integrity Committee or the investigating Panel require more time for their deliberations, they will seek agreement for an extension from the Named Person. This may be necessary in cases that are particularly complex or involve external parties. The complainant and respondent will be notified accordingly.

24.2.9 Guidance on implementation of the policy

Confidentiality

Queen Mary will treat all disclosures in a confidential and sensitive manner. The identity of the individual making the allegation will be kept confidential so long as it does not hinder or frustrate any investigation. However, the investigation process may reveal the source of the information and the individual making the complaint may need to provide a statement as part of the evidence required. The individual making the complaint will be informed if it is felt that their identity needs to be disclosed or is likely to become apparent in the progress of an investigation.

Queen Mary expects the individual making the complaint and all others involved in any subsequent investigation to observe strict confidentiality in relation to the nature of the complaint, the identity of those involved and any other information relating to the investigation.

During an investigation, identifiable complainants will be provided with the following information:

(i) Acknowledgement of the complaint.

(ii) Notification of the different stages of the investigation, such as the referral of the complaint to the Research Ethics Committee and the appointment of a Named Investigator and panel.

(iii) Notification of the outcome of the investigation.

At the discretion of the Named Person, the complainant may be provided with a full or redacted version of the final report arising from the investigation. This will be determined by considerations of confidentiality and legality.

During an investigation, the respondent will be provided with the following information:

(i) Notification of the complaint being submitted.

(ii) Notification of the different stages of the investigation, such as the referral of the complaint to the Research Ethics Committee and the appointment of a Named Investigator and panel.

(iii) Notification of the outcome of the investigation.

The respondent will be entitled to a copy of the final report arising from the investigation. However, redactions may be made at the discretion of the Named Person. These will be determined by considerations of confidentiality and legality.

Support for respondents and internal complainants

Respondents and internal complainants will be made aware of the support provided by their School/Faculty management and other organisational support, such as the Employee Assistance Programme, during the investigative process. However, they will also be allocated a local Research Integrity champion unconnected to the investigation.

Suspension

The Named Person or the Research Integrity Committee may consider, in the early stages of the investigation, whether the respondent could jeopardise the progress of an investigation, for example by destroying records. If so, they can recommend that the individual should be suspended from duty. Any such suspension will be governed by policies outlined at paragraph 12 of this policy.

If necessary, the funders and other stakeholders should be notified that the respondent has been suspended.

Anonymous allegations

This policy strongly encourages individuals to sign any disclosures they make. In exceptional circumstances, concerns expressed anonymously may be considered at the discretion of Queen Mary. In exercising this discretion, the factors to be considered will include:

(i) the seriousness of the issues raised.

(ii) the credibility of the concern; and

(iii) the likelihood of confirming the allegation from attributable sources.

The information that anonymous complainants are provided about the investigation will be decided at the discretion of the Named Person on a case-by-case basis.

Good faith

Those making allegations of research misconduct in good faith will be afforded appropriate protections in accordance with the University policy on whistleblowing: https://hr.qmul.ac.uk/procedures/policies/pid/#. This is irrespective of the outcome of any investigation. However, the policy stipulates that those found to be making vexatious or malicious allegations may be subject to disciplinary action.

Conflicts of interest

All involved in the investigative process, at any stage, should declare potential conflicts of interest to the Named Person. On the basis of the information provided, the Named Person will decide whether further participation in the process is appropriate.

Conflicts of interest, in the context of a research misconduct investigation, are defined as the following:

(i) A close personal relationship with either the respondent or the complainant.

(ii) A professional relationship with either the respondent or the complainant. This might include supervision or co-authorship

(iii) A financial interest that might be affected by the outcome of the investigation.

(iv) A professional interest that might be affected by the outcome of the investigation. This might relate to publication or funding.

Conflicts of interest do not necessary include being acquainted with a respondent or complainant, or being employed in the same department or faculty

Role of other professional services teams in the investigation

The role of other professional services teams is advisory only. Determining whether research misconduct has taken place is the entirely the responsibility of the Research Integrity Committee.

The investigative process will be undertaken by the Named Investigator with support from the Research Integrity and Assurance Officer. However, advice may be sought from other professional services teams, such as the Academic Registry and Human Resources, on relevant matters. This is to ensure compliance with regulatory and governance requirements.

The Human Resources team will be regularly updated on the progress of any investigation in case of referral for consideration under disciplinary procedures.

The Named Person will ensure that other professional services teams are appraised of new information, that becomes apparent during the investigation, relevant to their remits.

Learning lessons from an investigation

Following the conclusion of an investigation, the final report will be considered by a meeting of the Research Integrity Committee. The Committee will reflect on whether the specific case has implications for research integrity best practice within the University, or for the investigative process. Subsequently, the Committee may undertake or initiate the following:

(i) The formulation and promulgation of new policies and procedures within the University.

(ii) The provision of confidential high-level briefings.

(iii) The development of appropriate training programmes.

(iv) The sharing of anonymised information within, and beyond, the University to promote best practice and compliance.

The Research Ethics Committee will endeavour to ensure that those involved in the investigative process are provided with an appropriate programme of training.

24.2.10 Review

The Secretary to Council and Director of Research may review this policy following the conclusion of an investigation if any procedural or other problems were experienced during an investigation, or if there is a change to best practice or national guidance in respect of public interest disclosures.

The policy should be reviewed every 3 years as a matter of course.

This policy applies to Barts Health and Queen Mary as indicated.