
**REGULATIONS OF IMPERIAL COLLEGE OF
SCIENCE, TECHNOLOGY AND MEDICINE**

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1. NOMINATION, ELECTION AND CO-OPTION OF MEMBERS OF THE COUNCIL

1.1 Senior Staff Members

- 1.1.1 The four members of the Council appointed from the senior staff of the University under the terms of Statute 3(1)(a) shall be the Faculty Deans and the Dean of the Imperial College Business School.
- 1.1.2 The Faculty Deans and the Dean of the Imperial College Business School will be appointed by the President on the recommendation of the Provost. The selection panels for these posts will normally include one independent member of the Council appointed by the President in consultation with the Chair.
- 1.1.3 The four members of the Council appointed from the senior staff of the University under the terms of Statute 3(1)(a) shall also be ex-officio members of the University Management Board, as set out in Regulation 5.

1.2 Casual Vacancies

- 1.2.1 In the event of a vacancy occurring on the Council before the end of the period of co-option of an External Member, the Council will co-opt a person to fill that vacancy. Any person co-opted to fill such a casual vacancy shall commence his period of office immediately, but his appointment shall be deemed to have commenced on the following 1 October for the purposes of determining that member's eligibility for further periods of membership of the Council.

1.3 Elected Staff Member

- 1.3.1 The elected staff member is an experienced Professor who, having been elected by the academic staff members of the University enjoys the confidence of his or her colleagues and may therefore be expected to act as a conduit for academic opinion which complements that coming through the normal management structure.
- 1.3.2 The persons eligible to stand for election to the Council are professors who are, or have been, elected College Consul for a minimum of two years or who have been (but are not currently) heads of academic departments or medical divisions for a minimum of two years.
- 1.3.3 The electorate for the elected staff member of the Council shall be the academic staff employees of the University with the status of Professor, Assistant Professor, Associate Professor, Reader, Senior Lecturer or Lecturer.
- 1.3.4 No later than the end of the Spring Term in the session preceding that in which a vacancy will occur, the Secretary to the Council shall invite nominations for election to the Council by notice in writing to all members of the academic staff eligible to stand for election. Each person nominated for election to the Council shall be nominated by two members of the academic staff of the University, and nominations must reach the Secretary to the Council in writing by the closing date given in the notice, which shall be not less than three weeks from the date of that notice. The person nominated must confirm in writing by the closing date that he or she is prepared to stand for election.
- 1.3.5 If only one nomination is received to fill the vacancy on the Council, that person will be declared elected without a ballot.
- 1.3.6 If more than one nomination is received, a ballot will be held. The ballot notice shall include in each case only the candidate's name and permanent appointment in the University (that is without civil honours, academic and professional qualifications or temporary University appointments), together with the names of the proposer and seconder. Included with the ballot notice will be a brief curriculum vitae in respect of each candidate. The ballot notice must state the closing date for the election, which shall be not less than three weeks from the date of that notice. The person to be

elected shall be determined by the operation of the single transferable vote system.

- 1.3.7 As soon as possible after the closing date for the election, the Secretary to the Council shall inform the candidates, their proposers and seconders of the result which shall also be announced in a University Notice to be issued as soon as possible thereafter.

2. CONFIDENTIALITY AND THE DECLARATION OF MEMBERS' INTERESTS

2.1 Confidentiality

- 2.1.1 The Minutes of the Council will be made available to the Members of the University after they have been confirmed by the Council and signed by the Chair.
- 2.1.2 Papers presented at meetings of the Council remain confidential to members of the Council until the Minutes of the Meeting at which they were considered are published. Papers which contain information which is commercially sensitive or confidential, or which are concerned with reserved areas of business will remain confidential until such time as the Chair of the Council or the Secretary determine otherwise.
- 2.1.3 Subject to the above, members of the Council may discuss items on the agenda of a Council meeting with non-members in a general way and on a confidential basis prior to that meeting.

2.2 Declaration of Members' Interests

- 2.2.1 Members of Council and/ or of Council Committees and senior officers of the University annual Declaration of Interests is in respect to their own financial and non-financial interests and those of their close family, spouse or partner.
- 2.2.2 The Register of Interests will be held in the Secretary's Office and may be consulted by prior arrangement.
- 2.2.3 Any member who believes that he or she may have a direct or indirect personal or financial interest in any matter under discussion at a meeting of the Council or of a Council Committee shall state that interest at the earliest opportunity, normally to the Chair or to the Clerk or Secretary prior to the meeting or, if necessary, at the appropriate point during the meeting, whether or not such interests have been recorded in the Register of Interests. Such declarations shall be recorded in the Minutes.
- 2.2.4 Members declaring an interest should withdraw from the meeting when the relevant business is reached unless the Chair invites them to stay. If members are invited to stay in the meeting, they may contribute to the discussion but are not entitled to vote unless the Chair indicates otherwise. A member shall not be precluded from participating in discussion of any item of business solely because he or she is an employee or student of the University; nor shall the restriction on involvement in matters of personal financial interest per se prevent any member from considering and voting on proposals to insure the Council and its members against any liabilities which it or they might incur.
- 2.2.5 Members should decline to participate in any committee or working party or other body where there is a possibility that a conflict of interest may arise on a regular basis.

3. APPOINTMENT AND ELECTION OF MEMBERS OF THE SENATE

This Regulation sets out rules for the appointment and election of members of the Senate and should be read in conjunction with Ordinance 7, which defines Senate membership, terms of office, and other core provisions. In the event of any conflict between this Regulation and Ordinance 7, the provisions of Ordinance 7 shall prevail.

3.1 Ex Officio Members.

- 3.1.1 Ex-officio members may appoint a deputy to attend meetings of the Senate on their behalf when they are unable to do so. Where an ex-officio member is to be represented at a meeting by a deputy, the Chair and Secretary to the Senate must be informed of the name of the deputy before that meeting.

3.2 Appointed Members

- 3.2.1 The “Three representatives appointed by the Imperial College Union” shall be the Deputy President (Education) and the Postgraduate Representation Chairs, as appointed by the Imperial College Union Council in accordance with any such policy established for that purpose as determined by the Imperial College Union’s Constitution.

3.3 Nominated Members

- 3.3.1 For the purposes of this Regulation, staff eligible for nomination to the Senate shall be employees of the University holding the rank of Professor, Associate Professor, Assistant Professor, Reader, Senior Lecturer or Lecturer, but excludes Probationary Lecturers and Probationary Assistant Lecturers.
- 3.3.2 No later than 1 June in any year that a vacancy for a nominated member is due to occur the Secretary to the Senate shall invite nominations to the Senate in writing to the Deans of the Faculties to seek nominations.
- 3.3.3 The Dean shall nominate individuals to fill the number of vacancies notified.
- 3.3.4 In exercising this function, the Dean shall ensure that nominations collectively maintain an appropriate balance of disciplinary representation and reflect the University’s commitment to equality, diversity and inclusion.
- 3.3.5 The Dean shall not nominate more individuals than there are vacancies.
- 3.3.6 If insufficient nominations are received, the places shall remain vacant for a further year, at which point the Secretary to the Senate will invite nominations in accordance with paragraph 3.3 of this Regulation.

3.4 Casual Vacancies and Removal

- 3.4.1 A member shall cease to hold office if they no longer hold the position or category that entitles them to membership. Ex officio members serve by virtue of holding the office specified in the Ordinance and automatically cease to be members if they no longer hold that office.
- 3.4.2 A casual vacancy arises where a nominated or appointed member leaves office before the expiry of his or her term, including by resignation, retirement, or otherwise becoming ineligible to serve.
- 3.4.3 Where such a vacancy arises, the Secretary to the Senate shall arrange for the vacancy to be filled, in accordance with the procedures set out above, for the remainder of the unexpired term.
- 3.4.4 A person appointed to fill a casual vacancy shall be eligible for re-appointment for up

to two further full terms of membership following completion of the unexpired term.

4. TERMS OF REFERENCE FOR COMMITTEES OF THE COUNCIL

4.1 Audit & Risk Committee

Purpose

The Audit and Risk Committee advises Council on the adequacy and effectiveness of the University's systems of governance, risk management, internal control, regulatory compliance assurance, and organisational culture, including arrangements to meet statutory, regulatory, and funding body requirements. Its role is to review and test the systems through which the University provides assurance to Council on the adequacy and efficacy of its systems, policies and procedures to meet its regulatory compliance obligations, rather than duplicating management's responsibilities, and to evaluate whether those systems provide a sound basis for Council to discharge its responsibilities, drawing on internal and external audit, regulatory reporting, and other sources as appropriate.

External and Internal Audit

- 4.1.1 Advise Council on the appointment, terms of engagement, and fees of the external auditors, the provision of any non-audit services by the external auditors, and any questions of resignation or dismissal.
- 4.1.2 Discuss with the external auditors, before the audit begins, the nature and scope of the audit.
- 4.1.3 Discuss with the external auditors' problems and reservations arising from the interim and final audits, including a review of the management letter and management responses, and any other matters the external auditors may wish to discuss (in the absence of management where necessary).
- 4.1.4 Advise Council on the appointment, terms of engagement and fees of the internal audit service (and the head of internal audit if applicable), the provision of any non-audit services by internal audit, and any questions of resignation or dismissal. The Committee shall ensure that internal audit has sufficient independence to discharge its responsibilities and may meet the Head of Internal Audit without management present when required.
- 4.1.5 Review the internal auditors' audit risk assessment, strategy and programme; consider major findings of internal audit investigations and management response and promote co-ordination between the internal and external auditors. The Committee will ensure that the resources made available for internal audit are sufficient to meet the University's needs (or make a recommendation to Council as appropriate).
- 4.1.6 Monitor the implementation of agreed audit-based recommendations from all sources.
- 4.1.7 Receive any relevant reports from the National Audit Office, the OfS, Research England and other organisations.
- 4.1.8 Monitor other relevant sources of assurance, for example other external reviews.
- 4.1.9 Monitor annually the performance and effectiveness of external and internal auditors, including any matters affecting their objectivity, and make recommendations to the governing body concerning their reappointment, where appropriate.
- 4.1.10 Consider the Annual Financial Statements in the presence of the external

auditors, including the auditors' formal opinion, the statement of members' responsibilities and the statement of internal control, in accordance with the Regulator's accounts direction.

- 4.1.11 Ensure that all significant losses have been thoroughly investigated and that the internal and external auditors – and where appropriate the regulator – have been informed.
- 4.1.12 Oversee the University's policy and controls on fraud and financial irregularity, including being notified of any action taken under that policy.
- 4.1.13 Satisfy itself that effective arrangements are in place to ensure appropriate and accurate data returns are made to external stakeholders and regulatory bodies.
- 4.1.14 Satisfy itself that suitable arrangements are in place to support the long-term financial and operational sustainability of the institution, and to promote economy, efficiency, and effectiveness. It may also take assurance that governance arrangements, including ethical standards and management of conflicts of interest, support these objectives.

Risk

- 4.1.15 With regards to risk: -
 - a. review the University's overall approach to risk management, including its alignment with strategic objectives and Council's risk appetite.
 - b. provide an annual opinion to Council on the adequacy and effectiveness of the University's risk management control and governance arrangements, informed by internal and external audit and regular reporting from the risk management function, and review management's assurance that material operational risks are effectively identified and managed.
 - c. receive and consider regular reports from the Finance Committee of their reviews of financial risks, including capital projects.
 - d. review those risks (or opportunities) which have the potential to significantly impede (or advantage) the University in achieving its stated strategy
- 4.1.16 Recommend to Council the University's overall risk register and risk appetite statement and ensure that material risks are escalated to Council for discussion, including those with the potential to significantly impede or enable achievement of the University's strategy.

Regulatory Compliance

- 4.1.17 To monitor and review the adequacy of the University's arrangements for compliance with statutory, regulatory, and funding body requirements (including conditions of registration with the Office for Students), and the effectiveness of policies relating to non-financial misconduct, safeguarding, and health and safety.
- 4.1.18 To consider reports and assurance provided by management, internal audit, external audit, and regulators in respect of regulatory compliance obligations and key institutional policies, including those on fraud, data quality, relationships, and gifts and hospitality, and to assess whether these indicate that systems are effective.
- 4.1.19 To review the adequacy and effectiveness of the University's arrangements for whistleblowing and complaints, ensuring that appropriate procedures, investigation routes, and protections for individuals raising concerns are in place.

- 4.1.20 To review, at least annually, the University's Regulatory Compliance Plan and Regulatory Compliance Operation Framework, identifying any significant gaps or overlaps in reporting and assurance.
- 4.1.21 To commission or recommend independent reviews (e.g. via internal audit) where additional assurance is required in areas of significant regulatory compliance or misconduct risk.
- 4.1.22 In the event of the merger or dissolution of the University, ensure that the necessary actions are completed, including arranging for a final set of financial statements to be completed and signed.

Constitution

- 4.1.23 The Chair and members of the Committee shall be appointed by the Council on the recommendation of the Nominations Committee and must consist of members with no executive responsibility for the management of the University. The Chair of Council and Chair of the Finance Committee should not be members of the Committee. One member of the Audit and Risk Committee (not its Chair) may serve on the University's Finance Committee.
 - a. A Chair to be appointed from amongst the independent members of the Council.
 - b. At least two independent members of the Council, one of whom shall have recent relevant expertise and experience in finance, accounting or auditing, Member expertise in risk analysis and management is desirable.
 - c. An appointed staff member of Council
- 4.1.24 The Committee shall have the power to co-opt up to two additional external members if it sees fit.
- 4.1.25 Core attendees shall normally include the President or Provost, Registrar and University Secretary, Director of Risk and Assurance, Chief Legal Officer and Deputy Secretary, Chief Financial Officer, Chief Operating Officer, ICU President, Vice-Provost (Education and Student Experience), Vice-Provost (Research and Enterprise) and the internal and external auditors. The Chair may also invite any other officer, adviser, or member of staff as appropriate to assist the Committee in fulfilling its responsibilities, depending on the agenda and specific matters under consideration.

Secretary

- 4.1.26 The Director of Governance will be the Secretary to the Committee.

Meetings and Reporting

- 4.1.27 The Committee shall meet at least four times a year. The external auditors or head of internal audit may request additional meetings be held if they consider it necessary.
- 4.1.28 The Committee has the right, whenever it is satisfied that this is appropriate, to go into confidential session and exclude any or all other participants and observers other than the Audit and Risk Committee Secretary.
- 4.1.29 A report on each meeting of the Committee will be submitted to the following Council meeting, and the minutes of meetings of the Committee will be available to all members of the Council.
- 4.1.30 The Committee will prepare an annual Report for the Council and the President covering the University's financial year and any significant issues up to the date of signing the Report. This opinion should be based on the information presented to the Committee. The Report will include the

Committee's opinion of the adequacy and effectiveness of the University's arrangements for: -

- a. risk management, control, and governance arrangements (the risk management element includes the accuracy of the statement of internal control included with the annual statement of accounts).
- b. sustainability, economy, efficiency, and effectiveness (value for money).
- c. this Report will be submitted to the Council before the members' responsibility statement in the Annual Financial Statements is signed.

Delegated Authority

- 4.1.31 The Committee is authorised by the Council:
 - a. to investigate any activity within its terms of reference;
 - b. to seek any information it requires from any employee, and all employees are directed to cooperate with requests made by the Committee.
 - c. to obtain outside legal or other independent professional advice and to secure the attendance of non-members with relevant experience and expertise if it considers this necessary, normally in consultation with the University Secretary and/or Chair of the governing body.
 - d. to approve all audit planning documents on behalf of the governing body.

Review

- 4.1.32 The Committee should periodically (and at a minimum of every four years) undertake a review of its terms of reference and its own effectiveness and recommend any necessary changes to Council.

4.2 Finance Committee

Purpose

The Finance Committee will provide the University and Council with strategic and expert assurance and oversight of the University's long-term financial strategy and sustainability, including the long-term financial plan, major budgetary decisions, and key operational financial issues, in order to support Council in fulfilling its responsibilities for the stewardship, financial viability, and long-term success of the University.

Responsibilities

- 4.2.1 To provide strategic overview of the University's finances, with a focus on long term financial plan (including cashflow, capital investment, debt) and the actions taken by the Executive to achieve it (performance targets, resource allocations).
- 4.2.2 To approve capital expenditures between £10m and £30m, and to review all capital projects exceeding £30m before they are submitted to Council for final approval.
- 4.2.3 To monitor and review the University's key financial risks and performance, including those relating to capital projects, liquidity, debt, resource allocation, and financial contingencies. To report relevant findings and assurances to the Audit & Risk Committee, recognising that oversight of financial controls remains within that Committee's remit.
- 4.2.4 To review at each meeting a dashboard of financial performance indicators (e.g. liquidity, profitability) and to undertake an annual review of TRAC results with consideration for financial sustainability.
- 4.2.5 To review the University's long-term financial forecasts, including recurrent and capital income and expenditure, as required by the Office for Students, and to provide assurance and recommendations to Council, which retains formal responsibility for approval and submission.
- 4.2.6 To advise and escalate to Council any significant financial issues, emerging risks, or matters of strategic concern arising from the Committee's oversight.

Constitution

- 4.2.7 The Chair and members of the Committee shall be appointed by the Council on the recommendation of the Nominations Committee. Only one member of Council can be a member of both the Audit and Risk Committee and the Finance Committee; and this person cannot be Chair of either committee. The dual role has to be supported by a specific Council resolution.
 - (a) A Chair to be appointed by the Council from among the independent members of the Council.
 - (b) At least one additional independent member of the Council.
 - (c) The President, the Provost and Deputy President, and the Chief Operating Officer.
 - (d) An appointed staff member of Council
- 4.2.8 The Committee shall have the power to co-opt up to two additional external members if it sees fit.

In Attendance

- 4.2.9 Chief Financial Officer

Meetings and Reporting

- 4.2.10 The Committee shall meet at least three times a year, and may meet more often as it sees fit.
- 4.2.11 A report on each meeting of the Committee will be submitted to the following Council meeting, and the minutes of meetings of the Committee will be available to all members of the Council.
- 4.2.12 The Committee will report all approved capital expenditures to the Council at its next scheduled meeting.
- 4.2.13 The Finance Committee will review all financial policies prior to being submitted to Council for approval.
- 4.2.14 Management will provide access to internal and external experts and advisors as appropriate.

4.3 Nominations Committee

Purpose

The Nominations Committee will identify, review, and recommend candidates for appointment to the University's Council and senior committees, in line with Imperial's strategic priorities and values. It ensures that appointments are made through a fair, transparent, and merit-based process that promotes inclusivity and effective governance.

Responsibilities

- 4.3.1. To keep under review the membership of the Council and of the Council's Committees.
- 4.3.2 To recommend to the Council Independent members for appointment and reappointment to the Council.
- 4.3.3 To recommend to the Council persons for nomination by those Appointing Bodies requesting nominations to be made for them.
- 4.3.4 To make recommendations to the Council for the membership and terms of reference of a separate Search Committee for the identification of a new President or Provost in good time before the termination of the President's or Provost's term of office, or on notification of the President's or Provost's resignation.
- 4.3.5 To make recommendations to the Council for the membership and terms of reference of a separate Search Committee for the identification of a new Chair in good time before the termination of the Chair's final term of office, or on notification of the Chair's resignation, and to make recommendations to the Council for the role description and person specification for the Chair before the Search Committee begins its search.
- 4.3.6 To recommend to the Council such additional definition of terms as may be necessary to facilitate the procedures for the appointment, election and appointment of persons to the Council.
- 4.3.7 To recommend to the Council the appointment of persons to other external bodies in cases where the Council is the Appointing Body.
- 4.3.8 The Committee's recommendations for appointments to Council and to other bodies shall be made to the Council as and when required.

Constitution Members

- 4.3.9 The Chair of the Council (Chair)
- 4.3.10 Three Independent members of the Council, appointed by the Council
- 4.3.11 Three senior staff and/ or ex-officio members of the Council, not including the elected members of staff or the Imperial College Union President, appointed by the Council.

Secretary

- 4.3.12 The University Secretary will be the Secretary to the Committee.

Meetings and Reporting

- 4.3.13 The Committee shall meet as required.

4.4 Remuneration Committee

- 4.4.1 These terms of reference are set in accordance with the Committee of University Chairs – Higher Education Senior Staff Remuneration Code.
- 4.4.2 To review and approve the application of the University's pay review criteria for the President and the Provost, their senior staff direct reports and members of the University Management Board. These criteria apply to the total remuneration paid by the University to these staff.

Pay Review Criteria: Pay is set at mid to upper quartile against appropriate external benchmarks and only adjusted:-

- to address a significant misalignment of a member of staff's salary when compared to others within the organisation who have a similar size role and profile;
 - to address equal pay differentials;
 - to recognise substantial and sustained exceptional ongoing individual contribution achievement beyond the expectations of excellent performance in the role; and
 - to recognise substantial and exceptional one-off individual achievement beyond the usual expectations of the role.
- 4.4.3 To agree, in advance, remuneration packages outside the norm and to consider and decide any severance payments proposed for the staff specified above.
- 4.4.4 To review the application of the University's total remuneration strategy on an annual basis to ensure that remuneration practices are being managed in a fair and equitable way. This review is to be informed by the following supporting data:-
- details of the across the board local pay award and any variation to benefits for all staff;
 - summary information on the application of discretionary pay review exercise for all staff;
 - the annual equal pay audit;
 - the annual gender pay audit (and other specific protected pay audits as published);
 - pay ratios and relevant comparator information;
 - information on numbers of staff earning a salary of more than £100,000, with trend data on average increases for the previous five years compared to average increases for all staff over five years;
 - detail of the individuals earning over £150,000 and the justification for any variation to pay (above the University across the board increase) reported on an individual basis and with reference to the University's pay relativity review applied to all staff;
 - details of the expenses of senior staff and confirmation from a senior finance office that they have been claimed in accordance with the standard, published, expenses policy; and
 - details of any benefits not available to all staff and the monetary value.

Constitution

Members

- 4.4.5 The Deputy Chair of the Council or any Council Member as determined by Council (Chair) .
- 4.4.6 The Chair of Council.
- 4.4.7 Two other external members of the Council, appointed by the Council.

In Attendance

- 4.4.8 The Provost and the President are invited to participate in discussions on specified

agenda items and to present recommendations for adjustments to the pay of their direct reports

- 4.4.9 The Provost and the President are not present for the full meeting. No one participates in a discussion about their own salary.

Secretary and Support

- 4.4.10 The Chief People Officer

- 4.4.11 The Deputy HR Director (HR Partnering and Reward)

Meetings and Reporting

- 4.4.12 The Committee shall meet at least two times per annum.

- 4.4.13 The Committee will make an annual report on remuneration to the Council. This report will be made available on the University's webpages after the Council meeting. The report will contain:-

- A list of post holders within the remit of Remuneration Committee.
- The policy on the remuneration for post holders within the remit of the Committee.
- The choice of comparator institutions and organisations against which the University benchmarks pay.
- The policy on income derived from external activities.
- The pay multiple of the Head of Institution and the median earnings of the University's whole workforce explaining how the multiple has changed over time and any significant changes in the last year.

4.5 Property Committee

Purpose

The Property Committee will provide strategic oversight to the University's property portfolio, encompassing academic, residential, science innovation and investment (other than those held in the Endowment) properties.

Property Strategy & Oversight

- 4.5.1 To develop and recommend a long-term real estate strategy for the development, improvement and maintenance for the University's consolidated estate for the next decade or such period, as agreed from time to time.
- 4.5.2 To provide strategic oversight to the University's Property Portfolio.
- 4.5.3 To review and update the strategy on an annual basis as necessary.
- 4.5.4 To report on the existing use and market value of the Estate.
- 4.5.5 To report on the performance and utilisation of the Estate against the strategic objectives and Capital Plan approved by the Council, from time to time.
- 4.5.6 To recommend to Council in conjunction with Finance Committee, the annual capital investment plan and receive regular reports from the Chief Property Officer on progress and budget.
- 4.5.7 To evaluate and recommend new property opportunities, developments, joint ventures and disposals to Finance Committee and Council (as appropriate) on any part of the portfolio with a value exceeding £10m.

Monitoring

- 4.5.8 To receive a regular report on all material capital projects across the Portfolio.
- 4.5.9 To receive a regular report on the performance of the University's Science Innovation, Residential and Investment (other than those properties held in the Endowment) property portfolio detailing revenue, occupancy, and cash from operations against business plans.
- 4.5.10 To receive a regular report on proactive and planned maintenance.
- 4.5.11 To have oversight of all material works exceeding £10m in value.

Constitution

- 4.5.12 The Chair and members of the Committee shall be appointed by the Council on the recommendation of the Nominations Committee.
- 4.5.13 A Chair to be appointed from amongst the independent members of Council.
- 4.5.14 The members will include:
 - (a) Up to four external members to be appointed for up to a two year term, who are not members of the Council or persons holding honorary status in the University, or students of the University, or employees of the University and who shall have recent and relevant expertise to assist the Committee in fulfilling its obligations to the Council.
 - (b) At least one, and up to three independent members of the Council.
 - (c) An appointed staff member of the Council
 - (d) The President, the Provost, the Chief Operating Officer, the Chief Finance Officer

and the Associate Provost (Estates Planning)

4.5.15 The Chair will have the power to invite such other persons to attend meetings as they see fit from time to time.

Meetings

4.5.16 The Committee shall meet quarterly and may meet more often as it sees fit.

4.6 The Endowment Board

- 4.6.1 Pursuant to Clause 5(f) of the Charter, the University, subject to the Charter and Statutes, has the power to invest any monies in the hands of the University and available for investment in accordance with the relevant law and the Statutes.
- 4.6.2 Furthermore, pursuant to Statute 9, subject to the Charter and Statutes the Council shall exercise all the powers of the University and may delegate any of its functions, powers and duties to committees appointed by it, its officers, other entities or individuals and such committees, entities or individuals may further delegate unless the Council has provided to the contrary.
- 4.6.3 In Regulation 10, the Council has approved a process for the identification of assets and monies that are available for investment (“Non-Core Assets”) and for their transfer to the Endowment.
- 4.6.4 Pursuant to Statute 11 and subject to this Regulation 4.6, the Council hereby delegates authority to the Endowment Board to:-
 - 4.6.4.1 manage the Non-Core Assets that have been transferred to the Endowment as it sees fit, including placing monies on deposit with any bank or licensed deposit taker or by investing in such stocks, funds, shares, securities and other investments (including land and any tenure or any interest therein) of whatsoever nature and wheresoever and whether involving liability or not, as the Endowment Board shall, in its absolute discretion, think fit;
 - 4.6.4.2 appoint (and in a like manner revoke or vary the terms of such appointment) any person or persons including a company or firm to act as investment advisers or investment managers and to permit any monies, investments or other property belonging to or in the hands of the University to be registered or held in the name of any nominee or nominees within the United Kingdom on behalf of the University without being liable for any loss occasioned thereby in each case subject to such conditions and upon such terms (including the payment of remuneration) as shall from time to time be agreed in writing between the Endowment Board and such person or persons as aforesaid;
 - 4.6.4.3 establish sub-committees and advisory committees and to receive reports from such of these committees as it sees fit; and
 - 4.6.4.4 further delegate its authority to individuals, organisations or committees as it sees fit.

Terms of Reference of the Endowment Board

Investment and Distribution

- 4.6.5 To manage the Non-Core Assets within the terms of the investment policy as determined by the Endowment Board and approved by Council from time to time (the “Investment Policy”);
- 4.6.6 Subject to paragraph 4.6.5 above, to manage the Non-Core Assets in a manner that is appropriate to achieve the investment and distribution objective determined by the Endowment Board and approved by the Council from time to time (the “Investment Objective”);
- 4.6.7 To manage the Non-Core Assets within the terms of the Socially Responsible Investment policy approved by Council;
- 4.6.8 To make a regular distribution from the Non-Core Assets to the University in line with the Investment Objective;

Unit Structure. To establish, operate and maintain a unit structure within the Endowment;

Monitoring and Reporting.

- 4.6.9 To monitor the performance of the Endowment and to provide an annual report on its activities (including a report on the implementation of the Socially Responsible Investment policy, financial report and a list of all the newly identified Non-Core Assets) to the Council;
- 4.6.10 To review the Investment Objective set by the Council and to make recommendations for variations to the Council as required but at least once every three years;
- 4.6.11 To submit an Endowment three year plan (including a Strategic Plan) and budget to the Council at the same meeting at which the University's three year plan and budget are submitted by the President.
- 4.6.12 To support the consolidation of the Endowment's three year plan and budget into the University's three year plan for submission to the Council by the President.
- 4.6.13 Other. To review the assets of the University on a regular basis in order to identify additional assets that could potentially be designated as Non-Core Assets.

Constitution

The Members of the Endowment Board shall be appointed by the Council in consultation with the Endowment Board. The Council shall ensure that the Endowment Board never has a minority of external members who are not persons holding honorary status in the University, or students of the University, or employees of the University.

Members.

A Chair to be appointed by the Council.

Up to two external members to be appointed by the Council, who are not members of the Council or persons holding honorary status in the University, or students of the University, or employees of the University and who shall have recent and relevant expertise and experience to assist the Endowment Board in fulfilling its obligations to the Council.

At least one, and up to three, external members of the Council, appointed by the Council.

Up to two senior staff or ex-officio staff members of the Council other than the President, appointed by the Council.

The President of the University ex officio;

The Endowment Board shall have the power to co-opt additional members, if it sees fit.

In Attendance. The Endowment Board shall have the power to invite such other persons to attend its meetings as it sees fit from time to time.

Secretary. The Secretary of the Endowment Board shall be appointed by the University Secretary.

Meetings

The Endowment Board shall meet quarterly and may meet more often as it sees fit.

5. UNIVERSITY MANAGEMENT BOARD

The University Management Board (UMB) is the University's senior management committee and its role is to advise and assist the President in discharging the duties delegated to them by the Council. It considers strategic, financial, policy, governance, risk and operational issues of significance to the organisation as well as major projects and initiatives, prioritisation of resources and regulatory matters. It oversees the development and delivery of the University's purpose, long term sustainability and academic mission. The operations, terms of reference and membership of the UMB are as defined by the President who acts as Chair of the UMB, supported by Provost as Deputy Chair.

6. FINANCIAL MATTERS

6.1 Definitions and Interpretation

6.1.1 The following terms shall, save where the context requires otherwise, have the meanings indicated below wherever they occur in this Regulation:

6.1.2 **“Non-Core Asset”** means any asset that is not required for the core academic mission of the University and which could be sold or otherwise disposed of solely for investment purposes without detriment to the academic mission of the University, as set out in Regulation 10. Non-Core Assets may be held within the Endowment and managed for investment purposes, or be retained and managed by the University (excluding the Endowment Board);

6.1.3 **“Department”** shall encompass faculties, divisions, departments, institutes, centres, operating units providing support and any other subordinate organisational units within the University, by whatever name they are known;

6.1.4 **“Director of Finance”** refers to the University’s Director of Finance (as opposed to any Departmental officers with a similar designation, or any such officer of a Subsidiary Company or of the Imperial College Union);

6.1.5 **“Head of Department”** means any person who is so designated by the President;

6.1.6 **“Budget Holder”** means anyone who has been given delegated budgetary responsibility. In every case, a ‘budget holder’ is answerable to his or her line manager for financial control of their budget, in accordance with directions given to them from time to time;

6.2 Financial Responsibility within the University

6.2.1 **The Endowment.** The Endowment is an operational entity, legally an integral part of the University, whose defined purpose is to undertake the stewardship of University’s Endowment and its investment assets and to deliver a regular flow of unfettered funds back to the University (excluding the Endowment Board). The Council has delegated authority for the stewardship of assets held within the Endowment (subject always to this Regulation and Regulation 4.6) to a separately constituted Endowment Board.

6.2.2 **Resource Allocation Board.** The University’s Resource Allocation Board comprises the President, Provost and Chief Operating Officer, and is responsible for the consideration, and final approval, of all capital projects and asset disposals with a total value of less than £10M.

6.2.3 The functions required to be performed by the Chief Operating Officer may, in his or her absence, be fulfilled by the Director of Finance, or such other University Officer as the President may from time to time determine.

6.2.4 **The Director of Finance.** The Director of Finance reports to the Chief Operating Officer, and has delegated authority and responsibility from the Chief Operating Officer for the setting of all accounting standards and the establishment of all financial controls.

6.2.5 The functions required to be performed by the Director of Finance may, in his or her absence, be fulfilled by the Chief Operating Officer, or such other University Officer as the President may from time to time determine.

6.3 Delegation of Powers and Responsibilities

6.3.1 The following principles apply to all delegated authorities within the University:

- 6.3.2 In specific instances, which are clearly indicated in this Regulation, the person designated to fulfil a particular function is required to fulfil the responsibility personally. In such cases, further delegation is not permitted. Where he or she is unavailable, authority must pass up the line rather than down it;
- 6.3.3 In all other cases, authority may be delegated downwards, but only on the understanding that adequate controls are to be put in place by the delegator to ensure that the delegatee fully understands his or her obligations. The main elements of the matters delegated should be recorded in writing, for the avoidance of doubt between delegator and delegatee. Although the responsibility for carrying out certain duties may be delegated, together with the authority and resources to carry them out, the person making the delegation is not absolved by this from his or her overarching responsibility and the delegator continues to bear managerial responsibility;
- 6.3.4 Where Members of the University delegate their powers to third parties, it is the duty of the delegator to ensure continuing compliance with this Regulation.

6.4 Financial Reporting, Accounting Records and Information

- 6.4.1 The Chief Operating Officer shall produce, within six months after the end of the University's financial year, group accounts for that year, which shall be presented to the Council after review by the Audit and Risk Committee.
- 6.4.2 The Chief Operating Officer shall also provide the Finance Committee with management accounts, trading accounts and such other information relating to the financial affairs of the University as it may from time to time require.
- 6.4.3 The Director of Finance shall establish and document accounting regulations, policies and procedures for the University. All accounting systems and records within the University shall be maintained in accordance with the requirements of the Director of Finance. The Accounting Policies shall comply with, and will be amended as required, in line with changes in generally accepted accounting principles for the UK and the Statements of Recommended Practice ("SORP"). The Director of Finance will make arrangements for the accounting policies to be reviewed at least once every three years, and modified if necessary.

6.5 Budgets and Allocation of Resources

- 6.5.1 The Council shall agree the Budget for the University once a year, before the commencement of the financial year in the context of the University's Strategic Plan. It is the duty of the President, the Chair of the Endowment Board and the President of the Imperial College Union to report to the Council any material variations to the expected outcome which come to their notice during the course of the year, and if necessary seek sanction for any additional expenditure.
- 6.5.2 The Council delegates details of the budgetary allocations to the President, the Chair of the Endowment Board and the President of the Imperial College Union, each for their respective areas of responsibility within the University. Further delegations are set out in the University's Financial Regulations.

6.6 Expenditure Control

- 6.6.1 The Chief Operating Officer is required to ensure that proper procedures exist for the control of expenditure against approved budgets throughout the University.
- 6.6.2 Budget Holders must ensure that expenditure incurred within their budgets complies with these procedures. Budget Holders may, subject to the term of the

Finance Ordinance (Ordinance 5) and of any Financial Regulations or procedures issued by the Chief Operating Officer, delegate authority to incur expenditure within their budgets, but they will at all times retain ultimate responsibility for the control of such expenditure.

- 6.6.3 Budget Holders are required to make themselves aware of, and abide by, any budgetary constraints imposed on particular accounts by the University, OfS, research sponsors or other agencies. The Director of Finance will from time to time issue directions concerning use and nature of the various types of account.

6.7 Income Control

- 6.7.1 The Chief Operating Officer is responsible for ensuring that appropriate procedures exist to enable the University to receive all income to which it is entitled, and for the prompt collection, security and banking of all funds received. The Chief Operating Officer shall make arrangements for these financial procedures to be reviewed at least once every three years, and modified where necessary.
- 6.7.2 The President is responsible for ensuring that authorisation processes exist for all University income streams, except that this obligation will be fulfilled by the Chair of the Endowment Board in respect of income of the Endowment, and by the President of the Imperial College Union in respect of Students Union income.

6.8 Taxation

- 6.8.1 The Chief Operating Officer is responsible for ensuring compliance with tax obligations, as required, throughout the University.

6.9 Banking and Treasury Management

- 6.9.1 The Treasury Management Policy for the University shall be agreed at least once every three years by the Finance Committee.
- 6.9.2 The Chief Operating Officer shall be responsible for ensuring that proper procedures exist for the efficient management of cash resources belonging to the University, including the operation of bank accounts, investment of short-term deposits, signing of cheques and other financial instruments, electronic funds transfers, etc. The Chief Operating Officer shall make arrangements for these financial procedures to be reviewed at least once every three years, and modified where necessary.
- 6.9.3 No Member of the University is empowered to open or operate bank accounts or establish investment funds for sums belonging to the University and/or which bear the name of the University or any department, section or campus of the University, other than in accordance with the foregoing paragraphs.

6.10 Purchase of Goods and Services

- 6.10.1 The Chief Operating Officer shall be responsible for ensuring that proper procedures exist for University purchasing. The Chief Operating Officer shall make arrangements for these financial procedures to be reviewed at least once every three years, and modified where necessary.
- 6.10.2 The University's Policy on Gifts and Hospitality sets out the standards of behaviour the University expects from its employees, members of the Council and members of University Advisory Boards when they are offered gifts and hospitality by external organisations or have personal, financial or other beneficial interests in any transaction between the University and a third party.

6.10.3 Private purchases through University channels shall not be permitted, except with the express written approval of the Chief Operating Officer, or through a scheme that has been approved by the Chief Operating Officer.

6.11 Travel and Subsistence Expenses

6.11.1 The Chief Operating Officer shall be responsible for devising and publishing rules relating to expenses for University employees, students and visitors travelling on University business.

6.12 Capital Expenditure

6.12.1 The University's capital investment plan is approved by the Council within the context of the Strategic Plan and annual budget (see 6.5 of this Regulation). The Chief Operating Officer is responsible for presenting the capital investment plan to Council on an annual basis, and for providing interim updates whenever necessary.

6.12.2 The Chief Operating Officer is responsible for ensuring that procedures are in place for the authorisation of all capital expenditure throughout the University.

6.13 Project Approvals

6.13.1 The Endowment's Non-Core Assets

6.13.1.1 Subject to paragraph (b) below final approval for those projects dealing exclusively with Non-Core Assets held within the Endowment as defined in Regulation 4.6 shall be delegated to the Endowment Board.

6.13.1.2 Where a project involves both Non-Core Assets held within the Endowment and other University assets, the project will be subject to the project approval requirements set out in paragraphs [6.13.2 below] [Ordinance on Project Approvals] in respect of other University assets.

6.13.2 All Other Project Approvals

6.13.2.1 Final approval for all capital expenditure with a total value exceeding £1M but less than £10M shall be delegated to the University's Resource Allocation Board. The Chief Operating Officer shall provide the Finance Committee with a report of the capital projects approved by the Resource Allocation Board at the next scheduled meeting of the Finance Committee. Approval for expenditure of less than £1M shall be subject to normal purchasing and expenditure controls as set out in the Financial Regulations.

6.14 Purchase and Disposal of Assets

6.14.1 Final approval for the purchase or disposal of assets, land or buildings with a value of less than £10M shall be subject to normal financial controls as set out in the Financial Regulations. The Chief Operating Officer shall provide the Finance Committee with a report of any asset disposals approved by the Resource Allocation Board at the next scheduled meeting of the Finance Committee.

6.15 Investments

6.15.1 The Endowment Board is responsible to the Council for the management of the University's investment assets that have been formally transferred to it in accordance with Regulation 4.6, in line with the University's Investment Strategy as approved by the Council. In the case of any investment asset which is not vested in the Endowment Board the Chief Operating Officer is responsible

to the Council for its management.

6.16 Subsidiary Companies

6.16.1 In accordance with its statutory powers, the University has the power to establish Subsidiary Companies as vehicles for carrying out commercial activities or for other purposes. Subsidiary Companies may be established, and the injection of investment or loan capital authorised by both the President and Chief Operating Officer. In addition, subject to the agreement of the Chief Operating Officer, the Endowment Board shall have the authority to establish Subsidiary Companies in order to undertake commercial activities in relation to assets within the Endowment (the "**Endowment Subsidiaries**").

6.16.2 This Regulation shall apply to the financial affairs of the Subsidiary Companies, except in so far that their Memoranda and Articles of Association require otherwise, or where special arrangements have been agreed by the University's Audit and Risk Committee. Any proposed amendments to the Memorandum or Articles of Association of any Subsidiary Company must be referred to the University's Chief Operating Officer for approval prior to adoption by the company in general meeting.

6.16.3 All Subsidiary Company accounts are consolidated into the University's published accounts and Subsidiary Companies are required to maintain their financial records in accordance with the University's Financial Regulations and accounting policies.

6.16.4 Where the University has the power to appoint:

- 6.16.4.1 directors to the board of a company; and/or
- 6.16.4.2 representative(s) at shareholder meetings such directors or shareholder representatives shall be appointed and removed by the President; except that the Chair of the Endowment Board shall have the power to appoint and remove such persons in respect of Subsidiaries established by the Endowment Board.

6.16.5 The Auditors of Subsidiary Companies shall be nominated by the University's Audit and Risk Committee.

6.16.6 The financial year-end of subsidiaries shall coincide with that of the University unless otherwise agreed by the University Audit and Risk Committee. The Chief Operating Officer shall be responsible for ensuring procedures are in place to ensure compliance by Subsidiary Companies of their statutory filing obligations.

6.16.7 Subsidiary Companies must (save where precluded by external regulatory prohibition) provide the University's Chief Operating Officer with such budgetary and other financial information concerning the conduct of their business as he or she may from time to time require.

6.17 Donations and Trust Funds

6.17.1 The Council is responsible for ensuring that all of the University's Trust funds are operated in accordance with any relevant law and the specific requirements for each Trust. This obligation is delegated to the Chief Operating Officer in accordance with the Finance Ordinance (Ordinance 5)..

6.17.2 The President is responsible for ensuring that appropriate procedures exist for the consideration and acceptance of donations.

6.18 Insurance

6.18.1 The Council shall be responsible for determining the University's overall strategy

for insurance, risk management and risk transfer. Subject to this, the Chief Operating Officer is responsible for insurance matters.

6.18.2 The Chief Operating Officer must be informed by the relevant Head of Department at once if any new activity is commenced which materially affects the University's overall exposure to an insurable risk, or if substantial additional property is acquired, requiring to be insured. The Chief Operating Officer shall maintain a register of insurance policies.

6.19 Signing of Legal Documents

6.19.1 The President shall be responsible for ensuring that arrangements for authorising and signing legal documents in the University's name are devised and published.

6.19.2 Documents that are required to be signed under the Common Seal of the University shall be authorised, signed and sealed in accordance with the terms of Ordinance 12 (The Execution of Documents by the University).

6.20 Asset Registers

6.20.1 The Chief Operating Officer is responsible for maintaining an inventory of all land and buildings owned or leased by the University.

6.20.2 The Chief Operating Officer is responsible for devising and publishing policies and procedures for the maintenance of asset registers for University equipment and other capital items. These will include arrangements for the sale or disposal of obsolete or surplus University equipment.

6.21 Private Work

6.21.1 Rules governing private work undertaken by University employees in their own time are set out in their conditions of service. Private work must not impair the performance of employees' University duties nor conflict with the interests of the University.

6.21.2 Registers of Interests shall be maintained, showing details of external consultancies, directorships and membership of external committees held by employees of the University, members of the Council and University Officers. Responsibility for maintaining such registers rests with:

6.21.3 The University Secretary in respect of members of Council and University Officers; and The Director of Human Resources in respect of all other employees of the University.

6.21.4 Under no circumstances shall stationery (printed or otherwise) bearing the University's name, letter heading, crest or logo be used in connection with private work.

6.21.5 Companies and other business entities are permitted to trade from University premises only if written authority has been given by the President, the Chair of the Endowment Board or those to whom they have explicitly delegated this power.

6.22 Confidentiality, Security and Access to Financial Information

6.22.1 Except as provided hereunder (see paragraph 6.23 below on Audit), and by statutory enactment, access to the University's financial records will be accorded only on a "need to know" basis to persons approved by or under the authority of the Chief Operating Officer.

6.22.2 Heads of Department and Budget Holders must ensure that financial records are held securely and that access to such information via computer terminals is controlled in accordance with procedures issued by the University Secretary and Chief Information Officer.

6.22.3 The Freedom of Information Act 2000 imposes a number of obligations on public authorities, which for these purposes only include the University. The University is committed to complying fully with the Freedom of Information Act. Financial information will only be withheld from disclosure in accordance with the exemptions laid down in the Act.

6.23 Audit

6.23.1 The University's External Auditor is appointed by the Audit and Risk Committee. The External Auditor audits the Financial Statements of the University in accordance with auditing standards, having regard to relevant auditing guidelines and auditing standards issued by the Auditing Standards Board. The External Auditor is responsible for providing the Audit and Risk Committee with an opinion on whether the financial statements give a true and fair view of the state of the financial affairs of the University at the balance sheet date, and of their income and expenditure for the year then ended. (See also paragraph 6.16 above concerning Subsidiary Companies.) The External Auditor's Report should also provide an opinion on whether, in all material respects recurrent and specific grants from OfS and other funding bodies and from restricted funds have been properly applied for the purposes provided.

6.23.2 The University's Internal Auditor is appointed by the Audit and Risk Committee. The prime responsibility of the Internal Auditor is to provide the Council with an annual opinion on the adequacy and effectiveness of the University's arrangements for risk management, control and governance and for economy, efficiency and effectiveness (value for money) and the extent to which the Council can rely on these. In order to do so, the Internal Auditor will carry out, in accordance with relevant regulatory and ethical standards, an independent and objective appraisal of all of the University's internal control systems covering all of its activities, financial and otherwise. The Internal Auditor also provides a service to all levels of management by evaluating and reporting on the effectiveness of the University's control systems.

6.23.3 For day-to-day administrative purposes only, the Internal Auditor reports to the University Secretary. However, to ensure his or her independence from the University's management structures, the Internal Auditor must be independent of the Chief Operating Officer, and cannot report to him or her, and must at all times have the right of direct and unfettered access to the President, Chair of the Audit and Risk Committee, and the Chair of the Council.

6.23.4 The University may be audited by the OfS Audit Service and may be visited by the National Audit Office.

6.23.5 The External and Internal Auditors, OfS and the National Audit Office all have unrestricted right of access to all University premises, assets, minutes, books of account, vouchers, documents, computer data, and any other relevant information. They have the right to verify assets and to have direct access to any employee or person responsible for the administration or management of University funds with whom it is felt necessary to raise and discuss such matters.

6.23.6 The University's audit arrangements are required to comply with the OfS Audit Code of Practice.

6.24 Financial Ethics and Conflict of Interest

- 6.24.1 University employees and others with responsibility for the administration or management of University funds should never use their authority or office for personal gain and should always seek to uphold and enhance the standing of the University.
- 6.24.2 No one may authorise any payment or other form of benefit (goods or services) from University funds (including re-imbursement of out-of-pocket expenses) to himself or to a member of his or her family, or to any person with whom they have a similarly close personal relationship (a "Connected Person") without prior written ratification by a higher authority.
- 6.24.3 Anyone having a personal interest in any transaction between the University or any Subsidiary Company and third parties (including partnerships and companies in which he or she or a Connected Person has a material stake) shall immediately disclose the nature and extent of their interest in writing to all University personnel involved in conducting the negotiation, and thereafter must not take any part in determining the price or conditions associated with it. This duty of disclosure applies equally to any renewal or extension of such contract.
- 6.24.4 No person employed by a third-party organisation may, when acting on the University's behalf under power delegated in accordance with paragraph 6.3 of this Regulation, participate in any contractual negotiations undertaken between the University and their main employer.

6.25 Fraudulent Irregularities, Bribery and Corruption and Whistleblowing

- 6.25.1 Anyone who has reason to believe that a fraudulent or other irregularity with financial implications for any part of the University has or is about to take place (including those involving cash, stores, equipment, facilities, information, staff time, physical or intellectual property, non-disclosure of any personal, financial or beneficial interest as required under the University's Registers of Interests policy, etc.) is required to inform his or her Head of Department immediately, who must in turn notify the University Secretary or Chief Operating Officer. Matters concerning members of the Council should in the first instance be referred to the University Secretary.
- 6.25.2 The University has a zero-tolerance approach to bribery and corruption. All staff are expected to comply with the University's anti-bribery and corruption policies and with related internal controls and procedures. Anyone who has reason to believe that a member of the University has either directly or through a third party offered, promised or given a bribe; requested, agreed to receive, or accepted a bribe; or offered, promised or given a bribe to a foreign public official in order to obtain, or retain, business, or an advantage in the conduct of business is required to inform his or her Head of Department immediately, who must in turn notify the University Secretary or Chief Operating Officer. Concerns or reports regarding money laundering should be made to the Money Laundering Reporting Officer in accordance with the University's Anti- Money Laundering Policy
- 6.26.3 Regulation 8 sets out the University's Policy and Response Plan for the Treatment of Fraud, Bribery, Corruption and Irregularities, and Regulation 9 sets out the Investigation of Public Interest Disclosures (whistle-blowing policy).

7. LEGAL STATUS AND STATUTORY AND LEGAL RIGHTS

This Regulation contains material derived from other sources which have a direct bearing on the Finance Ordinance (Ordinance 5) and Financial Matters Regulation (Regulation 6). Its text will be amended without formality whenever any of the underlying material is revised.

7.1 Incorporation, Legal Name and Address, Use of the University's Name, Crest, Logo and Trade Marks

7.1.1 The University is an independent corporation whose legal status derives from a Royal Charter, originally granted under Letters Patent in 1907. A Supplementary Charter was granted in 2007. The Imperial College Acts 1997 and 1999 also provide primary legislative material. The full text of the University's Charter and Statutes may be viewed on the University website or obtained from the Secretary to the Council.

7.1.2 The University's legal name is "the Imperial College of Science, Technology and Medicine." The constituent colleges, faculties, academic departments, centres and units have no independent existence as legal entities, though it is acceptable to use their names on letter headings etc., providing that the University's full legal name appears somewhere on any document which seeks to establish a contractual relationship with an outside party.

7.1.3 The words "Imperial College", "Imperial College of Science, Technology and Medicine" and "Imperial College London" are registered trademarks. The University's preferred brand identity is "Imperial College London".

7.1.4 The University crest is granted by the University of Heralds and is also a registered trade mark.

7.1.5 The trademarks may be used only with the University's prior written consent. The name and logo may be used routinely and without formality in connection with the academic work of University Departments. Use of the crest is reserved for uses that promote the heritage and history of the University, official sports team apparel and merchandise reflecting the University's heritage and history. All uses of the crest must be approved by the Communications and Public Affairs Division, and advice on its use should be sought from the Vice-President (Communications & Public Affairs).

7.1.6 The University's prior written consent to the use of the words must be obtained whenever it is proposed to use the words "Imperial College", "Imperial College London", or "the Imperial College of Science, Technology and Medicine" (either alone or as part of a longer name), and/ or the crest and/ or the logo, for any commercial purpose where the income does not accrue to the University, or for any social purpose. Applications should be addressed to the University Secretary.

7.1.7 By virtue of Section 10 of the Imperial College Act 1997, and Section 10 of the Imperial College Act 1999, the following names may not be used without the University's prior written consent:-

- 7.1.7.1 National Heart and Lung Institute.
- 7.1.7.2 Charing Cross and Westminster Medical School.
- 7.1.7.3 Royal Postgraduate Medical School.
- 7.1.7.4 Wye College.
- 7.1.7.5 The College of St. Gregory and St. Martin at Wye.

7.2 Official Addresses

7.2.1 The University has no registered office as such. The address for the delivery of legal documents is:-

The Faculty Building
Imperial College
London Exhibition Road
South Kensington
London SW7 2AZ

7.2.2 Such documents should be marked for the attention of the University Secretary or the Chief Operating Officer.

7.2.3 All Subsidiary Companies shall have the Faculty Building as their registered office, except where otherwise agreed by the Chief Operating Officer.

7.2.4 Neither the University's official address, nor that of any of its constituent faculties, divisions, departments, etc., may be used for the conduct of private business or as an office for social organisations, except with the University's written consent. It must not be used as the Registered Office for limited companies, or as the registration address for VAT or income tax matters, without the written consent of the Chief Operating Officer.

7.3 Charitable Status

7.3.1 The University is an exempt charity (not a registered charity) by virtue of the Exempt Charities Order 1962, and Schedule 3 of the Charities Act 2011. This means that the University enjoys all the privileges of charitable status (including exemption from income and corporation tax on its activities to the extent that they are in support of its primary purposes) without the obligation to register with, or submit accounts and annual returns to, the Charity Commissioners. Although the University is an exempt charity it must still comply with the principles of charity law. Under the Charities Act 2006, the Office for Students (OfS) is responsible for ensuring compliance.

7.3.2 As an Exempt Charity, the University has no charity registration number.

7.4 Company Registration

7.4.1 As a Chartered Corporation, the University is not required to register under the companies acts, or to file returns to Companies House. For information purposes only, however, it has been provided with the following reference number for company house searches, etc.: RC000231.

7.5 University Acting as an Agent

7.5.1 Any work undertaken by the University acting as agent on behalf of others is also subject to this Regulation. Where an outside body wishes to impose requirements which would lead to a contravention of this Ordinance the approval of the Chief Operating Officer must be obtained before any contract is signed or undertaking given. The Chief Operating Officer may, if he or she judges it necessary, require the proposal to be reported to the Audit and Risk Committee or to the Council before it is put into effect.

8. POLICY AND RESPONSE PLAN FOR THE TREATMENT OF FRAUD, BRIBERY, CORRUPTION & IRREGULARITIES

8.1 Introduction

- 8.1.1 The objective of this Policy is to safeguard the proper use of the University's finances and resources, including the finances and resources of its subsidiary companies. The University derives much of its income from public funds, benefactions and charitable organisations, and so has a particular responsibility to ensure that income and resources are used solely for the purposes intended.
- 8.1.2 As the aftermath of fraud is costly, time-consuming, disruptive and unpleasant, and may lead to unwelcome adverse publicity, a major thrust of this fraud policy is prevention.
- 8.1.3 The first line of defence for an organisation against fraudulent acts is the establishment and maintenance of carefully designed and consistently operated management procedures, which deny opportunities for fraud. In particular, management¹ has the prime responsibility for establishing internal control arrangements to minimise the risk of fraud and other irregularity within their areas of responsibility, and for providing staff with appropriate training.

8.2 Definitions

- 8.2.1 **Fraud** - For the purposes of this Policy, the definition of "fraud" is as covered in the Fraud Act 2006² and is characterised by dishonest acts, whereby the individual knowingly makes a false representation, or similar, with the intention of acquiring a gain for themselves and/ or others, or where the University is at the risk of a loss. It is important to note that the Fraud Act 2006 focuses on the 'intention' of the act, so Management in this context refers equally to both academic and administrative managers.

Many of the offences referred to as fraud were previously covered by the Theft Acts of 1968 and 1978 with fraud for practical purposes defined as the use of deception with the intention to obtain an advantage, avoid an obligation, or cause loss to another party. This definition implied deliberate intent and thus could exclude negligence. The Fraud Act 2006 makes it no longer necessary to prove a person has been deceived. The focus is now on the dishonest behaviour of the subject and their intent to make a gain or loss. Section 1 of the Fraud Act 2006 includes the following offences of fraud:-

- dishonestly making a false representation (i.e. untrue or misleading) with a view to gain for himself or with the intent to cause loss or to expose another to a risk of loss (Section 2);
- dishonestly (and with a view to gain or with intent to cause loss etc.) failing to disclose information when under a legal duty to disclose it (Section 3); and
- dishonest abuse of a position (and with a view to gain or with intent to cause loss etc.) (Section 4);

Section 11 of the Fraud Act also provides that obtaining services dishonestly can also constitute fraud. whether there has been an actual gain or loss is immaterial to whether a fraud has been committed.

Additionally, for the purposes of this Policy, fraud includes acts such as forgery, theft, extortion, embezzlement, misappropriation, false representation, concealment of material facts and collusion.

- 8.2.2 **Corruption** - For the purposes of this Policy, "corruption" is defined as the "offering, giving, soliciting or acceptance of an inducement or reward, which may influence a person to act against the interest of the organisation".

Corruption relates to rewards or inducements, such as bribes.

- 8.2.3 **Bribery** – For the purposes of this Policy “Bribery” is defined as offering, promising or giving anything of value to influence a person to improperly perform a function or activity; or requesting or accepting anything of value as a reward for, or as an inducement to, act improperly. Bribes do not always involve cash and can also be gifts, hospitality and entertainment. Under the Bribery Act 2010 it is an offence to either directly or through a third party bribe another person; request, agree to receive, or accept a bribe; bribe a foreign public official in order to obtain, or retain, business, or an advantage in the conduct of business. The Act also includes a corporate offence of failing to prevent bribery. Offences under the Bribery Act are punishable with a custodial sentence and/or an unlimited fine. Further details on how to identify bribery and corruption, what preventative actions to take, and high-risk areas are set out in the annex to this Policy.

Fraud can be perpetrated by persons outside as well as inside an organisation.

Offences covered by the Proceeds of Crime Act 2002 and the Terrorism Act 2000 will usually be considered and investigated in accordance with the University’s Anti-Money Laundering Policy but, if appropriate, may also be considered and investigated in accordance with the procedures set out in this Policy.

8.3 University Policy

- 8.3.1 Fraud, bribery and corruption are a serious matter, and the University is committed to investigating all cases of suspected fraud, bribery or corruption. Any member of staff, regardless of their position or seniority, against whom prima facie evidence of fraud, bribery or corruption is found, will be subject to disciplinary procedures that may result in dismissal. The University will normally involve the police and may seek redress via civil proceedings, and in cases of money laundering the Anti-Money Laundering Policy will prescribe the necessary course of action. This Policy will apply to all members of the University, including those granted honorary staff status.
- 8.3.2 Any member of the University, staff or person of honorary status within the University who has reason to believe that a fraudulent, or any other irregularity has taken, or is about to take, place (including those involving cash, stores, equipment, facilities, information, staff time, physical or intellectual property, non-disclosure of any personal, financial or beneficial interest as required under the University Registers of Interests, etc.) is required to inform the University Secretary immediately. Reports of money laundering should be made to the Money Laundering Reporting Officer (MLRO) in accordance with the University’s Anti-Money Laundering Policy.
- 8.3.3 Similarly, anyone who has reason to believe that a member of the University has either directly or through a third party offered, promised or given a bribe; requested, agreed to receive, or accepted a bribe; or offered, promised or given a bribe to a foreign public official for any reason is required to inform the University Secretary immediately. Failure to report suspected fraud, bribery, corruption or money laundering to the MLRO or to the University Secretary, as appropriate, will itself constitute a breach of this Policy, which could result in disciplinary action, up to and including dismissal for gross misconduct.
- 8.3.4 On being notified, the University Secretary will inform the members of the Fraud Project Group immediately. Internal Audit may then be commissioned to undertake such investigations as are considered appropriate in line with the University’s Fraud Response Plan. This may involve liaising with the University’s Internal Security Department or (with the approval of the University Secretary) the police where necessary.

8.4 **Public Interest Disclosure Policy**

Anyone suspecting fraud may also make use the University's Public Interest Disclosure Policy, at Regulation 9 which provides protection against reprisal for any such disclosure.

8.5 **Fraud Response Plan**

Purpose

The purpose of this Fraud Response Plan is to define authority levels, responsibilities for action and reporting lines in the event of suspected fraud, bribery, corruption or irregularity. Those investigating a suspected fraud should:-

- aim to prevent further loss;
- establish and secure evidence necessary for criminal and disciplinary action;
- notify the Police and the HEFCE, where necessary;
- endeavour to recover any losses;
- take appropriate action against those responsible;
- deal with requests for references for employees who have been disciplined and/ or prosecuted for fraud;
- review the reasons for the incident, the measures taken to prevent a recurrence, and any action needed to strengthen future responses to fraud; and
- keep all personnel with a need to know suitably informed about the incident and the University's response.

Initiating Action

- 8.5.1 Any member of the University, staff or person of honorary status within the University who has reason to believe that a bribe, fraudulent, or any other irregularity has taken, or is about to take, place should report it as soon as possible to the University Secretary. This includes instances where you are offered a bribe by a third party, are asked to make one or suspect that this may happen in the future, or if you believe that you are a victim of another form of unlawful bribery, fraud or corruption activity. The University aims to encourage openness and will support anyone who raises genuine concerns in good faith under this Policy, even if they turn out to be mistaken.
- 8.5.2 No investigation shall commence without the authority of the University Secretary. Reports of money laundering should be made to the MLRO in accordance with the Anti-Money Laundering Policy. If the suspected incident involves the University Secretary, the incident should be reported to the MLRO or the Chief Operating Officer.
- 8.5.3 The University Secretary should, as soon as possible (and with the aim of acting within two working days), convene a meeting of the fraud project group to decide on the initial response. The Fraud Project Group will consist of the following individuals, using properly appointed deputies where necessary, and may be augmented by other members, such as the Vice-Provost (Education), the Director of ICT or the Head of Security as appropriate:
- | | |
|---------|---|
| 8.5.3.1 | University Secretary (Chair) |
| 8.5.3.2 | Director of Finance |
| 8.5.3.3 | Director of Financial Services & Procurement |
| 8.5.3.4 | Money Laundering Reporting Officer, where appropriate |
| 8.5.3.5 | Internal Audit Manager |
| 8.5.3.6 | Director of HR |
- 8.5.4 If the actual or suspected incident concerns or implicates the Chief Operating Officer or a member of the University Management Board, it should be reported

without delay to the President, Chair of Council and Chair of the Audit & Risk Committee. Should the incident concern or implicate any other member of the project group, the University Secretary will appoint a suitable substitute. If the incident concerns or implicates the University Secretary, the Chief Operating Officer will be responsible for implementing this Fraud Response Plan.

- 8.5.5 The project group will decide on the action to be taken. This will normally be an investigation led by the Internal Auditors or another qualified investigator appointed by the Internal Audit Manager for this purpose. A decision by the project group to initiate an investigation will constitute authority to the Internal Audit Manager to use time provided in the Internal Audit Plan for investigations, or contingency time, or to switch internal audit resources from planned audits. The report of the investigation and review of the circumstances surrounding the incident shall include those items listed in paragraph 9.3.

Investigation

- 8.5.6 On the decision being made that an investigation will be undertaken, the Internal Audit Manager will either undertake, or nominate an appropriately qualified investigator to undertake, the investigation. The investigation will consist of, but not be limited to, the interviewing of all necessary witnesses by the investigator, and the collection and analysis of all relevant records available.
- 8.5.7 In the early stages of any fraud investigation the Internal Audit Manager, in conjunction with the investigator, will make an assessment on the appropriateness of referring the matter to the police.
- 8.5.8 Where necessary, the Internal Audit Manager and investigator will liaise with the Director of HR on matters that may concern or influence any disciplinary proceedings.
- 8.5.9 On conclusion of the fraud investigation an investigation report will be provided to the University Secretary and where necessary the Director of HR.

Prevention Of Further Loss

- 8.5.10 Where initial investigation provides reasonable grounds for suspecting a member or members of staff or others of fraud, the project group will decide how to prevent further loss. This may require the suspension of the suspect or suspects, under the appropriate disciplinary procedure. It may be necessary to plan the timing of suspension to prevent suspects from destroying or removing evidence that may be needed to support disciplinary or criminal action.
- 8.5.11 In these circumstances, the suspect or suspects will be approached unannounced and will be supervised at all times before leaving the University's premises. They should be allowed to collect personal property under supervision but should not be able to remove any property belonging to the University. Any security passes and keys to premises, offices and furniture will be returned. The Head of Security may be asked to advise on the best means of denying access to the University while suspects remain suspended, for example by changing locks, deactivating swipe cards and informing security staff not to admit the individuals to any part of the premises. Similarly, the Director of ICT may be instructed to withdraw without delay access permissions to the University's networks and computer systems.
- 8.5.12 The project group will consider whether it is necessary to investigate systems other than that which has given rise to suspicion, through which the suspect may have had opportunities to misappropriate the University's assets.

Establishing and Securing Evidence

8.5.13 Any member of staff or student alleged to have committed fraud will be subject to the University's disciplinary procedures. In addition, the University will normally refer such an individual to the police for possible prosecution through the criminal courts.

8.5.14 To ensure that disciplinary and/ or criminal proceedings may be pursued, The Internal Audit Manager will:

- 8.5.14.1 take reasonable care to preserve evidence during any fraud investigation.
- 8.5.14.2 ensure that staff involved in fraud investigations are familiar with and follow rules on the admissibility of documentary and other evidence in criminal proceedings.

8.5.15 The University's Head of Security will be responsible for establishing and maintaining contact with the police and will liaise with the Internal Audit Manager and/ or the nominated fraud investigator prior to making any contact with the police on fraud related matters.

Recovery of Losses

8.5.16 Recovering losses is a major objective of any fraud investigation. The Internal Audit Manager will ensure that in all fraud investigations the amount of any loss is quantified. Repayment of losses will be sought in all cases.

8.5.17 Where the loss is substantial, legal advice may be obtained about the need to freeze the suspect's assets through the court, pending conclusion of the investigation. Legal advice may also be obtained about prospects for recovering losses through the civil court, where the perpetrator refuses repayment. The University will normally seek to recover its costs in addition to any losses as a result of the fraud.

Reporting

8.5.18 Any attempted, suspected or actual fraud or irregularity where the value of the loss, fraud or theft is in excess of £25,000 should be reported without delay to the Chair of the Council, the Chair of the Audit & Risk Committee and the External Audit Partner.

8.5.19 During the course of an investigation, the project group will provide a confidential report to the President, Chair of the Council, Chair of the Audit & Risk Committee and External Audit Partner on a monthly basis, unless the report recipients agree to less frequent reports. This report will include:-

- 8.5.19.1 a quantification of the likely losses.
- 8.5.19.2 progress with recovery action.
- 8.5.19.3 progress with disciplinary action.
- 8.5.19.4 progress with criminal action.
- 8.5.19.5 an estimate of the resources required to conclude the investigation.
- 8.5.19.6 actions taken to prevent and detect similar incidents.

8.5.20 On completion of a special investigation, a written report, normally prepared by the Internal Audit Manager, shall be submitted to the Audit & Risk Committee containing.

- 8.5.20.1 a description of the incident, including the value of any loss, the people involved, and the means of perpetrating the fraud.

8.5.20.2 measures proposed to reduce the likelihood of a recurrence with a follow-up report on whether the actions have been taken.

8.5.20.3 any action needed to strengthen future responses to fraud.

8.5.21 The Vice-President (Communications & Public Affairs), in consultation with the University Secretary, will be responsible for dealing with any enquiries from the press and other media.

References for Employees or Students Disciplined or Prosecuted for Fraud

8.5.22 Any request for a reference for a member of staff or a student who has been disciplined or prosecuted for fraud must be referred to the University Secretary for advice.

Review of Fraud Response Plan

8.5.23 This Fraud Response Plan will be reviewed annually for fitness of purpose. Any recommended change will be reported to the Audit & Risk Committee for consideration and to the Council for approval.

Identifying Bribery and Corruption

8.5.24 Bribes can take a number of forms, but typically they involve corrupt intent. Usually, both parties will benefit from the bribe. Common examples of bribery are:-

- suppliers offering 'incentives' or 'extras' to staff involved in the award of contracts;
- agents working for the University acting improperly;
- staff being asked for payments when travelling overseas such as to facilitate the shipping of equipment, or the arranging of visas and licences for overseas research; and
- students or staff working with sensitive subject matter or data being tempted to supply information or access for a fee.

8.5.25 Ingenious methods of making the payments are sometimes used by those involved, including moving the money through a number of offshore companies (that on the face of it have nothing to do with the intended recipient) registered in various jurisdictions. The secret nature of the agreement means that it is difficult for anyone other than those involved to know what is going on.

8.5.26 There are a number of indicators which may suggest that someone is involved in bribery or a corrupt activity. Examples of these indicators are:-

- pressure exerted for payments to be made urgently or ahead of schedule;
- unusual cash payments;
- private meetings with contractors or companies hoping to tender for contracts;
- lavish gifts being received;
- an official never takes or holidays or time off (even if ill), or insists on dealing with specific contractors him/herself;
- making unexpected or illogical decisions accepting projects or contracts; abusing decision process or delegated powers in specific cases;
- agreeing contracts not favourable to the University either in respect of terms or time period;
- unexplained preference for certain contractors;
- avoidance of independent checks on processes;
- raising barriers around specific roles or departments which are key in the tendering/contracting process;
- bypassing normal tendering/contractors' procedure;

- invoices being agreed in excess of contract without reasonable cause;
- missing documents or records regarding meetings or decisions; and
- college guidelines not being followed.

8.6 What steps should University employees and other members of the University take to prevent bribery and corruption?

8.6.1 Risk Assessment

- 8.6.1.1 All staff and other members of University should regularly assess the vulnerability of their activities, particularly overseas activities on an ongoing basis and discuss potential vulnerabilities with their line manager, or if appropriate, the Chief Operating Officer or University Secretary.
- 8.6.1.2 Bribery and fraud risk should be regularly assessed by individual Faculties, departments and committees as well as by the Risk Committee.
- 8.6.1.3 Significant transactions – those that are of high value, or assessed to be high risk, or high profile – should always be subject to a specific bribery and fraud risk assessment.
- 8.6.1.4 Proportionate preventative and detective controls should be identified and implemented, together with regular reviews to determine their efficacy.
- 8.6.1.5 Where risk assessments indicate a significant risk that bribery or fraud might occur appropriate due diligence must be conducted prior to proceeding with the relevant transaction.

8.6.2 Accurate books and record keeping

- 8.6.2.1 Many serious bribery and corruption offences have been found to involve some degree of inaccurate record-keeping. Accurate records and financial reporting must be maintained for all activities and for all third party representatives acting on behalf of the University. False, misleading or inaccurate records of any kind could potentially damage the reputation of the University.

8.6.3 Effective monitoring and internal control

It is essential to ensure that where any risks of bribery or corruption are identified and highlighted that procedures are reviewed and amended as necessary to help mitigate these risks.

8.6.4 Third parties

Third parties acting for, or providing services on behalf of, the University are expected not to commit bribery or fraud and should be advised to familiarise themselves with the provisions of this Policy.

8.7 What are the areas of high risk?

8.7.1 Gifts, entertainment and hospitality

University employees should be familiar with the University's policy on the acceptance of gifts and hospitality by staff, which sets out the process required to record gifts and hospitality and the circumstances under which gifts and hospitality should be refused.

8.7.2 Facilitation payments

In many countries, it is customary business practice to make payments or gifts of small value to junior government officials in order to facilitate or speed up a

routine action or process. Such payments are not permitted under this Policy and if any such payment is made (whether under duress or otherwise) it should be reported. Where such a payment is made under genuine duress or fear for safety, it may form a legal defence – however, this is a complex area and should not be relied on lightly.

8.7.3 Use of third-party representatives

The University is responsible for ensuring that any third parties (such as agents) are familiar with this Policy. When a third party is engaged by the University, staff should carry out an evaluation to determine if the activity that the third party is involved with carries any risk of bribery.

9. PUBLIC INTEREST DISCLOSURE (WHISTLEBLOWING) POLICY

9.1 PURPOSE AND OVERVIEW

- 9.1.1 This Regulation 9: Public Interest Disclosure (Whistleblowing) Policy (“Policy”) sets out the University’s approach to handling workers’ concerns pursuant to the Public Interest Disclosure Act 1998 (“PIDA”). It ensures that individuals can raise concerns about serious wrongdoing in good faith and without fear of reprisal or detriment, and that such concerns are assessed and, where appropriate, investigated in a fair and proportionate manner.
- 9.1.2 The University is committed to the highest standards of integrity, accountability, and transparency. This Policy supports those aims by providing a clear route for raising concerns that fall within the scope of PIDA and is informed by the Seven Principles of Public Life (Nolan Principles): Selflessness, Integrity, Objectivity, Accountability, Openness, Honesty, and Leadership.

9.2 SCOPE

- 9.2.1 This Policy applies to disclosures made by individuals who fall within the definition of “worker” under PIDA, including employees, contractors, trainees, and agency staff.
- 9.2.2 A “qualifying disclosure” under PIDA must relate to matters that are in the public interest and which the discloser reasonably believes shows one or more of the following:
- 9.2.2.1 A criminal offence;
 - 9.2.2.2 Breach of a legal obligation;
 - 9.2.2.3 Miscarriage of justice;
 - 9.2.2.4 Endangerment of health or safety;
 - 9.2.2.5 Environmental damage;
 - 9.2.2.6 Sexual harassment
 - 9.2.2.7 Deliberate concealment of any of the above.
- 9.2.3 Other members of the University community (including students, volunteers, and self-employed individuals) are encouraged to raise concerns, but are not covered by the statutory protections afforded by PIDA. Therefore, where a concern is raised outside of PIDA requirements or does not fall within the scope of this Policy, the University reserves the right to redirect it to the appropriate procedure to ensure it is considered in the most suitable and effective manner. These include (but are not limited to):
- Staff Resolution Policy and Grievance Procedure – for concerns about personal treatment or working conditions.
 - Staff Disciplinary Policy – for allegations of misconduct by staff members.
 - Staff Sexual Misconduct Policy – for allegations of sexual misconduct by staff members.
 - Student Complaints Procedure – for dissatisfaction with academic or administrative services.
 - Student Disciplinary Procedure – for allegations of student misconduct, including breaches of the Student Code of Conduct.
 - Academic Appeals Procedure – for requests to reconsider decisions made by Boards of Examiners or Mitigating Circumstances Panels, on limited procedural grounds.
 - Research Misconduct Policy – for concerns about the integrity or ethics of research activities.
 - Conflict of Interest Policy – for concerns about undeclared or improperly managed conflicts affecting decision-making or research
 - Regulation 8: Policy and Response Plan for the Treatment of Fraud, Bribery, Corruption & Irregularities – for financial or ethical misconduct.

- Freedom of Speech Complaints Procedure – for concerns relating to the exercise or restriction of lawful freedom of speech.
- Safeguarding Policy – for concerns about the welfare or safety of students, volunteers, or vulnerable individuals.
- Raising a Concern procedure – for concerns about bribery, fraud, financial coercion, or coercive decision-making for matters outside the scope of Regulations 8 and 9.

9.2.4 Concerns may also be raised via the University’s Report and Support tool or through other formal procedures. Whistleblowing disclosures should follow Regulation of Council 9. Where the concern involves the President or Provost, Regulation of Council 13 applies. The Report and Support tool may be used to initiate concerns, which will be triaged and directed to the appropriate process.

9.2.5 This Policy operates alongside the University’s duties under the Higher Education (Freedom of Speech) Act 2023 and other applicable legislation. Where a concern relates to interference with lawful free speech or academic freedom, the University will consider its obligations under that legislation and may refer the matter to appropriate internal or external processes.

9.3 RESPONSIBILITIES

9.3.1 Designated Person

- 9.3.1.1 The “Designated Person” is the individual responsible for receiving and managing disclosures under this Policy. This will normally be the Registrar & University Secretary.
- 9.3.1.2 Where a disclosure concerns the Registrar & University Secretary, the matter should be referred to the President. If the President is also conflicted, the disclosure may be made to the Chair of Council or the Chair of the Audit and Risk Committee.

9.3.2 Investigating Officer

- 9.3.2.1 The “Investigating Officer” is the person appointed by the Designated Person to conduct an investigation into the disclosure. The Investigating Officer will be supported by the Institutional Compliance and Risk Management team.
- 9.3.2.2 This may be a member of staff or, where appropriate, an external or independent party with relevant expertise (such as where the Designated Person is either the Chair of the Council or the Chair of the Audit and Risk Committee and the allegation concerns senior members of the University).
- 9.3.2.3 The Investigating Officer must not be involved in determining the outcome of the investigation, to ensure procedural fairness and maintain the integrity of the process.

9.4 POLICY (AND PROCEDURE)

STEP 1: MAKING A DISCLOSURE

Disclosures should be made in writing (either by email or post) to the Designated Person.*

The University will take reasonable steps to protect the identity of the whistleblower, where requested, and to prevent any form of retaliation or detriment (disadvantage or harm suffered as a result of making a qualifying disclosure). Any victimisation of a whistleblower will be treated as a disciplinary matter.

Anonymous disclosures may be considered, but the University's ability to investigate may be limited.

The University will not use non-disclosure agreements to prevent individuals from raising concerns under this Policy or from seeking appropriate support or redress.

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STEP 2: INITIAL ASSESSMENT

The Designated Person will assess whether the disclosure falls within the scope of this Policy and whether there is a prima facie case to answer. They will determine whether to:

- Commission an internal investigation;
- Refer the matter to an alternative internal procedure;
- Refer the matter to an external authority (e.g. police, HSE, GMC);
- Take no further action.

STEP 3: INVESTIGATION

Where an investigation is warranted, an Investigating Officer will be appointed. The investigation will be conducted promptly and proportionately, and findings will be reported to the Designated Person.

STEP 4: OUTCOME

Upon completion of the investigation by the Investigation Officer, the Designated Person will determine what, if any, further action is required. This may include:

- Management action;
- Referral to disciplinary or other internal procedures;
- Referral to an external body.

The whistleblower will be informed of the outcome, subject to legal and confidentiality constraints.

***STEP 1: CONTACT DETAILS:**

Registrar & University Secretary	university.secretary@imperial.ac.uk FAO Registrar & University Secretary Level 1 MediaWorks 191 Wood Ln London W12 7FP
President	president@imperial.ac.uk FAO President Level 4 Faculty Building South Kensington Campus London SW7 2AZ
Chair of Council	FAO Chair of Council Level 4 Faculty Building South Kensington Campus London SW7 2AZ
Chair of Audit and Risk Committee	FAO Chair of Audit and Risk Committee Level 4 Faculty Building South Kensington Campus London SW7 2AZ

- 9.5 The University will maintain a confidential record of disclosures and outcomes. An anonymised summary will be reported annually to the Audit and Risk Committee to monitor effectiveness and compliance.

POLICY AND DOCUMENT CONTROL	
Policy title:	University Regulation 9: Public Interest Disclosure (Whistleblowing) Policy
Date approved:	28 November 2025
Approving body:	Council
Last review date(s):	March 2026 November 2025 September 2018 February 2014 September 2008 July 2007 March 2007
Revision history:	Version 7: March 2026 Version 6: November 2025 Version 5: 14 September 2018 Version 4: 7 February 2014 Version 3: 19 September 2008 Version 2: 8 July 2007 Version 1: 23 March 2007
Next review date:	November 2027 (or following any significant legal or regulatory change)
Related internal policies, procedures, guidance:	• Conflict of Interest Policy • Gifts and Hospitality Policy • Preventing Harassment and Sexual Misconduct (students) • Protect (formerly Public Concern at Work) (external) • Regulation 13: Complaints against the President and Provost • Regulation 8: Policy and Response Plan for the Treatment of Fraud, Bribery, Corruption & Irregularities • Resolution Policy (for non-academic staff) • Code of Conduct for Staff • Sexual Misconduct Policy (staff) • Staff Harassment and Bullying Policy • Student Code of Conduct • Student Complaints, Appeals and Discipline • Freedom of Speech Code of Practice • Relationships Policy
Division / Department / Function:	Division of the University Secretary on behalf of Council
Policy owner:	Registrar & University Secretary
Point of contact(s):	Division of the University Secretary (university.secretary@imperial.ac.uk)

10. PROCEDURE FOR THE IDENTIFICATION AND TRANSFER OF NON-CORE ASSETS

10.1 Non-Core Assets are:

10.1.1 assets required to support specific donations and gifts where the Council acts in the capacity of trustee, and

10.1.2 any asset that is legally and beneficially owned by the University where: -

10.1.2.1 the asset is not required for the core academic mission of the University; and

10.1.2.2 the asset is not required to provide services ancillary to the core academic mission; and

10.1.2.3 in extremis, the asset could be sold or otherwise disposed of solely for investment purposes without detriment to the academic mission of the University; and

10.1.2.4 there is no restriction by the University on the use of the asset; and

10.1.2.5 there is no other reason that the asset should not be considered to be a Non-Core Asset.

10.2 Responsibility for the management of Non-Core Assets may be retained by the University or transferred to the Endowment.

10.3 The Endowment Board shall set quarterly dates (the "Transfer Date") on which additional Non- Core Assets can be transferred into the Endowment.

10.4 Where an asset has been identified as a potential Non-Core Asset, the Endowment Board and the President will take steps to agree: -

10.4.1 whether the asset falls within the definition of a Non-Core Asset; and

10.4.2 whether the Non-Core Asset should be transferred to the Endowment or retained by the University; and

10.4.3 the value of the asset on transfer; and

10.4.4 the University Department/ Division that will be nominated as the Unit holder on transfer.

10.5 Where the Endowment Board and the President agree that a Non-Core Asset should be transferred to the Endowment in accordance with the process set out in paragraph _~ above, the asset shall be formally transferred into the Endowment at the next available Transfer Date.

10.6 A schedule of all the assets which have been designated, and those which it is proposed be designated, as Non-Core Assets held in the Endowment will be maintained by the University, and submitted annually to the Council as part of the Endowment Board's Annual Report to the Council, or when it is proposed to transfer a non-core asset to the Endowment. The Council shall be asked to ratify the decision to class the assets as Non-Core Assets held in the Endowment.

10.7 Where the Council does not ratify the decision to class the assets as Non-Core Assets held in the Endowment, the transfer will be reversed with effect from the relevant Transfer Date.

10.8 Non-Core Assets that are retained and managed by the University, will be subject to the same financial controls and approval processes and limits as other University assets as set out in the Finance Ordinance (Ordinance 5), and in the Financial Matters Regulation (Regulation 6).

Withdrawal of Equity held in the President's Fund

10.9 The President's Fund is an unrestricted fund held as a Non-Core asset within the Endowment. Withdrawals from the President's Fund shall be executed as cash

transfers unless otherwise agreed between the Endowment Board and the President.

10.10 The Council shall approve all withdrawals from the President's Fund, with the following exception:

10.10.1 That Finance Committee approve withdrawals from the President's Fund up to £30 million for any single withdrawal event, or up to 15% of the average value of the President's Fund's assets over any rolling five-year period.

10.11 In cases where the President's Fund is required to act as an equity provider of last resort, final approval shall rest solely with the Council. In such instances, the responsibility for escalating the proposal to Council shall be jointly held by the President and a Chair of a Council Committee (normally the Chair of the Finance Committee).

10.12 For material withdrawals, the Endowment Board and the President shall be responsible for agreeing on an implementation and phasing plan. This plan shall:

10.12.1 Meet the redemption requirement.

10.12.2 Mitigate any negative impacts on the remainder of the Unitised Scheme.

10.13 The agreed plan shall be submitted to the Finance Committee for oversight and monitoring.

Non-Core Property Assets

10.14 Subject to final approval by the Council, the Endowment may acquire material capital (property) assets which have been designated as Non-Core Assets. Where the capital receipts from the disposal are required to meet the funding needs of the University's approved Capital Plan, or for the University to maintain its agreed assets to liabilities ratio, the Endowment will be given the option to acquire the asset for cash at an independently agreed market value. If the Endowment declines the opportunity to acquire the asset for cash, the University may then realise the value of the asset by sale or by other means of disposal.

10.15 No interest in any material property asset may be disposed of by the Endowment prior to the formal ratification of the transfer by the Council.

11. APPOINTMENT OF THE PRESIDENT

- 11.1 The Secretary to the Council shall be Secretary to the Committee. If the Secretary is unable to act, the Secretary shall be another University Officer, not being a member of the Council.
- 11.2 Neither the President nor any candidate for the office of President shall be a member of the Search Committee for the President. Notwithstanding other provisions in the Regulations, only members of the Committee and its Secretary may be present at meetings of the Committee. A member of the Committee becoming a candidate for the office of President shall cease to be a member.
- 11.3 A meeting of the Committee may be held provided the Chair and two other members are present. The Committee shall not normally meet if the Chair cannot be present. If, in the opinion of the Secretary, it is urgent that the Committee should meet even though the Chair cannot be present, the Deputy Chair of the Council shall serve as chair until the Chair is able to act and shall have the powers of the Chair in respect of the Committee.
- 11.4 Decisions of the Committee shall be taken by a simple majority of those present and voting, except that the Chair shall have a second and casting vote. All decisions shall be presented as decisions of the Committee without reference to any division of opinion.
- 11.5 The proceedings of the Committee, except its recommendation, shall be confidential.
- 11.6 If the Committee is informed that the President is eligible for a further period of office and the President has indicated his or her willingness to serve for a further period, the Committee may decide without considering other candidates to recommend to the Council the reappointment of the President for a defined period. If the President is not eligible or does not wish to serve for a further term or if the Committee at that stage does not wish to recommend the reappointment of the President, the Committee shall invite members of the Council to submit to the Secretary within a reasonable time the names of any persons whom they wish to be considered by the Committee. The Committee may also, at its discretion, invite applications or nominations from elsewhere within and outside the University.
- 11.7 Before the Committee recommends to the Council the appointment of a President the Chair shall obtain the candidate's agreement to serve if the appointment is confirmed.
- 11.8 The Council shall consider the recommendation of the Committee and shall appoint the President for such a period of office as it shall determine.
- 11.9 If the Council does not accept the Committee's recommendation, the Secretary shall arrange for further applications or nominations and shall continue to do so until the Committee is able to make a further recommendation to the Council for the appointment of a President.

12. OFFICERS OF THE UNIVERSITY

- 12.1 Statute 5 designates the President, the Provost, the Chief Operating Officer (or, if unappointed, the Chief Financial Officer), and the University Secretary (or University Secretary and Registrar) as Officers of the University. It also grants the Council the authority to designate additional University posts as Officers, responsible for discharging duties assigned by the President.
- 12.2 Accordingly, in addition to the above, the members of the University Management Board (as established in Regulation 5) shall be University Officers.
- 12.3 A person designated as a University Officer by the Council shall retain that title only for as long as they hold their designated post on the University Management Board.

Associated documents

Ordinance 12	Use of the Common Seal
Council Regulation 2	Declaration of Members' Interests
Council Regulation 6.21	Private work

13. COMPLAINTS AGAINST THE PRESIDENT OR PROVOST

13.1 Introduction

13.1.1 At the heart of Imperial's institutional culture is the principle that all members of our community, regardless of seniority or professional status, should treat each other and third parties with dignity, respect, and honesty. These principles are underwritten by the University's Codes of Conduct for Staff and Students. In addition, Regulation of Council 9: Public Interest Disclosure (Whistleblowing) Policy encourages individuals to raise serious concerns about wrongdoing or malpractice internally without fear of detriment.

13.1.2 This Procedure recognises that trust in Imperial's leadership is paramount, and senior leaders should be held accountable to the highest standards of conduct given their significant influence on the University's community, culture, and global reputation. It has been designed following internal consultation with our community and incorporates the advice of an independent governance review conducted in 2022.

13.2 Objective

13.2.1 The objective of this Procedure is to uphold the University's integrity, accountability, and transparency at the highest level.

13.2.2 The Procedure below provides guidance on how complaints against the President or Provost should be handled and aims to do this effectively and promptly, maintaining a culture of openness, honesty, integrity, and accountability within our community. The Procedure will ensure confidentiality, impartiality, fair treatment and due process for all parties involved.

13.3 Procedure

13.3.1 The President's or Provost's office (as applicable) will not participate in the communication or administration of the following Procedure. Complaints against the President or Provost should be managed by the Division of the University Secretary, reporting to the Chair and, through the Chair, to Council.

13.3.2 A complaint against the President or Provost should be addressed to the Registrar & University Secretary: university.secretary@imperial.ac.uk.

13.3.3 The Division of the University Secretary will notify the Chair of Council and assess the details of the allegations.

13.3.4 Where it is identified that a complaint is serious and requires investigation, the Division of the University Secretary will support the Chair of Council in holding a special meeting of the Council to brief all members, excluding any members with a conflict of interest in the matter. Such a meeting should include discussion of the following:

13.3.4.1 Suspension on full pay should be considered for the President or Provost (as applicable) during the investigation process to maintain neutrality.

13.3.4.2 Council should agree, with legal and communications advice, a communications strategy to keep the Council, the community and, where appropriate, the public informed. As part of this communications strategy, the Council should be visible to the community through regular communication.

13.3.4.3 Early consideration on advice as to whether an Office for Students (OfS) notifiable event has occurred.

13.3.4.4 Council needs to bear fit and proper person OfS requirements in mind where a Council member(s) is the subject of a serious complaint, although generally only at the conclusion of due

- process.
- 13.3.4.5 Any regulatory intervention such as from the OfS or Information Commissioner's Office (ICO) in relation to a complaint about the President should be communicated to the whole Council (including any members who have declared an interest) in full as soon as reasonably possible. Unless the President has been relieved of Accounting Officer responsibilities, this would have, to include the President, but the Chair should oversee the response.
- 13.3.4.6 At this point, the Council will decide whether it is appropriate and expedient to establish a committee to manage the investigation and oversee preparation of regular communications. In the event the Council decides to form such a committee, this will be a diverse group of members, including student, academic, and professional services staff representatives, and the Council should agree its Terms of Reference.
- 13.3.5 The Council (and, if applicable, its committee) will take legal, communications and other professional advice as appropriate in investigating the allegations. This will include access, subject to emergency procurement procedures, to external legal counsel and other appropriate advisors if not available in the University or compromised because of the matter under investigation.
- 13.3.6 The risk of disclosure of confidential information should be managed using appropriate ways and means including non-disclosure agreements, numbered papers collected in, or an invitation to read sensitive documents in a designated room with a trusted third party present.
- 13.3.7 Where a committee has been established to manage the investigation, this will meet regularly and report promptly on all of its proceedings to the Council.
- 13.3.8 Regular communications should be reviewed and approved by Council (excluding any conflicted members) or its committee, so that the University community is kept informed to the fullest extent possible of the progress of the investigation in a clear and timely manner.
- 13.3.9 All communications will respect confidentiality requirements and include a clear explanation as to any legal constraints on what information can or cannot be communicated.

Associated documents

Council Regulation 9	Public Interest Disclosure (Whistleblowing) Policy
Council Regulation 8	Policy and Response Plan for the Treatment of Fraud, Bribery, Corruption & Irregularities
	Code of Conduct for Staff
	Student Code of Conduct

14. PROFESSORS, READERS AND TEACHERS

14.1 Professors and Readers

- 14.1.1 The University may establish Chairs and Readerships and may disestablish, rename or otherwise modify Chairs and Readerships, subject to the terms of any relevant Trust Deeds.
- 14.1.2 A person may be appointed as a Professor or Reader of Imperial College London who is, or will become on a specified date, an employee of the University.
- 14.1.3 The title of Professor or Reader of Imperial College London may be conferred on:-
- 14.1.3.1 an employee of the University who is already a member of the academic staff;
 - 14.1.3.2 a consultant in the National Health Service who is not employed by the University and who meets the additional criteria set out in the University's Academic Staff Appointments and Promotions Procedures; and
 - 14.1.3.3 an employee of a research council or similar organisation who meets the additional criteria set out in the University's Academic Staff Appointments and Promotions Procedures.

14.2 Criteria for Professors and Readers

- 14.2.1 The following criteria shall apply to all appointments and conferral of title:-

- 14.2.1.1 **Professors.** In appointing a person as a Professor or conferring the title of Professor, regard shall be had to the person's national and international standing in the relevant subject or profession as established by outstanding contributions to its advancement through publications, creative work or other appropriate forms of scholarship or performance, the advancement of learning and through teaching and administration. Exceptionally, at the discretion of the Provost and following receipt of a reasoned application, 'research council or similar organisation' may be deemed to include an appropriate other organisation not strictly embraced within that description.
- 14.2.1.2 **Readers.** In appointing a person as a Reader or conferring the title of Reader, regard shall be had to the person's standing and promise in the relevant subject or profession as established by important contributions to its advancement through publications, creative work or other appropriate forms of scholarship or performance, and through the advancement of learning and teaching. Other contributions to the work of the University, learned societies and other relevant bodies may also be taken into account.

14.3 Procedures for Appointing and Promoting Professors and Readers

Procedures for appointing and promoting persons as Professors and Readers shall be set out in the University's Academic Appointments and Promotions Procedures.

14.4 Professorial Title for the President and Provost

- 14.4.1 The title of Professor of Imperial College London may be conferred on the President or Provost provided that the President or Provost:-

- 14.4.1.1 Has previously held a professorial title at a university;
- 14.4.1.2 Satisfies the criteria for Professors laid down in University procedures; and
- 14.4.1.3 Plans to continue his or her academic work and has the necessary facilities for his or her research.

14.5 **Emeritus Titles**

The University's Honorary Titles Procedures shall set out the procedures and criteria for:-

14.5.1 the conferral of the title of Emeritus Professor or Emeritus Reader of Imperial University London upon retiring Professors or Readers respectively; and

14.5.2 the withdrawal of Emeritus titles.

14.6 **Visiting Professors and Visiting Readers and Honorary Professors and Honorary Readers**

The University's Honorary Titles Procedures shall set out the procedures and criteria for:-

14.6.1 the conferral of the title of Visiting Professor, Visiting Reader, Honorary Professor and Honorary Reader for defined but renewable periods on persons who are judged to be of appropriate distinction and whose connection with the University is appropriate to such titles; and

14.6.2 the withdrawal of the above titles.

15. THE DEFINITION, ELECTION AND RESPONSIBILITIES OF UNIVERSITY CONSULS AND PROCONSULS

This Regulation applies to the University Consuls of the Faculties of Engineering and the Business School, the Faculty of Medicine and the Faculty of Natural Sciences and cross-University organisations.

15.1 Introduction

- 15.1.1 University Consuls (or simply Consuls) are Professors of the University in the Academic job family with significant experience in both teaching and research. They are elected by the members of their constituency and may be expected to enjoy the confidence of their colleagues. While not formal representatives, they may act as a channel for the communication to the University leadership of concerns of the academic community, complementing that coming through the management structure. Consuls are concerned that all individuals and sections of the academic community should be treated fairly and in line with the University values.
- 15.1.2 Consuls are not members of 'line management' and do not, for example, stand between the Provost, the Deans of the Faculties and Heads of Department.
- 15.1.3 Consuls serve a non-executive role as spokespeople and advisors, although several administrative responsibilities are also assigned to them. The work of Consuls normally occupies half their time (0.5 FTE) and is funded by the University.
- 15.1.4 There shall be two Consuls for each of the Faculties of (1) Engineering and the Business School; (2) Natural Sciences and cross-University organisations; and (3) Medicine. At least one of the Consuls for Medicine will be clinically qualified and known as the (University) Clinical Consul.
- 15.1.5 In addition to the six elected Consuls, the Senior University Consul (or simply Senior Consul) is chosen by the Consuls to coordinate their work, to represent them and to perform certain other University duties. The Senior Consul is a 0.5 FTE position funded by the University. There are also up to five Proconsuls, who are former Consuls with a lighter workload able to support the Consuls. Normally the Proconsul role is 0.1 FTE and is funded by the University.
- 15.1.6 The Senior Consul and the Proconsuls are elected solely by the current Consuls.

15.2 Constituencies

- 15.2.1 The Constituency for the election of the Consuls for the Faculty of Engineering and Business School shall comprise the Faculty of Engineering and the Imperial Business School.
- 15.2.2 The Constituency for the election of the Consuls for the Faculty of Natural Sciences and cross-University organisations shall comprise the Faculty of Natural Sciences and cross-University organisations, such as those which form part of the Education Office.
- 15.2.3 The Constituency for the election of the Consuls for the Faculty of Medicine shall comprise the Faculty of Medicine.

15.3 Election of Consuls

- 15.3.1 Consuls shall be elected by University staff from the appropriate constituency at job level 4 or above in the Academic, Research, and Teaching portion of the

Teaching and Learning job Families.¹This does not include Emeritus staff, Professors of Practice, or those with visiting or honorary titles. A person subject to a pending disciplinary hearing or an active sanction is not eligible to stand for election as Consul.

- 15.3.2 Consuls shall normally serve for three consecutive years commencing on 1st September. A former Consul is eligible for re-election after one year out of office except that, where an outgoing Consul has served for less than two years having been elected to complete a term of office relinquished early by another Consul, they are eligible to stand for election for the ensuing period of office. Exceptionally, a Consul may be requested by the Provost to remain in post for an additional year (e.g., if no replacement can be found, duties have been interrupted or to regularize the cycle of appointments).
- 15.3.3 A Consul or Proconsul may not simultaneously hold office as any role with substantial line management or University responsibilities, such as President or Vice-President, Provost or Vice/Associate Provost, Dean or Vice Dean, or Head of Department. In case of doubt, the Provost, Chief People Officer and Senior Consul will decide whether a candidate is eligible.
- 15.3.4 The election for a Consul shall be conducted by an Electoral Officer, who is normally the Chief People Officer or their nominee. The election should take place during the final year of office of the retiring Consul. Notice of election shall be given to the Senate in the Autumn Term, and the date by which nominations are required shall be announced. Following this, the Electoral Officer shall give notice of the election and the date by which nominations must be received to the relevant constituency.
- 15.3.5 Each candidate must be proposed and seconded by members of the relevant constituency who must first obtain the consent of the nominee. Current Consuls may not propose or second a candidate. If there is more than one nomination, an election shall be held by secret ballot conducted by the Electoral Officer. If there are 3 or more candidates, a single transferrable vote system shall normally be used. The Electoral Officer shall declare the result on the basis of the votes cast and announce it as soon as possible following the closing date.
- 15.3.6 In the event of a tie, the Electoral Officer shall conduct a second election amongst the same constituency, with only those who have tied being included as candidates.
- 15.3.7 In the event of a second tie, the Electoral Officer shall conduct a further ballot amongst the Provost, the appropriate Dean and the existing Consuls only.
- 15.3.8 If a casual vacancy occurs, the Electoral Officer shall proceed to hold an election as soon as practicable, in accordance with the previous regulations. If the vacancy occurs within the first two years of the term of office of the retiring Consul, the incoming Consul shall complete that term of office and may subsequently be eligible to stand for election for a further term of three years (see paragraph 15.3.2 above). If there is less than twelve months remaining in the term of office of the retiring Consul, the incoming Consul shall be deemed to have been elected also for the next full term of office and shall then serve three further years following the completion of the previous term.

15.4 Election of the Senior University Consul

The Senior Consul is a current or former Consul who has served at least two years as a Consul. The Senior Consul is elected by the current Consuls and serves for one year in the first instance and may be re-elected annually for up to two further years. This

¹ Currently (21/7/25), level 4 corresponds to Assistant Professor, Research Fellow and Senior Teaching Fellow in the Academic, Research and Teaching families respectively.

election should normally be made by 31 March in the academic year preceding that in which the Senior Consul is to serve.

15.5 Proconsuls

To support and assist the Consuls, former Consuls may be offered the role of Proconsul within three years of standing down as a Consul. This role may extend to a maximum of three years from the completion of their term as a Consul. Proconsuls are expected to be available to contribute up to 20 working days per year to undertake specific work in addition to their Departmental work. There may be up to five Proconsuls at any time. Each new Proconsul will be appointed after election by the seven full Consuls and the Senior Consul. Consuls cannot stand for election to Proconsul if they are subject to a pending disciplinary hearing or a formal disciplinary sanction.

15.6 Specific Duties of Consuls and Proconsuls

15.6.1 The Consuls and Proconsuls work out of the Office of the Provost, but may be requested by the President, the Provost, the University Secretary, the Chief People Officer, the Head of Employment Relations, Registry, or Faculty Deans to perform specific intra-Faculty or cross-University tasks.

15.6.2 Consuls have specific roles as recorded in University policy documents. These include serving on appointment and promotion committees across the University to facilitate alignment of standards as summarised below.

15.6.3 Consuls should not be involved with internal departmental promotion processes, although they may offer general advice. Both Faculty Consuls normally serve on promotion panels for all candidates within their Faculty, except when there may be a conflict of interest. If no such conflict exists, Consuls may sometimes serve on panels for candidates within their own department. This is at the discretion of the Associate Provost for Promotions and the acceptance of the candidates. Consuls from other Faculties or Proconsuls may also be requested to sit on promotion panels.

15.6.4 All academic appointment panels must include a Consul (or Proconsul) who may belong to any Faculty. The Consul is appointed centrally, not by the relevant department, and should not be closely associated with that department. In case of doubt, the suitability of a Consul should be agreed by the Consul concerned, the Faculty Dean and the Senior Consul.

15.6.5 An academic appointment may not normally proceed without the Consul's approval. The Consul should determine whether candidates are of appropriate standard, with regard to consistency across the University, except as described in 15.6.7 below. The Consul must attend the formal interview, but need not attend other parts of the appointment process such as seminars. The Consul should be satisfied that the interview and panel discussion are conducted appropriately. The Consul may, at their discretion, enquire into other parts of the process before consenting to an appointment. However, Consuls do not have responsibility for the NHS component of clinical academic appointments.

15.6.6 In the event of serious disagreement between the Consul and the rest of the panel relating to the appointability of a candidate, the Provost shall adjudicate, in consultation with panel members, the appropriate Dean and the Senior Consul.

15.6.7 When comparing consistency of standards between departments, the Consul should take note of sector variation. In particular, appointments for Assistant Professor within the Business School tend to be made at an earlier career stage compared to other departments. This is because the Business School process aligns more closely with that of institutions which appoint to Tenure.

- 15.6.8 Consuls may be requested by the Employment Relations team or Registry to serve as Chairs of disciplinary or appeals panels, and as Investigating Officers for formal resolution requests (formerly known as Grievances).
- 15.6.9 Clinical Consuls serve as the Chair of Fitness to Practice panels for medical students who face disciplinary procedures according to the rules and guidelines of the General Medical Council.
- 15.6.10 All Consuls are members of the Academic Promotions Committee. The Consuls are represented on a variety of University Committees such as Senate and Heads of Department meetings. Individual Consuls may also be co-opted on to other committees at the request of the Provost. In addition, Consuls or Proconsuls may from time-to-time be asked by the Provost to undertake various ad hoc tasks such as to sit on, or chair, working parties or review panels.
- 15.6.11 Consuls also assess promotions to level 4² and above within the Teaching and Research Families in consultation with the appropriate Vice-Provosts.
- 15.7 If a Consul or Proconsul is subject to a disciplinary investigation during their term of office then they must withdraw from their duties until the disciplinary process is complete. If the Consul or Proconsul is subject to a formal disciplinary sanction then they must immediately cease to be a Consul (Pro-Consul).
- 15.8 In the event of unforeseen circumstances or emergencies, these regulations may be temporarily amended as agreed by the Provost, the Chief People Officer and the Senior Consul.

² Currently (21/7/25), this corresponds to Senior Teaching Fellow and Research Fellow.

16. DEGREES AND OTHER AWARDS GRANTED BY THE UNIVERSITY

16.1 The Degrees

16.1.1 The following degrees, listed in alphabetical order with their abbreviated titles, are those which may be granted by the University:-

16.1.1.1 First Degrees

Bachelor of Engineering (BEng)
Bachelor of Medicine and Bachelor of Surgery (MBBS)
Bachelor of Science (BSc)
Master in Science (MSci)
Master of Engineering (MEng)

16.1.1.2 Postgraduate Taught Degrees

Master of Business Administration (MBA)
Master of Education (MEd)
Master of Public Health (MPH)
Master of Research (MRes)
Master of Science (MSc)

16.1.1.3 Specialist Doctorates

Doctor in Engineering (EngD)

16.1.1.4 Research Degrees

Doctor of Medicine (Research) (MD(Res))
Doctor of Philosophy (PhD)
Master of Philosophy (MPhil)

16.1.1.5 Higher Doctorates

Doctor of Literature (DLit)
Doctor of Literature (Education) (DLit(Ed))
Doctor of Science (DSc)
Doctor of Science (Economics) (DSc(Econ))
Doctor of Science (Engineering) (DSc(Eng))
Doctor of Science (Medicine) (DSc(Med))

16.2 Diplomas and Certificates

The diplomas and certificates listed in the Academic Regulations may be granted by the University.

16.3 Citation and Designation of Awards

16.3.1 Citation of a degree shall be by the title or abbreviation given in paragraph 16.2 above with, in parenthesis, the name of the University.

16.3.2 The titles of the first and postgraduate taught degrees listed in paragraph 16.2 above may be augmented by the addition of the names of one or more disciplinary specialisms as provided in the relevant Academic Regulations under which the degree is awarded.

16.4 Additions to the List of Degree Titles

The Council may, on the recommendation of the Senate, approve additions to the list of degrees which the University may grant.

16.5 Criteria for Degrees

The following criteria are specified for University degrees:-

16.5.1 First Degrees

(a) All First Degrees

- (i) An academically coherent programme of study, followed over a period of time equivalent to three years full-time,(1) or longer where appropriate to the degree and/or subject concerned, which is designed to ensure:-

- (1) academic progress in terms of depth of study; and
- (2) ability to study at an advanced level, to assimilate, assess, interpret and apply information and to communicate effectively;

Includes the degrees of Intercolated Bachelor of Science and Bachelor of Medical Science where a one-year course of study builds on a two-year course of basic medical sciences at the University or another university in the UK, EU or EFTA.

- (ii) The achievement of a satisfactory overall standard in a scheme of assessment which tests the Student's:-
 - (1) command of an appropriate body of knowledge and skills;
 - (2) familiarity and ability to deal with the methodologies appropriate to the discipline(s) concerned; and
 - (3) capacity for independent and critical thought.
- (iii) the achievement of learning outcomes appropriate to a qualification at the relevant level (Honours or Master's) of the Framework for Higher Education Qualifications in England, Wales and Northern Ireland.

- (b) **Additional Criteria.** Additional criteria are specified for some first degrees as follows:-

- (i) **Bachelor of Medicine, Bachelor of Surgery.** These degrees shall be taught in accordance with curricula that meet the requirements of the General Medical Council. MBBS degree programmes shall involve not less than 56 months of full-time study, at least the final 33 months of which shall have been undertaken while registered at the University except in the case of the Accelerated Graduate Entry Programme for the MBBS degrees, when the overall length of the programme shall be not less than 45 months, of which the final 33 months must be spent at the University.
- (ii) **Bachelor of Engineering.** The programme of study shall give emphasis to preparation for professional practice. It shall provide the necessary understanding of the scientific basis of engineering and include a substantial engineering applications component as an integrated part of the course, together with some appreciation of the industrial and business environment (i.e. enhanced courses in Engineering Council terms).
- (iii) **Master in Science**
 - (1) The programme of study shall be followed over a period of time equivalent to four years full-time. It shall include a major project and provide a sound basis for a subsequent scientific or technically-based career or research.
 - (2) all provide for study of scientific disciplines in greater depth than BSc so as to demand a level of attainment which is comparable to that required for a taught Master's degree at a UK university. Not less than three academic years and two terms shall be full-time University-based study, of which up to one year may be spent

studying at an approved academic institution abroad, and of which not less than one academic year of study shall be at Level 4 (Master's) of the Framework for Higher Education Qualifications in England, Wales and Northern Ireland.

- (iv) **Master of Engineering.** The programme of study shall be followed over a period of time equivalent to four years full-time, of which not less than three academic years and two terms shall be full-time University-based study of which up to one year may be spent studying at an approved academic institution abroad and of which not less than one academic year of study shall be at Level 4 (Master's) of the Framework for Higher Education Qualifications in England, Wales and Northern Ireland. It shall satisfy one or more of the following criteria:-
- (1) provide for study of a particular engineering discipline in greater depth than the Bachelor of Engineering;
 - (2) provide for multi-disciplinary study of a range of engineering disciplines; and
 - (3) Provide for study of a particular engineering discipline in depth and incorporate a significant proportion of industrial and business studies as an integral part of the curriculum; together with all the following criteria:-
 - (A) include the teaching of design through the use of project work and case studies, preferably in an industrial context;
 - (B) include a major project; and
 - (C) demand a level of study and attainment which is equivalent to that required for a Postgraduate Taught Degree in this University.

16.5.2 Postgraduate Taught Degrees

- (a) **Certificate of Advanced Study [no longer awarded].** The Certificate of Advanced Study is intended for award on the satisfactory completion, including formal examinations, of a prescribed programme of full-time study on an advanced course beyond the Bachelor's degree level over a period not less than three months full-time study or its part-time equivalent, or as prescribed by the Senate.
- (b) **Postgraduate Certificate.** The Postgraduate Certificate is intended for award on the satisfactory completion, including formal examinations, of a prescribed programme of full-time study on an advanced course beyond the Bachelor's degree level over a period not less than three months full-time study or its part-time equivalent, or as prescribed by the Senate.
- (c) **Postgraduate Diploma.** The Postgraduate Diploma is intended for award on the satisfactory completion, including formal examinations, of a prescribed programme of full-time study on an advanced course beyond the Bachelor's degree level over a period not less than six months full-time study or its part-time equivalent, or as prescribed by the Senate.
- (d) **All Postgraduate Taught Degrees**
- (i) A prescribed programme of study (2) beyond the standard first degree level which assumes the general level of educational competence implicit in the award of a first degree and which extends over a period equivalent to a minimum of one calendar year full-time.
 - (ii) A satisfactory overall standard in a scheme of assessment appropriate to the Master's course concerned.
 - (iii) Achievement of learning outcomes appropriate to a qualification at Master's level of the Framework for Higher Education Qualifications in England, Wales and Northern Ireland.

- (e) **Additional Criteria.** Additional criteria are specified for some postgraduate taught degrees as follows:
- (i) **Master of Science (MSc).** The programme of study shall require an element of independent research and/or scholarship as evidenced by a substantial independent written report.
 - (ii) **Master of Business Administration (MBA)**
 - (1) A prescribed programme of study lasting between one and two years depending on delivery format. A minimum of two years post graduate experience is required for entry.
 - (2) The programme involves theoretical and analytical perspectives on business and management combined with their applications in real and case study situations.
 - (iii) **Master of Education (MEd)**
 - (1) This may include programmes of study which are 'conversion courses' where graduates in one discipline acquire knowledge and develop a set of skills in another discipline.
 - (A) A prescribed programme of study with students studying full-time over one calendar year or part-time over two or three academic years.
 - (B) The programme will be firmly founded in research and shall be within all or some of the areas of theory, pedagogy, learning, policy or organisation in relation to a defined educational stage or area of professional practice.
 - (C) Assessment is by a combination of at least two of the following, with the last, the dissertation, being a compulsory element: continuous assessment coursework of any appropriate type (including oral presentations and assessed teaching sessions); summatively marked essays, reports or portfolios; written examinations (e.g. unseen open and pre-disclosed); dissertations.
 - (iv) **Master of Public Health (MPH).** During the programme of study a student must work as a public health professional in an international, national or local government agency, in a non-governmental or charitable organisation concerned with public health, or in a community or public health environment, or in a university department concerned with community or public health.
- (f) **Master of Research (MRes).** The programme of study shall:-
- (i) be a free-standing and formally examined prescribed course of full-time study beyond the bachelor's degree level of at least one calendar year or its equivalent in part-time study;
 - (ii) provide a structured and progressive research training programme which is an adequate foundation for doctoral study or a research career in industry or the public sector; and include;
 - (1) a grounding in research techniques relevant to the broad disciplinary area;
 - (2) a significant research component, which enables the student to demonstrate initiative and creativity and is assessed by means of a written report; and
 - (3) elements designed to broaden students' experiences by equipping them with a range of transferable skills.

16.5.3 Specialist Doctorate

- (a) **Doctor in Engineering.** A programme of study and examination for the degree shall satisfy the following criteria:-
 - (ii) the aims and objectives of the programme shall be such that it will

provide an education at an intellectual level equivalent to that required for the PhD;

- (iii) the programme of study shall extend over a period of at least three years' full-time study or the part time equivalent;
- (iv) the programme shall include a substantial research component which is of a nature appropriate to the discipline concerned on which the final examination contributing to the award of the degree will be based (see also paragraph iv and vii below);
- (v) the results of the research shall be presented in the form of a thesis or portfolio which makes a distinct contribution to the knowledge of the subject and affords evidence of originality shown by the discovery of new facts and/or the exercise of independent critical power. The minimum length of the thesis shall be not less than 25,000 words and be appropriate to the subject concerned, having regard to the other formally assessed elements for the degree;
- (vi) the programme shall include elements of a practical/work-related/professional nature and formally taught elements appropriate to support its academic objectives;
- (vii) the elements listed at paragraph v above shall be assessed by methods and at an intellectual level and at a time appropriate to the programme. Such assessment shall involve at least one examiner external to the University; and
- (viii) the final examination contributing to the award of the degree shall be designed to:-
 - (1) Test the thesis against the stated criteria (see iv above); and
 - (2) Test the candidate's conceptual understanding of the integration of all elements of the course and their related assessment.
- (ix) The final examination shall include an oral examination of each candidate conducted by at least two examiners, one of whom shall be external to the University.

16.5.4 Research Degrees

(a) Master of Philosophy

- (i) The minimum period of study shall be two calendar years' full-time study or the part-time equivalent.
- (ii) Assessment for the award shall in all cases be by submission of a thesis and an oral examination, which shall be conducted in English. The scope of the thesis shall be what might reasonably be expected after two or at most three years of full-time study, and the length shall not, other than in the most exceptional circumstances, exceed 60,000 words.
- (iii) The thesis shall:-
 - (1) consist of the candidate's own account of his or her investigations;
 - (2) be either a record of original work or an ordered and critical exposition of existing knowledge and shall provide evidence that the field has been surveyed thoroughly;
 - (3) be an integrated whole and present a coherent argument;
 - (4) give a critical assessment of the relevant literature, describe the method of research and its findings and include a discussion on those findings; and
 - (5) be written in English and the literary presentation shall be satisfactory.

The part played by the candidate in any work done jointly with the supervisor(s) and/or fellow research workers must be clearly stated by the candidate and certified by the supervisor.

A series of papers, whether published or otherwise, is not acceptable for submission as a thesis. Research work already published, or submitted for publication, at the time of submission of the thesis, either

by the candidate alone or jointly with others, may be included in the thesis. The published papers themselves may not be included in the body of the thesis, but may be adapted to form an integral part of the thesis and thereby make a relevant contribution to the main theme of the thesis. Publications derived from the work in the thesis may be bound as supplementary material at the back of the thesis.

(b) Doctor of Philosophy

- (i) The minimum period of study shall be two calendar years' full-time study or the part-time equivalent.
- (ii) Assessment for the award shall in all cases be by submission of a thesis and an oral examination, which shall be conducted in English. The scope of the thesis shall be what might reasonably be expected after three or at most four years of full-time study, and the length shall not, other than in the most exceptional circumstances, exceed 100,000 words.
- (iii) The thesis shall:-
 - (1) consist of the candidate's own account of his or her investigations, the greater proportion of which shall have been undertaken during the period of registration under supervision for the degree; and
 - (2) form a distinct contribution to the knowledge of the subject and afford evidence of originality by the discovery of new facts and/or by the exercise of independent critical power; and
 - (3) be an integrated whole and present a coherent argument; and
 - (4) give a critical assessment of the relevant literature, describe the method of research and its findings, include discussion on those findings and indicate in what respects they appear to the candidate to advance the study of the subject; and, in so doing, demonstrate a deep and synoptic understanding of the field of study (the candidate being able to place the thesis in a wider context), objectivity and the capacity for judgement in complex situations and autonomous work in that field; and
 - (5) be written in English and the literary presentation shall be satisfactory; and
 - (6) demonstrate research skills relevant to the thesis being presented; and
 - (7) be of a standard to merit publication in whole or in part or in a revised form (for example, as a monograph or as a number of articles in learned journals).

The part played by the candidate in any work done jointly with the supervisor(s) and/or fellow research workers must be clearly stated by the candidate and certified by the supervisor.

A series of papers, whether published or otherwise, is not acceptable for submission as a thesis. Research work already published, or submitted for publication, at the time of submission of the thesis, either by the candidate alone or jointly with others, may be included in the thesis. The published papers themselves may not be included in the body of the thesis, but may be adapted to form an integral part of the thesis and thereby make a relevant contribution to the main theme of the thesis. Publications derived from the work in the thesis may be bound as supplementary material at the back of the thesis.

(c) MD (Res) Degree

- (i) The minimum period of study shall be two calendar years' full-time study or the part-time equivalent. The emphasis of the programme of study will be on the development in the individual student of: -
 - (1) The ability to recognise and validate problems;

- (2) Original, independent and critical thinking and the ability to develop theoretical concepts;
- (3) A knowledge of recent advances within the field in related areas;
- (4) An understanding of research methodologies and techniques and their appropriate application with the research field;
- (5) The ability to analyse critically and evaluate the research findings and those of others; and
- (6) An ability to summarise, document, report and reflect on progress.
- (ii) Assessment for the award shall in all cases be by submission of a thesis and an oral examination, which shall be conducted in English. The scope of the thesis shall be what might reasonably be expected after three or at most four years of full-time study, and the length shall not, other than in the most exceptional circumstances, exceed 50,000 words.
- (iii) The thesis shall:-
 - (1) consist of the candidate's own account of his or her investigations, the greater proportion of which shall have been undertaken during the period of registration under supervision for the degree; and
 - (2) the part played by the candidate in any work done jointly with the supervisor(s) and/or fellow research workers must be clearly stated by the candidate and certified by the supervisor.
 - (3) form a distinct contribution to the knowledge of the subject and afford evidence of originality by the discovery of new facts and/or by the exercise of independent critical power; and
 - (4) be an integrated whole and present a coherent argument; (8) and
 - (5) give a critical assessment of the relevant literature, describe the method of research and its findings, include discussion on those findings and indicate in what respects they appear to the candidate to advance the study of the subject; and, in so doing, demonstrate a deep and synoptic understanding of the field of study (the candidate being able to place the thesis in a wider context), objectivity and the capacity for judgment in complex situations and autonomous work in that field; and
 - (6) be written in English and the literary presentation shall be satisfactory;
 - (7) demonstrate research skills relevant to the thesis being presented; and
 - (8) be of a standard to merit publication in whole or in part or in a revised form (for example, as a monograph or as a number of articles in learned journals).

(d) **Higher Doctorates.** The degrees of Doctor of Literature (DLit), Doctor of Literature (Education) (DLit(Ed)), Doctor of Science (DSc), Doctor of Science (Economics) (DSc(Econ)), Doctor of Science (Engineering) (DSc(Eng)), Doctor of Science (Medicine) (DSc(Med)) shall only be conferred as Honorary Degrees.

16.6 Diplomas for Degrees and Other Awards

16.6.1 Except as provided in paragraph 16.6.2 below, a diploma shall be issued under the Seal of the University to those who have been awarded a degree, diploma, or certificate.

16.6.2 In the case of a degree awarded jointly by the University and another institution, a diploma in the names of the University and the other institutions which have jointly awarded

16.6.3 A series of papers, whether published or otherwise, is not acceptable for submission as a thesis. Research work already published, or submitted for publication, at the time of submission of the thesis, either by the candidate

alone or jointly with others, may be included in the thesis. The published papers themselves may not be included in the body of the thesis, but may be adapted to form an integral part of the thesis and thereby make a relevant contribution to the main theme of the thesis. Publications derived from the work in the thesis may be bound as supplementary material at the back of the thesis.

The degree shall be issued, the form of the diploma to be agreed by the University and the other institution or institutions and approved by the President.

16.7 **Academic Dress**

The Academic Dress of members of the University shall be defined by Regulation.

17. STUDENTS OF THE UNIVERSITY

17.1 Students

The Students, as defined in Statute 1(1)(j), are persons registered as pursuing a course of study leading to:-

17.1.1 a degree of the University; and

17.1.2 Another award of the University referred to in Regulation 16 (Degrees and other Awards granted by the University).

17.2 General Provisions

The Academic Registrar shall maintain the register of the persons registered with the status of Student.

17.3 Admission

Policy relating to the admission of students to the University shall be determined by the Senate, subject to any directions given by the Council.

17.4 Termination

17.4.1 The registration as a student of any student who fails to satisfy the examiners in any examination prescribed in the Academic Regulations or by the Senate for the course of study being pursued may be terminated.

17.4.2 Termination of registration as a student on academic grounds other than failure in any examination falling within paragraph 17.4.1 above shall be in accordance with a procedure laid down by the Senate which shall provide an opportunity for the student to make representations.

17.4.3 The Provost, acting in accordance with Academic Regulations approved by the Senate, may suspend or terminate the registration as a student, or not confer the award of a degree, diploma or certificate and withhold the certificate in respect of that award from any student who is in debt to the University.

18. STUDENT DISCIPLINARY PROCEDURE

The University will have a Student Disciplinary Procedure, approved by the Senate, that will be applicable to all registered students of Imperial College London and which will adhere to the following principles:-

- 18.1 the University shall have the right to investigate an allegation of misconduct against a student and may take disciplinary action where appropriate;
- 18.2 the Student Disciplinary Procedure will seek to operate in a fair and transparent manner in accordance with the principles of natural justice. It does not seek to reproduce elements of criminal law and is not a formal legal process;
- 18.3 the University has legal obligations which will apply to the Student Disciplinary Procedure, for instance, the duty to act fairly and responsibly in relation to all parties in the application of the procedure;
- 18.4 the University will promote positive behaviours in the University community and will clearly set out the expected standards of behaviour in the Student Code of Conduct and the consequences of breaching those standards;
- 18.5 allegations of misconduct will be considered in accordance with the principles of natural justice which means that:-
 - 18.5.1 the person or persons involved with the initial investigation and with any formal hearing of the case must be impartial and free from bias;
 - 18.5.2 the person under investigation should be told of the specific allegation of misconduct of which they have been accused and the likely consequences if the allegation is, on the balance of probability, proven; and
 - 18.5.3 the person under investigation must be provided with an opportunity to refute the allegation or to explain their conduct and that this must be given unbiased consideration;
- 18.6 the University will be responsible for investigating the allegation and establishing the facts of the case under the Student Disciplinary Procedure. The standard of proof for action to be taken will be on the balance of probabilities, that is, that on the basis of the available evidence, the misconduct was more likely than not to have occurred;
- 18.7 the University will set out the procedure for allowing for appropriate precautionary action to be taken, if necessary, to safeguard the interests and safety of the whole University community, or individuals within the community, when an allegation has been received and while the case is under consideration;
- 18.8 the University will ensure that allegations are dealt with proportionately and that timely consideration is given to all stages of the Procedure in order that they can be concluded as quickly as possible;
- 18.9 the University will ensure that all staff involved in the conduct of the Student Disciplinary Procedure receive training, guidance and support appropriate to their role including training on unconscious bias and on dealing with particularly sensitive cases; and
- 18.10 the University will keep appropriate records of Student Discipline cases which comply with relevant Data Protection Legislation and ensure an appropriate level of confidentiality to those involved in the process.

19. STUDENT COMPLAINTS PROCEDURE

19.1 Introduction

- 19.1.1 The University is committed to providing a high quality educational and student experience. However, the University recognises that on occasion, students may wish to express concern or dissatisfaction with aspects of academic or administrative services. This procedure reflects the commitment of the University to deal with issues at the earliest possible opportunity and, where necessary, to conduct investigations which are thorough, fair and ensure that that decisions are made on the basis of the facts and the available evidence, of each individual case.
- 19.1.2 This procedure applies to all registered students and recent alumni of the University. Students registered on collaborative provision will be advised within their student handbook which institution's complaints procedure to follow, in accordance with the formal agreement which governs the provision.
- 19.1.3 This procedure is aligned to Chapter B9: Academic Appeals and Student Complaints, UK Quality Code (QAA) and the Good Practice Framework: Handling Academic Appeals and Student Complaints (Office of the Independent Adjudicator for Higher Education).
- 19.1.4 Where a student making a complaint believes that they should receive reasonable adjustments to the procedures on the grounds of disability, this should be clearly stated in the submission. This would include the reason for requesting the adjustment and any suggestions of what this may mean, for example an alternative format to a hearing or an extended deadline.
- 19.1.5 Students are strongly encouraged to seek advice and support should they consider or make a complaint, such as from the Imperial College Union, Disability Advisory Service or personal tutor, as appropriate.
- 19.1.6 This process should not be used to raise an appeal against the outcome of assessment, a Board of Examiners or mitigating circumstances decision (see Academic Appeals procedure), nor to make an allegation of misbehaviour against any member of the University. Advice of the correct procedure in these cases can be sought from Registry or Imperial College Union.

19.2 Principles of the Complaints Procedure

- 19.2.1 For the purposes of this procedure, a Complaint is defined as "an expression of dissatisfaction by one or more students about an action or lack of action by the University, or about a standard of service provided by or on behalf of the University."
- 19.2.2 The University's position is that no student should be discriminated against or in any way penalised for raising a complaint at any level of the Student Complaints Procedure.
- 19.2.3 Every reasonable effort will be made to deal promptly and efficiently with all complaints, to investigate them thoroughly and objectively, and to seek to solve them satisfactorily. Complaints will be dealt with positively and constructively. If a complaint is upheld, the University will seek to provide an appropriate response and will correct any mistakes or misunderstandings and will take other action as appropriate. If a complaint is not upheld then the reasons for that decision will be given.
- 19.2.4 All complaints will be dealt with in confidence with the proviso that enquiries will have to be made to investigate the matters that are the subject of the complaint.

Also, an individual against whom a complaint has been made has the right to be supplied with a copy of the complaint and the opportunity to respond.

- 19.2.5 The effectiveness of any complaints procedure depends on the University being able to collect appropriate information from the parties involved in order to investigate the matter properly. For this reason, complaints made anonymously will not normally be considered.
- 19.2.6 Where a complaint is submitted by more than one student, the group will be asked to nominate a group representative, with whom the University will communicate throughout the process. It is the responsibility of this representative to keep the remainder of the group informed of the progress of the complaint. At the end of each stage of these procedures, all students in the group will be notified of the outcome of their complaint individually.
- 19.2.7 The investigation into the complaint will be a fact-finding process to establish the relevant evidence and circumstances of the case. The investigation will only focus on the nature of the complaint. The process may involve reviewing supporting records/documents as well as interviewing staff and/or other students. A report of the investigation, which will contain relevant factual information, copies of statements and all other documentary evidence will be produced at the end of the investigation.
- 19.2.8 The time limits set out in the Procedure will normally be followed. However, where for good reason this is not possible, the student will be kept informed of the progress, and, where possible, provided with a revised timescale.
- 19.2.9 Where a formal complaint is upheld any remedial action will be taken and the complainant will be informed formally in writing within 10 working days of the action to be taken.
- 19.2.10 The University will monitor and evaluate the issues raised through the complaints procedure in order that the causes of complaints can be identified and addressed, and that improvements can be made.
- 19.2.11 The University will treat all complaints seriously and will deal with them without recrimination. When complaints are submitted, student complainants and University staff should act reasonably and fairly towards each other and respectfully adhere to this Procedure. The University recognises the rights of individuals who may be wrongly accused in the circumstances of a complaint. Where it is found that a student has raised a frivolous or vexatious complaint or used false information to support their complaint, the University may instigate its Student Disciplinary Procedure in respect of the student's conduct.
- 19.2.12 A complaint cannot normally be raised on behalf of a student by a third party. In exceptional circumstances, applications by a third party to raise a complaint on behalf of a student may be considered at the discretion of the Academic Registrar.
- 19.2.13 Where the circumstances of the student complaint are felt to be exceptional, the University may amend the conduct of the Student Complaints Procedure, where it considers that amendment will be beneficial to the student. The reasons for any amendment to the procedure as set out in this document will be communicated to the student and all respondents to the complaint. The amendments will be recorded in the outcome letter at the relevant stage and, where issued, in the Completion of Procedures letter.

19.3 Stages of the Procedure

- 19.3.1 In line with the reconditions of the Good Practice Framework (OIA, Sept 2015), there are three stages in the Student Complaints Procedure:-

19.3.1.1 Stage One - Local Resolution

19.3.1.2 Stage Two – Formal Stage

19.3.1.3 Stage Three – Review

19.4 **Stage One – Local Resolution**

19.4.1 The first step is for a student to raise awareness of the problem, either by email or face-to-face, and discuss it directly with the relevant staff in the academic department or support service concerned. Students should raise any issue at the earliest possible opportunity and, wherever possible, within 15 working days of the issue arising. Matters dealt with locally at an early stage have a better chance of being resolved quickly and effectively and without a student having to escalate their complaint to the formal stages of the process.

19.4.2 Where complaints have been raised locally, the student should normally be provided with a response within 10 working days to report how the issue has been considered or to advise the student of how it will be resolved. This response will be copied to a complaints specific email address (student.complaints@imperial.ac.uk) to ensure that a record of the response is kept and it must inform the student of the next step(s) and timeframes for doing so.

19.4.3 Where the local resolution stage has been completed and a student remains dissatisfied with the outcome, they can escalate their complaint to Stage 2.

19.4.4 Where a student wishes to raise a substantial complaint, he or she may submit their complaint directly to the formal stage (Stage 2) as outlined in section 5.1.

19.5 **Stage Two – Formal Stage**

19.5.1 If the complaint has not been resolved to the satisfaction of the student through the local stage, or if a student wishes to raise a substantial complaint, a formal complaint should be submitted. This should be made on the formal Student Complaint Submission Form, which should be submitted to the Registry within 10 working days following the outcome from the local stage or, if appropriate under section 4.4, after the incident of concern.

19.5.2 The student will be required to provide details of the nature of their complaint on the formal complaint form, along with supporting documentary evidence. The student should also specify their desired outcome from this procedure. If the nature of the complaint is considered by the student to be highly sensitive, they may submit details of the complaint marked “Sensitive” and for the consideration of the complaint investigator only. In such circumstances, the student must be aware that in order for the complaint to be considered fairly, the individual against whom a complaint has been made will be supplied with a copy of the complaint as set out in paragraph 19.2.4 above, and these details will also need to be taken into account by the responsible authority as set out in paragraph 19.5.5 below in order for a decision to be made.

19.5.3 Upon receipt of a formal complaint, an initial evaluation will be undertaken to check that the complaint has been submitted under the correct procedures and within the deadline. If the complaint has been submitted directly to the formal stage (see paragraphs 19.4.4 and 19.5.1) and it is considered that it could be reviewed at the local stage first, it will be referred back to the student for this to be done. If the Academic Registrar or nominee does not consider that it is appropriate for the matter to be dealt with under the Student Complaints procedure, the student will be informed accordingly and, where appropriate, advised of any alternative procedures available to them. Students would also be

provided with additional guidance of the timeframes and support available to them through any alternative procedures.

19.5.4 Complaints received after the deadline will normally be rejected and the student advised accordingly. However, the University may choose to investigate a complaint submitted after the deadline where the student is able to demonstrate valid reasons for being unable to submit the complaint within the appropriate timeframes. Where a complaint is rejected as late, this will complete the procedures of the University and a "Completion of Procedures letter" will be provided to the student explaining the decision and advising them of the Office of the Independent Adjudicator for Higher Education (OIA) complaint scheme.

19.5.5 The University will identify the responsible authority to deal with the complaint as follows:-

19.5.5.1 **Academic matters:** The Head of Department (for undergraduate medicine students this is the Head of Undergraduate Medicine) or Dean of the Faculty.

19.5.5.2 **Students' Union matters:** the President of the Imperial College Union.

19.5.5.3 **University-managed Residential Accommodation:** the Head of Residences.

19.5.5.4 **Catering:** the Head of Catering

19.5.5.5 **All other administrative matters:** the Academic Registrar.

Any complaint that does not appear to obviously fall into the categories above should be referred to the Academic Registrar in the first instance.

19.5.6 Where the complaint is against one of the people named in a) – d) above, the Academic Registrar will nominate a responsible authority for dealing with the complaint. If the complaint is regarding Academic Registrar, the Provost will nominate a responsible authority for dealing with the complaint.

19.5.7 Where the individual named in a) – e) above has had a previous involvement in the complaint, the Academic Registrar will identify an alternative member of staff to deal with the complaint.

19.5.8 The staff member dealing with the complaint will confirm what is being investigated. Where the student's expectations appear to go beyond what the University can reasonably provide, the student should be advised of this in writing.

19.5.9 The responsible authority considering the complaint may conduct an investigation themselves or appoint another member of staff to investigate the complaint. The responsible authority or their nominee will conduct a review of the supporting evidence provided by the student, and may talk to the key people involved and collate additional items of evidence. A report will be produced which outlines the process followed, the evidence considered, the conclusions drawn and any recommendations which emerge from the investigation. Appended to the report will be the evidence that has been considered in coming to the decision regarding the complaint.

19.5.10 The student will be formally advised of the outcome of the complaint, normally within 20 working days of the complaint being raised at the second stage and provided with a clear explanation of the reasons for each decision, a copy of the documentation and evidence considered in making the decision(s) and, where a complaint has been upheld, explaining how and when any remedy will be

implemented. The student should also be provided with information on their right to proceed to the review stage (Stage 3, see paragraph 19.6). The student should also be informed of the grounds and timeframes associated with this stage. Where it is not possible to advise the student of the outcome within the normal timescales, the student will be advised of the delay and provided with a revised timescale.

19.5.11 If the student does not take the complaint to the review stage within the specified timescale (see 6.1), the University will close the complaint. The University, through the Registry, will only issue a Completion of Procedures letter at this stage if the student specifically requests one. This request should be made within six weeks of the notification of the outcome of the formal stage of the complaint. However, the letter will make clear that the student has not exhausted the University's internal complaints procedures.

19.6 Stage 3 – Review

19.6.1 If the student is dissatisfied with the outcome from the formal stage (Stage 2), they can request a review. This must be done formally and in writing in a letter to the University Secretary within 10 working days of receipt of the formal response from Stage 2. The request for a review can be made on the following grounds:-

- 19.6.1.1 that there is new material supporting evidence which, for valid reasons, the student was unable to provide during the formal stage of the complaint;
- 19.6.1.2 that there has been material procedural irregularity in the conduct of the complaints procedure; and
- 19.6.1.3 That the outcome of the formal stage was unreasonable.

19.6.2 The Student must include details of why they remain dissatisfied and what resolution they are seeking and should include any relevant evidence which they wish to be taken into consideration in their request for a review.

19.6.3 The University Secretary (or nominee) will evaluate the request for the review to ensure that it falls within the grounds for review set out in paragraph 19.6.1 of this procedure. Upon completion of this evaluation, the University Secretary (or nominee) will acknowledge the request for review in writing within 5 working days of receipt. If the decision is not to proceed, an explanation will be provided to the student and a Completion of Procedures letter will be issued.

19.6.4 If the decision is to proceed with the review, the University Secretary (or nominee) will establish a Panel to meet the student, any individuals named in the complaint, and the responsible authority as set out in paragraph 19.5.5 above before concluding the review of the complaint. The Panel will be drawn from a designated list of Complaints Review members, which is approved annually by Senate, and will be supported by a member of the Central Secretariat staff. A record should be kept of any such meetings. A student may be accompanied by a 'friend' for moral support but the 'friend' may not be a solicitor or barrister acting in a professional capacity. For the purposes of this procedure, a "friend" is defined as either; a registered student of Imperial College London, an officer of the Students' Union, an advisor from the Students' Union or a current member of staff at the University. With agreement from the Chair of the Panel, the "friend" may speak on behalf of the student.

19.6.5 The Central Secretariat will normally provide a final written response to the student within 25 working days following receipt of the request for a review of the complaint. This response will give a clear explanation of their findings and,

where there were proven grounds for review, an indication of how and when any remedy will be implemented. The student will also be issued with a Completion of Procedures letter, which will indicate that they have completed the University's internal complaints procedure and provide information on their right to direct their complaint to the Office of the Independent Adjudicator (OIA) and of the timescales for them to do this should they remain dissatisfied with the outcome of the complaint.

19.7 Record keeping

19.7.1 A confidential record will be kept of the complaint and of the outcome of the case in order to identify enhancements to the provision of services at the University.

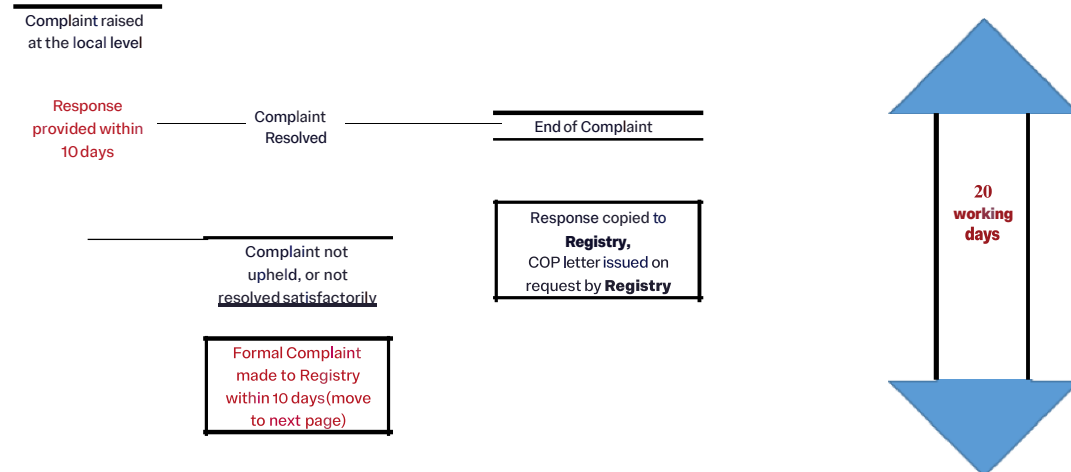
19.7.2 The full complaint file will be kept in line with the University retention timescales.

19.8 Annual Report

19.8.1 The Registry Quality Assurance Team will prepare an annual report which will inform Senate of the number, nature and outcomes of student complaints during an academic session. The report will also record any corrective action taken and identify any themes emerging from student complaints and make recommendations for any enhancements to the Student Complaints Procedure.

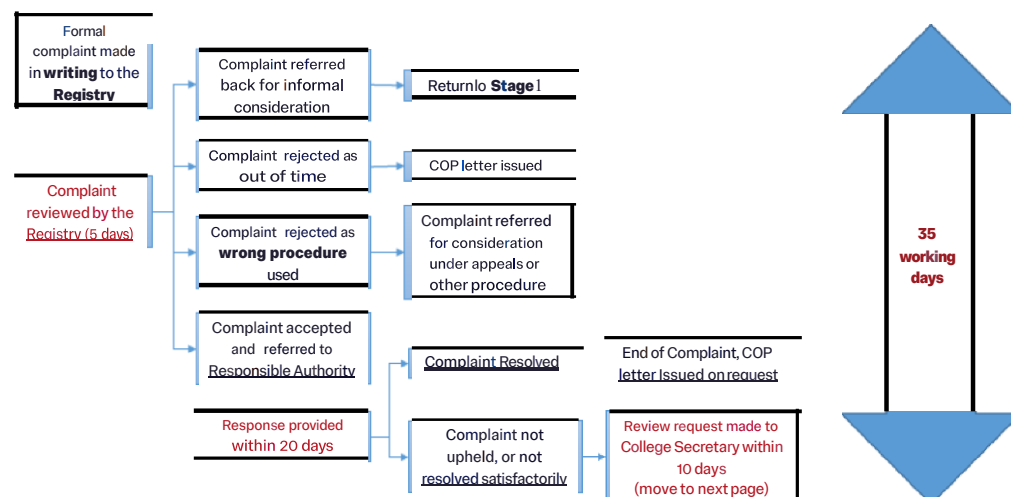
Student Complaints Procedure timeline

Stage 1 - Local



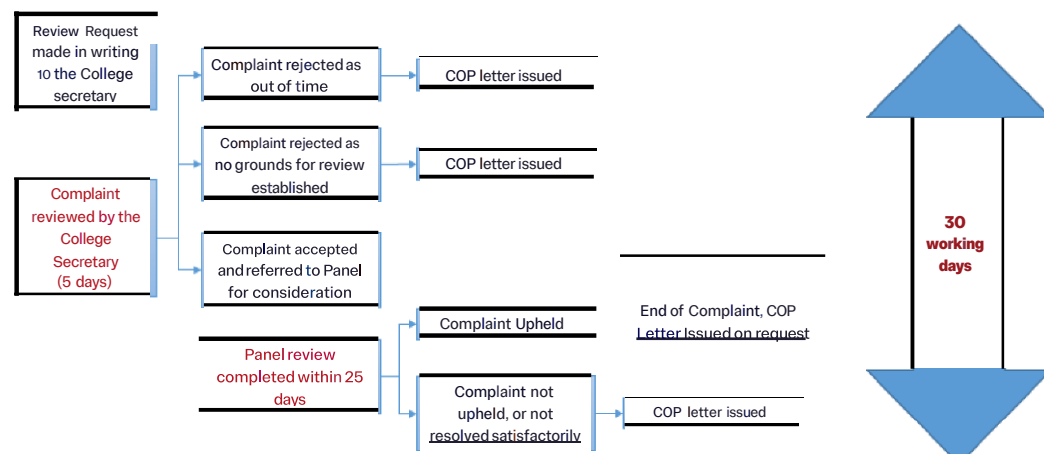
Student Complaints Procedure timeline

Stage 2 - Formal



Student Complaints Procedure timeline

Stage 3 - Review



20. THE STUDENTS' UNION AND ITS CODE OF PRACTICE

20.1 The Students' Union

- 20.1.1 The Imperial College Union is created pursuant to Article 17 of the Charter, which states that "There shall be a Students' Union of the University (hereinafter referred to as "the Imperial College Union") for the benefit of the students of the University and in their interests as students which shall conduct its affairs in accordance with a constitution approved by the Council". The Imperial College Union is a separately registered charity with its own charitable objects, and the Union conducts and manages its own affairs in accordance with its Constitution, as approved by the Council.
- 20.1.2 Section 22 of the Education Act 1994 requires the governing body of every University to take such steps as are reasonably practicable to ensure that its students' union operates in a fair and democratic manner and is accountable for its finances and to ensure that the other requirements of the Act are observed by its students' union.
- 20.1.3 In accordance with these requirements, the Imperial College Union conducts its financial activities in accordance with Regulations and Procedures, which are designed to ensure the proper conduct of the Union's financial affairs.
- 20.1.4 This Regulation shall apply to the financial affairs of the Imperial College Union. In addition, the Imperial College Union shall adopt its own internal Financial Regulations. The Union's Financial Regulations are subject to the approval of the Chief Operating Officer.
- 20.1.5 The University provides an annual grant to the Union for it to continue and develop its activities and which takes account of ICU's responsibilities and related costs, and its trading activities and earnings capability.
- 20.1.6 The Union's Trustee Board is responsible for monitoring the Union's expenditure against its annual budget and for reporting any fraudulent or irregular procedures in the management of public funds and those resulting from the Union's trading activities to the University's Internal Auditors. The Union's Trustee Board is also responsible for appointing the Union's External Auditor.
- 20.1.7 The Union's audited annual accounts and a report on its handling of public and other funds are presented annually to its Trustee Board, to the Audit and Risk Committee, and to the Council. The ICU's annual financial report is to include a list of the external organisations to which the ICU has made donations in the period covered by the report and the details of any such donations.
- 20.1.8 The University's Internal Audit Service shall have the same rights of access to the Union as it has to other parts of the University for the purposes of fulfilling its remit.

20.2 Imperial College London and Imperial College Union Code of Practice

- 20.2.1 The Education Act 1994 ("the Act") requires governing bodies of universities to take such steps as are reasonably practicable to secure that any students' union operates in a fair and democratic manner and is accountable for its finances. The Act requires universities to prepare and issue a Code of Practice setting out the manner in which the requirements of the Act will be carried out.

20.2.2 This Code of Practice has been prepared to satisfy the requirements stated above. It has been approved by Council which, as the University's governing body, has overall responsibility for monitoring adherence to the Code.

20.2.3 This Code of Practice should be considered alongside the ICU and Imperial Partnership Agreement, which sets out the management and operational relationship between the two organisations.

20.3 Education Act 1994 Code of Practice

20.3.1 This section sets out how the University Council requires the Union to comply with relevant sections of the Education Act 1994.

Education Act 1994 Requirement	Response & Responsibilities
22 (1) The governing body of every establishment to which the part applies shall take such steps as are reasonably practicable to secure that any students' union for students at the establishment operates in a fair and democratic manner and is accountable for its finances.	The University Council is the governing body of Imperial. It approves ICU's Articles and approves this Code of Practice. In addition to this, as a registered charity the ICU Trustee Board is legally required to ensure the organisation is fit for purpose and accountable for its finances.
(2) The governing body shall in particular take such steps as are reasonably practicable to secure that the following requirements are observed by or in relation to any students' union for students at the establishment — (a) the union should have a written constitution;	University Council ensures that ICU has a written constitution and receives an annual report from the Trustees on its activities. The ICU Trustee Board shall ensure that the constitution is up to date and publicly available on the students' union website.
(b) the provisions of the constitution should be subject to the approval of the governing body and to review by that body at intervals of not more than five years;	The constitution was most recently approved by University Council in 2018. The next quinquennial review / approval by University Council will take place no later than July 2028. The University Secretary is responsible for ensuring ICU is aware of the date by which the review is due. The University Secretary will agree a review timetable to ensure such review accommodates meeting dates of both the University Council and ICU Trustee Board. The ICU Trustee Board is responsible for implementing the review and ensuring approval by University Council and any other body required to give approval. No change to the Articles proposed by ICU at any time shall be effective until approved by the University Council.

(c) a student should have the right— (i) not to be a member of the union, or (ii) in the case of a representative body which is not an association, to signify that he does not wish to be represented by it, and students who exercise that right should not be unfairly disadvantaged, with regard to the provision of services or otherwise, by reason of their having done so;	The constitution shall contain a clear provision for students to opt out of membership of the Union. This is currently provided for as Section E of the Articles. The ICU Trustee Board shall ensure that other services (other than democratic participation) are available to students irrespective of whether they have opted out of membership of the Union.
(d) appointment to major union offices should be by election in a secret ballot in which all members are entitled to vote;	University Council ensures that the ICU Constitution clearly sets out the procedures for the operation of free and fair elections, which will be by secret ballot. In addition to this, each year the ICU Trustee Board shall agree a formal set of election rules and regulations and appoint an External Returning Officer / Deputy Returning Officer.
(e) the governing body should satisfy themselves that the elections are fairly and properly conducted;	The ICU Trustee Board shall receive an annual report from the External Returning Officer on the elections, confirming their view that they have been fairly and properly conducted. A report / statement regarding the elections shall be included in the annual report provided by the Union to University Council.
(f) a person should not hold sabbatical union office, or paid elected union office, for more than two years in total at the establishment;	The ICU Trustee Board shall hold a list of all students elected into paid office at Imperial, to ensure that no candidate can hold office for more than two years.
(g) The financial affairs of the union should be properly conducted, and appropriate arrangements should exist for the approval of the union's budget, and the monitoring of its expenditure, by the governing body	The ICU Trustee Board shall be responsible for ensuring the effective financial management of the Union. The Union shall share its annual budget with University office holders as part of the planning and budgeting process. ICU shall submit its annual audited accounts to the University's Audit and Risk Committee. The Union shall take part in the University's internal audit scheme, overseen by the University's Audit and Risk Committee.
(h) Financial reports of the union should be published annually or more frequently, and should be made available to the governing body and to all students, and each such report should contain, in particular; a list of	The ICU Trustee Board shall ensure that the ICU annual accounts are published at least once in each academic year on both the Charity Commission and ICU websites. Such accounts shall contain details of donations made to external organisations.

the external organisations to which the union has made donations in the period to which the report relates and details of those donations	
(i) The procedure for allocating resources to groups or clubs should be fair and should be set down in writing and freely accessible to all students	The ICU Trustee Board shall set an annual allocation as part of its overall budget for grants to groups and clubs. The ICU Trustee Board, in conjunction with Union Council, shall agree all policy principles behind the allocation of funding. This shall be published on the Union's website.
If the union decide to affiliate to an external organisation, it should publish notice of its decision stating: the name of the organisation, and details of any subscription or similar fee paid or proposed to be paid, and of any donation made or proposed to be made, to the organisation, and any such notice should be made available to the governing body and to all students.	The Union's Constitution shall establish the process for approving external affiliation. This is currently provided for as Section G of the Articles.
(k) Where the union is affiliated to any external organisations, a report should be published annually or more frequently containing a list of the external organisations to which the union is currently affiliated, and details of subscriptions to similar fees paid, or donations made, to such organisations in the past year or since the last report, and such reports should be made available to the governing body and to all students.	A list of the external organisations to which ICU is affiliated shall be included in the annual report received by University Council. The ICU Trustee Board shall ensure that the ICU annual accounts are published at least once in each academic year on both the Charity Commission and ICU websites. Such accounts shall contain details of external affiliations.
(l) There should be procedures for the review of affiliations to external organisations, under which the current list of affiliations is submitted for approval by members annually or more frequently, and at such intervals of not more than a year as the governing body may determine, a requisition may be made by such proportion of members (not exceeding 5%) as the governing body may determine, that the question of continued affiliation to any particular organisation be decided upon by a secret ballot in which all members are entitled to vote.	The Union's constitution shall establish the process for approving external affiliation. This is currently provided for as Section G of the Articles.

(m) There should be a complaints procedure available to all students who are dissatisfied in their dealings with the union, or claim to be unfairly disadvantaged by reason of their having exercised the right referred to in paragraph (c) above, which should include provision of an independent person appointed by the governing body to investigate and report on complaints.	The ICU Trustee Board shall ensure the Union's byelaws includes a provision for a complaints procedure for members, which includes the right for students to pursue the matter with the University. This is currently provided for as Section G of the Byelaws.
(n) Complaints should be dealt with promptly and fairly and where a complaint is upheld there should be an effective remedy.	The Trustee Board shall ensure that the Complaints Process is supported by an operational policy and procedure to ensure it operates effectively, including remedy.
22(3) The governing body of every establishment to which this Part applies shall for the purposes of this section prepare and issue, and when necessary revise, a code of practice as to the manner in which the requirements set out above are to be carried into effect in relation to any students' union for students at the establishment, setting out in relation to each of the requirements details of the arrangements made to secure its observance.	The University Secretary is responsible for ensuring that this Code of Practice is accurate, implemented, published and reviewed, and that University Council continues to fulfil its responsibilities for oversight of ICU under the Education Act 1994
22(4) The governing body of every establishment to which this Part applies shall as regards any students' union for students at the establishment bring to the attention of all students, at least once a year— the code of practice currently in force under subsection (3), any restrictions imposed on the activities of the union by the law relating to charities, and where the establishment is one to which section 43 of the M1Education (No.2) Act 1986 applies (freedom of speech in universities and colleges), the provisions of that section, and of any code of practice issued under it, relevant to the activities or conduct of the union	This Code of Practice is approved by University Council and agreed with the ICU Trustee Board. It shall be published by both Imperial and ICU, normally via their websites. The University shall be responsible for ensuring this Code of Practice is brought to the attention of all students during enrolment. ICU shall make all students publicly aware of their charitable status and inform them of legislation and restrictions imposed up on them as a consequence of its charitable status. The University has a Freedom of Speech Policy which is published on the University website.

22(5) The governing body of the establishment to which this Part applies shall bring to the attention of all students, at least once a year, and shall include in any information which is generally made available to persons considering whether to become students at the establishment; (a) Information as to the right referred to in subsection (2)(c)(i) and (ii), and (b) Details of any arrangements it has made for services of a kind which a students' union at the establishment provides for its members to be provided for students who are not members of the union.	Information about opting out of full membership of ICU shall be brought to the attention of students during enrolment. This is the responsibility of the University.
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NB. Clauses 6 – 9 of Section 22 of the Education Act 1994 are definitional and do not require any action on behalf of the University or Students' Union.

21. RESEARCH MISCONDUCT POLICY AND PROCEDURES

PREAMBLE

- 21.1 This Regulation constitutes the University's policy on, and procedures for the investigation of, allegations of research misconduct. It satisfies the requirements of the Research Councils, Charities and others who fund research at Imperial, and demonstrates that the University has proper mechanisms for the management of allegations of research fraud or misconduct. It also meets the University's commitments under the UK Concordat to Support Research Integrity ("the UK Concordat") and is consistent with the procedures for the investigation of misconduct in research set out by the UK Research Integrity Office and UKCDR guidance on safeguarding responsibilities in research.
- 21.2 Imperial College London is a signatory to the UK Concordat and is committed to maintaining the highest standards of rigor and integrity in all aspects of research. It expects that all researchers will conduct their research according to these standards in the interests of maintaining public trust and transparency. To this end the University provides training and guidance on research integrity for all researchers. Imperial College London also adheres to the Russell Group Statement of Cooperation of May 2018 in respect of cross-institutional research misconduct allegations (Annex 2). The University is committed to using transparent, timely, robust and fair processes to deal with allegations of research misconduct when they arise.
- 21.3 This Procedure applies to any person conducting research at the University or under the University's auspices, whether solely or in conjunction with others, or in conjunction with other bodies, including but not limited to:
- a. members of staff;
 - b. research students;
 - c. independent contractors or consultants;
 - d. persons with visiting or emeritus status; and
 - e. members of staff holding joint clinical or honorary contracts.
- 21.4 This Procedure will apply to research students who are registered for an MPhil by research, a DPhil or a Professional Doctorate, but not normally to undergraduate, taught postgraduates and other types of students.

POLICY ON RESEARCH MISCONDUCT

- 21.5 Imperial College London considers any allegation of research misconduct to be a matter of great concern and will investigate any such allegation fully. Given its international reputation and status, the University has a responsibility to the research community and to the public at large and therefore, where appropriate, will make public the outcome of any such investigation. The University will also inform other relevant bodies, including research funders, journals, institutional partners, and other interested third parties, of the outcome of its investigations when it is appropriate to do so.

DEFINITIONS

- 21.6 Imperial College London has adopted the definitions of research misconduct set out in the UK Concordat. These definitions give indicative descriptions of the types of activity covered by this Ordinance and are neither exclusive nor exhaustive. Interpretation of these terms will involve judgements, which will be guided by previous experience and decisions made on matters of misconduct in research.

- 21.7 **Questionable research practices (QRPs):** QRPs refer to minor infractions or research practices, including avoidable errors, which fall short of the definition of intentional research misconduct. They may arise due to a lack of knowledge or attention to detail, negligence, or deliberate action, and may occur where there is no evident intention to deceive.
- 21.8 **Research misconduct:** Research misconduct may be characterised as behaviours or actions that fall short of the standards of ethics, research and scholarship required to ensure that the integrity of research is upheld. It can cause harm to people and the environment, wastes resources, undermines the research record and damages the credibility of research. Research misconduct can take many forms, including:
- 21.8.1 **fabrication:** making up results, other outputs (for example, artefacts) or aspects of research, including documentation and participant consent, and presenting and/or recording them as if they were real.
- 21.8.2 **falsification:** inappropriately manipulating and/or selecting research processes, materials, equipment, data, imagery and/or consents.
- 21.8.3 **plagiarism:** using other people's ideas, intellectual property or work (written or otherwise) without acknowledgement or permission.
- 21.8.4 **failure to meet:** legal, ethical and professional obligations, for example:
- not observing legal, ethical and other requirements for human research participants, animal subjects, or human organs or tissue used in research, or for the protection of the environment.
 - breach of duty of care for humans involved in research whether deliberately, recklessly or by gross negligence, including failure to obtain appropriate informed consent.
 - misuse of personal data, including inappropriate disclosures of the identity of research participants and other breaches of confidentiality.
 - improper conduct in peer review of research proposals, results or manuscripts submitted for publication. This includes failure to disclose conflicts of interest; inadequate disclosure of clearly limited competence.
 - misappropriation of the content of material; and breach of confidentiality or abuse of material provided in confidence for the purposes of peer review.
- 21.8.5 **misrepresentation of:**
- data, including suppression of relevant results/data or knowingly, recklessly or by gross negligence presenting a flawed interpretation of data.
 - involvement, including inappropriate claims to authorship or attribution of work and denial of authorship/attribution to persons who have made an appropriate contribution.
 - interests, including failure to declare competing interests of researchers or funders of a study.
 - qualifications, experience and/or credentials
 - publication history, through undisclosed duplication of publication, including undisclosed duplicate submission of manuscripts for publication.
- 21.8.6 **improper dealing with allegations of misconduct:** failing to address possible infringements, such as attempts to cover up misconduct and reprisals against whistle-blowers, or failing to adhere appropriately to agreed procedures in the investigation of alleged research misconduct accepted as a condition of funding. Improper dealing with allegations of misconduct includes the inappropriate censoring of parties through the use of legal instruments, such as non-disclosure agreements.
- 21.9 It may sometimes be difficult to tell the difference between questionable research practices and research misconduct, and this will often need to be determined through an investigation. Improving the understanding and management of questionable

research practices, and the handling of allegations of research misconduct, are necessary to safeguard the quality and integrity of the University's research.

- 21.10 The standard of proof used by investigations under this procedure is that of "on the balance of probabilities". This means that the activity was more likely than not to have occurred. The University recognises that honest errors and differences in, for example, research methodology or interpretations, do not constitute research misconduct and that minor infractions, including honest errors, particularly by less experienced researchers or where there is no evident intention to deceive, may more appropriately be addressed informally through mentoring, education and guidance. Consequently, the basis for reaching a conclusion that an individual is responsible for research misconduct relies on a judgement that there was an intention to commit the misconduct and/or recklessness or gross negligence in the conduct of any aspect of a research project. Where allegations concern an intentional and/or reckless or negligent departure from accepted procedures in the conduct of research that may not fall directly within the terms detailed above, a judgement will be made by the Research Misconduct Response Group as to whether the matter should be investigated using this Procedure. The standards by which allegations of misconduct in research are judged will be those prevailing in the country in question and at the date that the behaviour under investigation took place.
- 21.11 In addition to research misconduct and questionable research practices, these procedures will also apply to cases of conflicts of interest where these lead to research misconduct, and to the investigation of safeguarding complaints raised in a research context.

PROCEDURES FOR THE INVESTIGATION OF ALLEGATIONS OF RESEARCH MISCONDUCT

GENERAL PRINCIPLES

- 21.12 Allegations of research misconduct may be brought to the attention of the University internally or externally by an individual or by an organisation. Whatever the source of the allegation, the University will endeavour to ensure that justice is done, and also is seen to be done, to both the complaining and the respondent parties. Bona fide complaints are to be pursued with integrity and confidentiality, and every attempt is to be made to ensure that the investigation proceeds without detriment to either the complainant or the respondent.
- 21.13 Staff and students are entitled to expect that their research work will be regarded as being honest, unless and until shown to be otherwise, and that they will be protected against ill-founded, frivolous, mischievous or malicious complaints; this principle will underpin the university's procedures. The University will also take concerns seriously and provide support for complainants who may have been exploited, abused or harmed as a result of unacceptable research conduct.
- 21.14 The respondent has the right to be accompanied or represented by a colleague or a trade union representative at any meeting held as part of the investigation process. Internal complainants may also be accompanied by a colleague at any meeting held as part of the investigation process.
- 21.15 The University will ensure that, as far as possible, the proceedings of any investigation are treated as confidential. However, there may be occasions when a balance has to be struck between the need for confidentiality and the requirement to carry out a full and fair investigation. Where these principles and standards are in conflict, the need to carry out a thorough investigation must prevail.

- 21.16 In cases involving allegations of criminal activity or abuse, the University will notify the police and/or Local Authority Designated Officers prior to commencing any investigation. Investigations are to be carried out in as timely a manner as possible, but always with the aim of carrying out a thorough, transparent and fair investigation of the allegations. Where allegations concern cross-institutional research misconduct, including cases where individuals are employed by more than one institution, the University will endeavour to work with the other institution(s) involved in the research to agree how best to investigate the allegations so as to provide an efficient and effective conclusion of the matter. In those cases where the University takes the lead in investigating an allegation, it will provide regular reports on progress with the investigation to the other interested parties. Where another institution takes the lead in investigating an allegation, the University will similarly expect to be kept informed of all developments, findings and conclusions at a minimum.
- 21.17 Where an individual against whom a complaint has been made resigns from, or otherwise leaves, the University, the complaint will still be investigated and, as far as possible, a conclusion reached, according to the procedures laid down below.
- 21.18 This Procedure is not intended to form any part of the University's disciplinary processes for staff or students, but is rather intended to provide for the full and fair investigation of research-related issues so that a conclusion can be reached on the balance of probabilities on the truth of any allegations prior to the consideration of any disciplinary or other non-disciplinary steps that might be required or recommended following the conclusion of an investigation. However, the University's mission is to maintain the highest standards of research integrity and adherence to this is an implied condition of service for its staff and of registration and enrolment for its students; consequently, appropriate action will be taken against any staff or students who are found to have committed, or who have admitted to, research misconduct. Research misconduct committed by staff members is a serious disciplinary offence and disciplinary sanctions can range from a formal warning to dismissal for gross misconduct. For students, penalties may include resubmission of work, suspension from the University for a period of time, or expulsion from the University, and in the case of former students, revocation of a degree or other award.
- 21.19 Where an allegation is upheld the University will take such steps as may be necessary to correct the public research record, and may also inform other relevant bodies, including research funders, journals, institutional partners, and other interested third parties, of the outcome of its investigations.
- 21.20 Frivolous, mischievous or malicious accusations of misconduct made by members of the university's staff and/or students will also constitute a disciplinary offence.
- 21.21 Where an allegation is dismissed, the University will take reasonable steps to ensure that the reputation of the researcher involved is preserved. Where an allegation has received publicity, the University will offer to release an official statement to the media which has been agreed with the researcher concerned.
- 21.22 Similarly, where an allegation which has been dismissed was made in good faith, the University will take all necessary steps to protect the position of the complainant.
- 21.23 The University may at any stage seek legal or other professional advice on any aspect of the proceedings.
- 21.24 A record of all documentation relating to an allegation of research misconduct, whether substantiated or frivolous, is to be kept by the Research Integrity Office. Such records are to be stored separately from an employee's personnel file or a student's

record; a note will be placed on the relevant file or record stating that the Research Integrity Office should be contacted for further details about the case.

ALLEGATIONS

- 21.25 Allegations of potential research misconduct may be made in writing to researchintegrity@imperial.ac.uk. or to the Vice-Provost (Research and Enterprise), the Registrar and University Secretary or the Director of Research Integrity Investigations. Complainants submitting an allegation should provide as much detail about the allegation as possible in writing together with any evidence in support of their allegation. Staff or students concerned about issues of potential research misconduct may also raise their concerns or seek advice about their concerns using the same email address. Any member of staff or student of the University, who receives or is made aware of any allegation of research misconduct, either by another member of staff or a student, or by an external person or organisation, should ensure that the complaint is submitted using this email address or to one of the named officers above. All allegations submitted in this manner will be acknowledged and considered in accordance with these procedures.
- 21.26 Allegations that are made anonymously or where there is no specific complainant will only be considered at the discretion of the University's Research Misconduct Response Group (RMRG), taking into account the seriousness of the concerns raised, the likelihood of confirming the concerns from alternative and credible sources/ evidence, and the need to ensure a fair process for the respondent.

PRE-SCREENING STAGE

- 21.27 However an allegation is made, formal notification of the allegation will be submitted in confidence to the RMRG for consideration.
- 21.28 For the purposes of this Procedure the RMRG consists of the following individuals: the Registrar and University Secretary, who acts as the Group's Chair; the Vice Provost (Research and Enterprise); the Director of the Research Office; and the Chief People Officer. For allegations involving students, the Vice Provost (Education and Student Experience) will be invited to join the RMRG. For safeguarding complaints, the Director of Safeguarding will be invited to join. With the agreement of the Chair, the RMRG may also be augmented by other members as appropriate. The Director of Research Integrity Investigations acts as secretary to the RMRG.
- 21.29 The Chair of the RMRG should, as soon as possible (and with the aim of normally acting within five working days), convene a meeting of the RMRG, or correspond with members, to decide on the initial response. If the incident concerns or implicates any other member of the RMRG, the Registrar and University Secretary will appoint a suitable substitute. If the incident concerns or implicates the Registrar and University Secretary, the Provost will appoint an appropriate substitute to act as Chair.
- 21.30 The RMRG will review the allegation to determine whether it falls within the definition of questionable research practices or research misconduct given in paragraphs 7 – 10 above, and if so, whether it should be investigated under the terms of this procedure.
- 21.31 As part of its consideration, the RMRG will also determine whether the allegation concerns research conducted primarily at the university, or if it concerns cross-institutional research. Where the allegation concerns cross-institutional research, the University will inform the other 'partner' institution(s) and will agree with them how the allegation should be progressed, and which party would be more appropriate to lead

the investigation. As part of this process, the University and the other 'partner' institution(s) will agree respective points of contact, timescales and additional responsibilities in accordance with the Russell Group Statement of Cooperation in respect of cross-institutional research misconduct allegations. For safeguarding allegations, the Director of Safeguarding will be the liaison point with the Local Authority Designated Officer in line with statutory responsibilities.

- 21.32 If the allegation concerns a member of staff with a clinical contract with an NHS Trust, or a member of NHS staff with an Honorary position at the University, or if the allegation involves patient care issues, the RMRG will liaise with the Medical Director of the relevant NHS Trust to agree how the allegation should be progressed, and which party would be more appropriate to lead the investigation.
- 21.33 Where the allegations do not fall under the terms of this Procedure the Chair of the RMRG shall notify the complainant of this, the reasons why, which processes might be appropriate for dealing with the allegation and ascertain how the complainant may wish to proceed. In accordance with University policy, any complaints of harassment or bullying should be referred for consideration under the University's Report and Support procedure.
- 21.34 Allegations or concerns should be raised with the University as soon as possible after the complainant becomes aware of the substantive incident which has given rise to the complaint. However, the University recognises that in some cases allegations may be raised in relation to historical incidents or research that was carried out or published many years ago. Although the RMRG considers all cases on their individual merits, in such cases the RMRG will have to balance the University's responsibility to ensure that research carried out at the University meets the required standards and to correct the public research record, with the likelihood of finding sufficient evidence to establish the truth of a matter if a significant amount of time has passed since the research was conducted.
- 21.35 Where an allegation is made about a student's conduct which would constitute an offence under the University's Academic Regulations and/or its Academic Misconduct or Student Disciplinary Procedures, the Vice Provost (Education and Student Experience) and the Chair of the RMRG will decide if it would be more appropriate to refer the case to the Academic Registrar for consideration in accordance with those procedures.
- 21.36 The RMRG will consider whether the nature of the allegations is such that immediate preventative action is necessary, normally (but not exclusively) to prevent any potential harm to individuals, animals or property as well as potential contraventions of the law or safety requirements. In such cases the Chair of the RMRG will ensure that appropriate action is taken.
- 21.37 Where the allegations fall within the definition of questionable research practices or research misconduct the RMRG will decide on the action to be taken. This will normally involve progressing the matter to a Screening Investigation. The Chair of the RMRG will confidentially inform other senior members of staff as appropriate, of the identities of the respondent and complainant, details of funding sources, research collaborators and any other appropriate details.
- 21.38 The RMRG will also consider whether the nature of the allegations necessitates the notification of any external organisations, such as legal or regulatory authorities, at this stage. The Chair of the RMRG will then notify those bodies and be responsible for any further liaison required. The investigation process may be amended if the Police or Local Authority Designated Officer determines that further action by the University could be prejudicial to any criminal investigation or if there is a risk of harm to an

individual.

21.39 The RMRG will work with Research Office staff to identify any potential contractual issues around the Respondent's work, including any obligations on Imperial's part to notify any sponsors, funding organisations, collaborators or other third parties of the allegations.

21.40 When notifying anyone of the allegations or investigation at this stage the Chair of the RMRG shall be mindful of the respondent's and complainant's rights and of the integrity of the investigation, and shall always emphasise that the allegation is unproven, is still to be investigated and that information about the allegation and investigation is confidential.

SCREENING INVESTIGATION

21.41 Where the allegation is to be progressed to Screening Investigation stage the Chair of the RMRG will bring the allegation to the attention of the appropriate Head of Faculty/ Department/ Centre or other unit ("Head") and invite them to arrange for a screening investigation to take place.

21.42 The Head will have the option of investigating the allegation themselves, or of appointing an independent and appropriately qualified nominee to act as the Investigating Officer, taking into account the interests of both the complainant and the respondent.

21.43 If the complainant does not wish to bring the matter to the Head of Faculty/ Department/ Centre or other unit for any reason, then the RMRG will determine who should be appointed as the Investigating Officer to conduct the Screening Investigation.

21.44 Similarly, if the Chair of the RMRG considers it is not appropriate to bring the matter to the attention of the Head for any reason, then the RMRG will determine who should be appointed as the Investigating Officer to conduct the Screening Investigation.

21.45 Where an allegation of research misconduct is made against a Head of Faculty/ Department/ Centre or other unit, the Chair of the RMRG will report the matter directly to the Provost. If a complaint is made against the Provost, the complaint is to be referred to the President. If the complaint is made against the President, the complaint is to be referred to the Chair of Council.

21.46 All parties must inform the Chair of the RMRG immediately of anything that might constitute a conflict of interest concerning any aspect of the allegations, the investigation, the people involved or the research area itself.

21.47 The screening investigation should normally be completed within three months of the initial complaint provided this does not compromise the principles set out in this procedure and is consistent with the need to carry out a thorough and fair investigation. This indicative timetable may be reduced in cases where there is a risk of harm. The RMRG should be kept informed of any delays in completing this stage of the investigation.

21.48 As part of the investigation, the Investigating Officer will interview both the person making the allegation and the respondent, as well as any other persons who may be regarded as witnesses, and will consider other relevant evidence before reaching a decision on the case. A record of all evidence, including interviews with the Respondent, Complainant, and other relevant members of staff, will be maintained.

- 21.49 At the conclusion of the Screening Investigation the Investigating Officer will decide upon the balance of probabilities whether the allegation of misconduct in research is sufficiently serious and has sufficient substance to warrant a Full Investigation of the complaint or if it can be dismissed or resolved informally.
- 21.50 For safeguarding complaints, the potential outcomes are that the complaint is: a) substantiated, b) malicious, c) false, d) unsubstantiated or e) unfounded. Consequently, in the case of safeguarding complaints the Screening Investigation must determine if there is sufficient evidence to determine whether, on the balance of probabilities, the allegation has sufficient substance to suggest it may be substantiated, in which case it should be referred for full investigation. Where the investigation has established that the allegations are malicious, false, unsubstantiated or unfounded the case should be dismissed. Advice on the potential outcome of safeguarding investigations should be sought from the Director of Safeguarding.
- 21.51 At the conclusion of the Screening Investigation the Investigating Officer will provide the RMRG with a draft Report of their investigation setting out their conclusions and recommendations and the reasons for these. The RMRG will review these and may propose such revisions to the Report as it sees fit in the interests of ensuring that similar cases and offences are treated consistently across the University. Following this review by the RMRG, the Investigating Officer will finalise the Report of their investigation and present this to the RMRG.
- 21.52 In cases involving cross-institutional research misconduct allegations where Imperial College London is leading the investigation, the University will inform the 'partner' institution(s), of the outcome of the Screening Investigation.

CASE DISMISSED

- 21.53 Where the Investigating Officer has determined that the allegation is unfounded either because it is mistaken or is frivolous or is otherwise without substance, or because it is vexatious or malicious, it will be dismissed.

QUESTIONABLE RESEARCH PRACTICES AND INFORMAL RESOLUTION

- 21.54 Where the Investigating Officer has found that the allegations have some substance but has judged that they are minor in nature, relate to questionable research practices rather than misconduct or are the result of honest errors, or where there is no evidence of an intention to deceive or of recklessness, then the allegation may be dealt with through informal resolution. Such cases may be resolved by the provision of appropriate training and guidance and in some cases a period of enhanced supervision for the respondent, devised by the Head and agreed by the respondent's line manager or supervisor. It is recognised that genuine mistakes in the preparation, presentation or interpretation of data can be made, and these cases should be distinguished from serious or intentional misconduct.
- 21.55 The Investigating Officer may also make recommendations regarding any further action(s) that should be taken by the University and/or the respondent to address any issues uncovered during the investigation. This may include recommendations to correct errors in published papers, to correct the research record, and/or address any other matters uncovered during the investigation.
- 21.56 Where the investigation has found evidence of other forms of misconduct, appropriate action will be taken. If the allegation involves a member of staff and potentially

contravenes the University's disciplinary procedures, the case will be referred to the People Function for consideration under those procedures. If the allegation involves a student and contravenes the student discipline or academic misconduct procedures, the case will be referred to the Academic Registrar for consideration under those Procedures. Otherwise, referral for disciplinary action should be considered only at the conclusion of the Research Misconduct procedure.

FULL INVESTIGATION

- 21.57 If the Investigating Officer finds that the allegation of misconduct in research is sufficiently serious and has sufficient substance to warrant further investigation, the case should be referred for Full Investigation by an Investigation Panel. The Investigating Officer is not at this stage required to determine whether research misconduct has actually occurred. Where the Respondent admits the allegation of research misconduct during the Screening Stage Investigation, the investigation process may be discontinued at that point, and the case referred for disciplinary action without the need for a further investigation.
- 21.58 Once a case for Full Investigation has been established the RMRG will consider whether any regulatory or other bodies, including research funders, journals, institutional partners, the GMC and or any other interested third parties, should be informed of the University's findings at this stage. The Chair of the RMRG will inform other senior members of staff as appropriate of the recommendations agreed by the RMRG.
- 21.59 Where the allegation is to be investigated by the University, a Full Investigation Panel will be convened. The Panel shall consist of a University Consul of the relevant Faculty, one other member of the academic staff from the University and must also include at least one external member (usually a member of academic staff from another university with suitable and relevant expertise). Panel members will be familiar with the Panel's Terms of Reference, the Research Misconduct Procedure, and have appropriate experience/ expertise and declare any potential conflicts of interest. They must not sit on any Disciplinary Panel or similarly be charged with dealing with any matters arising from the investigation.
- 21.60 The Panel shall review and assess the evidence provided and any additional information they require. The work of the Panel will include:
- 21.60.1 determination of whether the allegation is made in good faith;
 - 21.60.2 a confidential review and assessment of the evidence provided; reaching a conclusion on the allegation(s) in line with the following possible outcomes:
 - a. That the allegation is upheld in full;
 - b. That the allegation is upheld in part;
 - c. That the allegation has some substance but due to its relatively minor nature or because it relates to questionable research practice rather than to misconduct, may be addressed through informal resolution;
 - d. is unfounded and may be dismissed.
- 21.61 The Panel may also make recommendations regarding any further action(s) which should be taken by the University and/or other bodies to address any misconduct the Full Investigation may have found; correct the research record, and/or address any other matters uncovered during the investigation.
- 21.62 The Investigation Panel will be convened to meet as soon as is practicable following the decision that a Full Investigation should be conducted. The Full Investigation should normally be completed within three months of the decision to refer a case for

full investigation provided this does not compromise the principles set out in this procedure and is consistent with the need to carry out a thorough and fair investigation. The RMRG should be kept informed of any delays in completing this stage of the investigation.

21.63 The Panel will reach a conclusion on whether the allegations of research misconduct are upheld, based on the balance of probabilities. The Panel should aim to reach a unanimous decision, failing which a majority decision will be acceptable. Where the Respondent admits to the allegation of research misconduct during the investigation, the investigation process may be discontinued or modified at that point.

21.64 At the completion of the investigation the Panel will provide a Report and recommendations to the RMRG for consideration. The Report should summarise the conduct of the investigation, confirm whether the allegations are upheld or upheld in part, or can be resolved through informal resolution or should be dismissed. The Report should also set out any findings related to any other matters for investigation and any issues it considers the University (and/ or partners) should address. The RMRG will review the recommendations and may propose such revisions to the recommendations as it sees fit in the interests of ensuring that similar cases and offences are treated consistently across the University. Any further incidents of potential research misconduct discovered during the investigation which might warrant separate investigation should also be reported at this stage.

21.65 Once the Panel's Report has been finalised, the Chair of the RMRG will inform other senior members of staff as appropriate of the outcome of the investigation and recommendations and will forward a copy of the final report to the Complainant and the Respondent.

21.66 In cases involving cross-institutional research misconduct allegations where the University is leading the investigation, the University will inform the 'partner' institution(s), of the outcome of the Full Investigation.

21.67 Where an allegation against a staff member is upheld, the case should be reported to the Council.

21.68 Where an allegation against a member of staff or a student is upheld and all investigations have been exhausted, in addition to any normal disciplinary consequences, the RMRG, may also recommend further action including but not limited to:

21.68.1 Informing the editors of all journals in which the Respondent has published articles, the status of such articles depending on the outcome of the investigation and, where appropriate, providing notices of retraction or confirmation;

21.68.2 Where appropriate, in the case of a clinically qualified individual, informing the Medical Director of the relevant NHS Trust, the General Medical Council and/or other interested bodies;

21.68.3 Where the Respondent is supported by outside funds, informing the sponsoring organisation;

21.68.4 Informing other interested third parties, such as institutions where the Respondent was previously employed or is soon to be employed. In cases where the Respondent is a student, the University may also inform institutions the student has applied to for further study or employment. Any future references provided by the University for the Respondent may refer to the finding of intentional research misconduct.

21.69 Where the Panel finds that the allegation is not proven and is of a frivolous, mischievous or malicious nature, its findings are to be reported to the Chief People

Officer or to the Vice Provost (Education and Student Experience) for consideration as to whether it is appropriate to take action against the Complainant under the normal disciplinary procedures (where the Complainant is a member of the University).

21.70 Allegations that have been made in good faith on the basis of genuine concern about the legitimacy and integrity of the University's research will not result in disciplinary action against the Complainant.

21.71 On the conclusion of the investigation, a closure meeting should be held by the RMRG to document lessons learned.

APPEALS

21.72 A Complainant or Respondent has a right of appeal against the final outcome of the research misconduct investigation process on the following grounds:

21.72.1 That there was a procedural irregularity in the conduct of the research misconduct procedure that could have had a material impact on the outcome; or

21.72.2 That there is relevant new evidence which could not reasonably have been presented during either the Screening Investigation stage or the Full Investigation and which is likely to have had a material impact on the outcome; or

21.72.3 That there was evidence of bias or unfairness in the process or decisions taken by the RMRG, Investigating Officer and/or the Full Investigation Panel; or

21.72.4 That the recommendations for further action are excessive in the circumstances of the case.

21.73 An application, including a statement of the grounds on which the application is made, must be submitted to the Provost in writing within ten working days of the date on which the written notification of the decision was provided to the Complainant or Respondent. The written notice of appeal must set out the grounds of appeal, and be accompanied, wherever possible, by supporting documentation. An application received after the time stipulated above will be considered only where the Appellant is able to demonstrate good reason for being unable to meet the deadline.

21.74 An initial evaluation of the application will be made by the Provost within five working days to determine if the grounds for appeal are met. The Appellant will be advised in writing of the decision on whether leave to appeal is granted within ten days of the application being received by the Provost.

21.75 If the Appellant has established valid grounds for an appeal, an Appeals Panel will be convened by the Provost as soon as is practicable to consider the appeal. The Appeals Panel will consist of two members of the University and one external member none of whom have previously been involved in the case.

21.76 Any appeal should normally be heard within two months of the outcome of the investigation. The Appeals Panel will have the authority to uphold, set aside, or amend the decisions and recommendations made by the Investigating Officer or the Full Investigation Panel. If the Appeals Panel decides to set aside the original findings, the case may be referred back for reconsideration by the original or by a newly appointed Investigating Officer or Investigation Panel. The Appeals Panel alternatively may substitute a finding that the allegations are not upheld and that the Appellant is therefore cleared of the allegation.

21.77 Where the Appeals Panel upholds or amends the decisions and recommendations of

the Investigating Officer or the Full Investigation Panel, or decides that the allegations are not upheld, the decision of the Appeals Panel shall be final and there shall be no further opportunity for appeal against that decision within the University.

REPORTING

21.78 The RMRG will provide an annual report on research misconduct for the University's Risk, Ethics and Compliance Committee and the Research Committee, summarising the cases considered during the year, including any lessons learned. A high-level statement on the cases that have been referred for full investigations should also be reported to the Council as part of the University's annual Research Integrity Report, a copy of which will also be published on the University website.

RECORDING ALLEGATIONS OF RESEARCH MISCONDUCT

21.79 The RMRG will maintain a register of all Research Misconduct cases. The Register is to include the following information:

- a. The file reference number
- b. The type of allegation made;
- c. The CID number, grade [or status] and Department of the Respondent;
- d. The name of the other institutions involved in cross-institutional research misconduct investigations;
- e. The name of any Funder;
- f. The outcome of the Investigation.

Appendix

TERMS OF REFERENCE FOR THE SCREENING STAGE INVESTIGATOR (“INVESTIGATING OFFICER”)

1. The Screening Stage Investigator (“Investigating Officer”) will determine whether the allegation of misconduct should be referred for Full Investigation or if it can be dismissed or resolved informally. They will have considered that the allegations:
 - a. Constitute research activity where the University has primary responsibility.
 - b. Involve a Respondent where the University is the primary employer or for whom it has primary responsibility.
 - c. Do not encompass breaches of the law or under those areas in the domain of the relevant regulatory authority.
 - d. Do not encompass breaches of the University’s regulations or procedures which should be dealt with under the relevant disciplinary procedures.
 - e. Are not mistaken, frivolous, vexatious or malicious.
2. At the conclusion of the Screening Investigation the Investigating Officer will determine whether the allegation of misconduct in research:
 - a. is sufficiently serious and has sufficient substance to warrant a Full Investigation of the complaint;
 - b. has some substance but due to its relatively minor nature or because it relates to questionable research practices rather than to misconduct, may be addressed through education and training or another non-disciplinary approach, such as mediation, rather than through the next stage of the Procedure or other formal processes;
 - c. is unfounded, because it is mistaken or is frivolous or is otherwise without substance, or because it is vexatious and/or malicious, and will be dismissed; or
 - d. warrants referral directly to another formal process of the University, including but not limited to examination regulations, academic misconduct processes or equivalent; bullying/ harassment procedure or equivalent; financial fraud investigation process or equivalent; disciplinary procedure.
3. The Investigating Officer will be either the Head of Faculty/ Department/ Centre or other unit or an independent and appropriately qualified nominee. In certain circumstances it may be more appropriate for the Chair of the RMRG to consult with the Vice Provost (Research) to determine who should investigate the allegation.
4. The Investigating Officer must:
 - a. Maintain a record of evidence sought and received, and conclusions reached
 - b. Conduct an assessment of the evidence including interviewing the Respondent and Complainant and other staff considered relevant to the investigation
 - c. Produce a report within 3 months wherever possible or earlier if there is a risk of harm provided this does not compromise the Principles set out in this procedure and is consistent with the need to carry out a thorough and fair investigation. The report should summarise the conduct of the investigation and set out the Investigating Officer’s conclusions and recommendations. It should also include recommendations in relation to any matters relating to any other misconduct that might have been identified during the investigation.

TERMS OF REFERENCE FOR THE FULL INVESTIGATION PANEL

1. The Full Investigation Panel shall be convened to investigate allegations of research misconduct which the Investigating Officer has deemed to have sufficient substance to warrant a full investigation.
2. The Panel shall consist of a University Consul of the relevant Faculty, two other members of academic staff from the University, and an external member (usually a member of academic staff from another university with suitable and relevant expertise). The Panel may seek specialist advice during the course of the investigation.
3. The Panel shall:
 - a. Receive, review and assess all relevant information obtained during the Screening Investigation and any additional information they require,
 - b. Set a date for the investigation, which shall be conducted as expeditiously as possible and normally completed within three months provided this does not compromise the Principles set out in this procedure and is consistent with the need to carry out a full and fair investigation of the allegations,
 - c. Maintain a record of evidence sought and received, and conclusions reached,
 - d. Conduct an assessment of the evidence,
 - e. Interview the Complainant and Respondent and such other individuals as the Panel consider relevant to the investigation.
 - f. Consider the allegations of misconduct in research and reach a conclusion on whether the allegations under investigation.
 - g. Make recommendations on any subsequent actions which should be taken by the university and/or other relevant bodies.
 - h. Report any further or distinct incidents of Research Misconduct encountered, which warrant separate investigation,
 - i. Aim to reach a unanimous decision, failing which a majority decision will be acceptable.
4. On completion of the investigation the Panel will reach a conclusion, on the balance of probabilities, on whether the allegation of research misconduct is:
 - a. upheld in full or in part.
 - b. has some substance but due to its relatively minor nature or because it relates to questionable research practices rather than to misconduct, may be addressed through the provision of additional education, training or mentoring, or through another non-disciplinary approach.
 - c. is unfounded, because it is mistaken or is frivolous or is otherwise without substance and may be dismissed.
5. The Panel may also make recommendations regarding any further action(s) which should be taken by the University and/or other bodies to address any misconduct the Full Investigation may have found; correct the record of research, and/or address other matters uncovered
6. The Investigation Panel should then produce a final report that:
 - a. Summarises the conduct of the investigation,
 - b. States whether the allegation of misconduct in research has been upheld in whole or in part and makes recommendations on any further action required as a result of its findings, giving the reasons for its decisions and recording any different views;
 - c. For safeguarding investigations, state whether the complaint is substantiated (there is sufficient evidence to prove the allegation), malicious (there is sufficient evidence to disprove the allegation and there has been a deliberate act to deceive), false (there is sufficient evidence to disprove the allegation), unsubstantiated (there is insufficient evidence either to prove or disprove the allegation), or unfounded (there is no evidence or proper basis which supports the allegation being made).
 - d. Makes recommendations in relation to any matters relating to any other misconduct identified during the investigation;

- e. Addresses any procedural matters that the investigation has brought to light within the University and relevant partner organisations or funding bodies.

TERMS OF REFERENCE FOR THE APPEALS PANEL

1. The Appeals Panel shall be convened by the Provost to consider appeals from the Complainant or Respondent which have met at least one of the following grounds for appeal:
 - a. That there was a procedural irregularity in the conduct of the research misconduct procedure that could have had a material impact on the outcome; or
 - b. That there is new material evidence which could not reasonably have been expected to be presented prior to the conclusion of the investigation; or
 - c. That there was evidence of bias or unfairness in the process or decisions taken by the RMRG, Investigating Officer and/or the Full Investigation Panel; or
 - d. That the recommendations for further action are outside the authority of the RMRG, or are otherwise unfair or disproportionate to the findings of the investigation.
2. The Appeals Panel shall consist of two members of academic staff from the University, one of whom will be appointed as the Chair of the Panel, and an external member (usually a member of academic staff from another university with suitable and relevant expertise). No member of the Panel shall have had any involvement in the case prior to the establishment of the Panel. The Appeals Panel has the power to uphold, reverse or modify the outcomes of the Screening or Full Investigation, including any or all of the decisions or recommendations associated with it.
3. The Appeals Panel will not carry out a re-investigation of the allegation(s) in question but will rather review the conduct of the investigation in accordance with the established grounds of appeal cited in the appeal and will consider any evidence submitted in support of the appeal including any new material evidence.
4. The Appeals Panel will decide whether to uphold, set aside, or amend the decisions and recommendations made by the Investigating Officer or the Full Investigation Panel. If the Appeals Panel decides to set aside the original findings, the case may be referred back for reconsideration by the original or by a newly appointed Investigating Officer or Investigation Panel. The Appeals Panel alternatively may substitute a finding that the allegations are not upheld and that the Appellant is therefore cleared of the allegation.
5. Where the Appeals Panel upholds or amends the decisions and recommendations of the Investigating Officer or the Full Investigation Panel, or decides that the allegations are not upheld, the decision of the Appeals Panel shall be final and there shall be no further opportunity for appeal against that decision within the University.
6. The Appeals Panel shall write a report setting out its conclusions, giving the reasons for its decision and recording any differing views and will submit the report to the Provost. The Provost will confirm the Appeals Panel's findings and recommendations to the Complainant, the Respondent and such other persons or bodies as they deem appropriate and will ensure that the conclusions of the Appeals Panel are implemented.