

EDITORIALS

Research misconduct in the UK

Time to act

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Research misconduct can harm patients, distort the evidence base, misdirect research effort, waste funds, and damage public trust in science. Countries all over the developed world are now recognising the need to set up systems to deter, detect, and investigate research misconduct. Why does the United Kingdom have no plans to do the same?

As Aniket Tavare outlines in the linked feature (doi:10.1136/bmj.d8212),¹ high profile cases of misconduct have led the United States, Canada, Sweden, Norway, and Poland, among others, to create formal mechanisms for overseeing research integrity. In most countries responsibility lies with the institutions, but oversight varies greatly, and it is unclear which systems are most effective and efficient. None is perfect—the remit of the US Office of Research Integrity is limited to publicly funded health research; Australia's recently established Research Integrity Committee is already being criticised for lacking teeth. But each system shows that the problem has been acknowledged, that institutions accept primary responsibility, and that governments and funders are seriously committed to tackling misconduct openly and with a range of statutory powers.

In contrast, the UK has no official national body. The UK Research Integrity Office was established in 2006 and has done some useful things. But its function has always been advisory, and now that the major funders represented by Research Councils UK (RCUK) have decided not to continue the funding, it relies on voluntary funding from institutions. The Research Integrity Futures Working Group, set up by RCUK and Universities UK (UUK) and other bodies, has also apparently come to nothing. The working group's report commissioned in 2009 called for an independent advisory body, similar to the UK Research Integrity Office but operating across all research sectors and with a stronger monitoring and preventive function.² But RCUK pleaded budget cuts and decided not to implement the recommendations.³ It says it is working with UUK on a "concordat" to take some aspects forward, but two years on nothing has been announced.⁴

This lack of concerted action is succoured by a prevailing view within the UK's research establishment that we don't have a problem; that a major global scandal like Wakefield's research into the measles, mumps, and rubella vaccine (MMR) and

autism, hosted by the UK, is a one off in terms both of the research misconduct and the institution's failure to investigate promptly and properly. Such things are extremely rare we are told, and institutions around the country are doing fine. In a letter to the *BMJ*, Alan Langlands, chairman of the Higher Education Funding Council for England (HEFCE), which provides infrastructure funding for universities, said: "HEFCE funded institutions are aware that they should report any instance where they believe that high standards of rigour have not been met. In these circumstances they must take account of reputational damage to their institution and the wider UK research base and we would expect them to conduct a thorough investigation. Bearing in mind that cases of significant, proven research misconduct are very rare, we consider that these arrangements are sufficient and proportionate."

However, there are enough known or emerging cases to suggest that the UK's apparent shortage of publicly investigated examples has more to do with a closed, competitive, and fearful academic culture than with Britain's researchers being uniquely honest. MMR may indeed be an extreme example, but it is not an isolated case.^{5 6} Reports from the UK and elsewhere show that institutions are failing to investigate adequately, if at all.^{7 8} In some cases, mishandling of misconduct allegations has devastated the careers of honest researchers.⁹ In others, fraudulent research or unscientific behaviour goes unquestioned for years. Sometimes the researcher is allowed to continue in another capacity, as happened in Sheffield,⁵ or to make an "honourable" exit, as Wakefield did when he was quietly sacked in 2001.¹⁰ Sometimes a confidentiality clause prevents publicity. The lack of openness certainly prevents learning.

Although institutions are generally best placed to conduct inquiries, and they have duties as employers for supervision and discipline, many will not know how to go about a proper investigation. Institutions also have an inherent conflict of interest. They must compete for funding and commercial advantage as never before and may be tempted to avoid investigation or to sweep findings under the carpet to protect their reputation or avert a legal challenge. Neither is it clear to whom people should go if they are worried about a colleague's conduct. The *BMJ* has been told of junior academics being advised to keep concerns to themselves to protect their careers,

being bullied into not publishing their findings, or having their contracts terminated when they spoke out.

There have been few published prevalence surveys of research misconduct in the UK. The most recent that we are aware of was published in 2001.¹¹ Newly appointed hospital consultants from seven hospital trusts were asked whether they had observed research misconduct. Just over half of the 194 respondents said that they had. One in 10 said they had first-hand knowledge of scientists or doctors intentionally altering or fabricating data, and 6% admitted to past personal research misconduct. This week we will be sending a brief survey to all the *BMJ*'s UK based authors and reviewers, asking them whether they have witnessed or had first-hand knowledge of UK based scientists or doctors inappropriately adjusting, excluding, altering, or fabricating data, and whether they are aware of any cases of possible research misconduct at their institution that, in their view, have not been properly investigated. We will present the results at a high level meeting on research misconduct in the UK on 12 January.

The meeting will hear that research misconduct is alive and well in the UK even when tightly defined as intentional acts of falsification and fabrication. It is almost certainly flourishing when defined more broadly—as some are now arguing it should be¹²—to include a wide range of questionable behaviours that threaten the integrity of science, including suppression of data and failure to publish research results.

The meeting will also hear from speakers in Sweden, Germany, the Netherlands, and the US, and then from representatives of UK funders and institutions on how they see their role in dealing with the problem. Solutions already being aired in advance of the meeting are in line with recommendations from the House of Commons select committee inquiry into peer review: that all institutions should appoint a research integrity officer.³ Provided these people are sufficiently senior, they could function like the Caldicott guardians now established at each NHS trust, who are responsible for protecting the integrity of patient data. As well as overseeing routine monitoring, they would be someone in authority to whom people could take their concerns in confidence. Funders could make it a prerequisite for funding that institutions appoint such a person and openly investigate potential misconduct. The new Health Research Authority, or a beefed up version of UK Research Integrity Office, could provide independent statutory oversight to make sure they do

things right and publish their findings. Such an arrangement need not be overly expensive or bureaucratic.

Concerns about research misconduct in the UK are not new. The two previous editors of the *BMJ* made repeated efforts to galvanise the research community into action. Reading their editorials brings an uneasy sense of déjà vu.^{13 14} UK science and medicine deserve better. Doing nothing is not an option.

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