

sponsors would not have the money. Or the new body could do these either wholly or in a supervisory role for internal investigations. But it was felt that many institutions did not have the competencies to carry out investigations, and it was feared that if an institution were not compelled to call in the new body, it might not do so of its own accord.

Audit

The new body could become the auditor and audit year on year. But the institution must report any complaints to it, and once started these should be followed through even if the transgressor left and moved on elsewhere. Audit was thought to be a good idea but this should be anonymised unless the case was proven. It should be borne in mind that some people will call in legal advice once they leave employment.

Register

Some kind of register was needed. There is the GMC register, but the GMC is unlikely to make this public as they do in the US. And scientists who are not doctors would fall through the net.

There would need to be some kind of legal framework for it. Employers could search the register before hiring anyone. But what about European human rights legislation and protection of privacy? It was felt that it could become public on the grounds of public interest.

The problem is the retention of names rather than publication of "guilty parties." A register leaves the onus on the employer to get the references. Could this be under the auspices of the Commission for Health Improvement?

Sanctions

These should be applied by according to gravity of the offence. But where to draw the line between minor and major offences? And should the accused lose his or her job over major misconduct? If the panel is to be about prevention and advising on best practice, it is important to look at minor offences as these form the bulk of misdeeds.

How can sanctions revert to the funder or employer? The new body could let the institution know whether its sanctions are reasonable as part of its advisory and audit role.

The new body could be similar to other bodies such as the Association of British Travel Agents (ABTA) or the Association of British Pharmaceutical Industries (ABPI) to which organisations could voluntarily belong. The new body could have the power to remove the kitemark from institutions failing to adhere to guidelines. Funding bodies could use membership as a deciding factor for granting monies.

Ownership

- Owned by members as a mutual model
- Government?

- Royal Society if it is to go beyond biomedicine
- It should be seen to be evolving model where employers and researchers are members.
- Funding bodies need to be linked in as well as royal colleges.
- What about patient/lay membership?

Funding

Multiple sources are best. Fees could be proportionate to the means and size of the institution. Funding bodies could chip in.

Scope

The membership model would allow for expansion outside the field of medicine. But it should start with biomedicine and include non-medics.

Legal status

It would be acting on behalf of others who have legal responsibilities; therefore the legal framework lies with the employer.

It should just advise, audit, and produce reports, but it may need to form extra legal requirements.

Its strength should come through its mutuality: it's legitimate rather than having legal status.

Members should be drawn from legal, medical, pharmaceutical, genetics, government and public entities.

Name

Council of Research Integrity

How do we make it happen?

We have to get members to see that it is in their best interests. The Academy of Medical Sciences should take the lead. Wellcome's guidelines are on the right track; research councils should be shaken up as well. All universities should be on line by the end of the year. But we need to build on that momentum

Feedback from group sessions

Group 1

We thought that the new body should be called the Research Standards Agency.

We spent a lot of time talking about whether this body should be voluntary or statutory and, in the end, came to the conclusion that it would be best to work two models in parallel and then decide what was most suitable. We felt that it would be a good idea to look at the existing systems that have been developed, and cherry pick from those.

Whether this should be a statutory body or not seems to be very dependent on how long it would

take for legislation to be passed. Professor Kennedy advised that it would be very easy for legislation to enact this, and just as easy to change it once it had become law.

If it wasn't set in law, we needed a total cultural change, because it seemed to us that it was a sort of mindset equivalent to the development of ethical criteria in the eighties. We thought that clinical governance might need to play a part.

We thought that there were two main roles for the body: an investigative and an educative/data collector/advisory role. And there was some discussion as to whether we might need separate bodies.

A concern is that we actually don't know the scale of research misconduct and maybe before we can start, we need to do some research on this.

As to the breadth of the body, we felt that there should be some kind of overarching committee along the lines of the Scandinavian model in the biomedical sphere. We thought that government should set it up and partly fund it. We were quite keen that there ought to be funding coming from both above and below with the possibility of the institutions being affiliated with the Research Standards Agency and paying a fee for that privilege.

What we do now is talk to the Department of Health, who should appoint a minister.

Group 2

We weren't entirely sure that we did a national panel but most of us thought so. And most of us thought that it should deal only with British researchers or employees of British institutions. Despite the fact that our journals receive all sorts of problematic research from around the world, we felt that it was going to be very difficult to deal with any other than our own.

But we think the issue goes beyond publication. It's not just what is published, it is what is done. Other areas where it could be picked up would be people stealing ideas, or grant applications.

We thought it should cover dishonesty, scientific dishonesty. But we were aware that only about 2 per cent of crime is detected so we felt it should concentrate on serious scientific fraud. There are all sorts of misconduct that you are never going to stop and you are never going to catch.

Should it just cover biomedical research? We feel that as it is all who are represented here, we have no voice to speak about other types of science. But I suspect that we should start small try and expand later. Today biomedical; tomorrow social services; and then the world!

We really felt that in order to have any authority, it had to grow out of the whole idea of research governance, which is something that should come from the institutions where research is being practised. Things are moving in that direction already. Research will be governed by proper accreditation and subject to a cer-

tain amount of quality control. Whistleblowers might go to their institution but they would also be able to go to this body if they were afraid or unwilling to do so.

Where would this quango get its authority? Principally from the funders of research, so people like MRC, the research charities, and the Wellcome Trust need to be on board.

Sanctions would principally be by publication, by just "spilling the beans." This would expose non-compliance by the institutions that failed to impose their own sanctions on miscreants.

How are we going to get it moving forward? That would be a job for the chair of COPE.

It might be set up through the MRC, via some kind of governance, or the National Audit Office, or charity commissioners who fund a lot of research. And there are certain influential people we need to lobby. Remember, in America it was a congressman who made this thing happen. We thought of Ian Gibson MP, who is a scientist himself and very keen on scientific research, Philip Hunt, the Minister of Health, and Lord Sainsbury.

Group 3

We had a minority view that said that the case was not proven. We thought the principal issue to justify having a national body was that most important local actions were not consistent. And local could mean within a branch of bioscience.

The view was that the panel should provide leadership, looking at the basics and providing guidelines. If it were not based in statute, would it actually be able to do any investigation or make any decisions? And that might also lead to practical and monetary problems, although we thought NHS research governance could help there.

We also thought it should cover the British biomedical community and one of the yardsticks we thought of was anything that had ever had to go through an ethics committee was medical research. This would mean that it might cover sociologists and psychologists, and other allied professions and not just doctors.

Who would own it? Definitely not government. We need independence to buy in from the set of bodies we have mentioned already, with the addition of the higher education funding councils of the UK, the postgraduate dentists, and others.

In terms of the governance, we thought that it was too detailed at this stage to say how it would actually run. To ensure funding was from all stakeholders and protecting whistleblowers was going to be very, very difficult. Even if we have legislation in the end whistleblowers will always be vulnerable and there's nothing much we can do.

We wanted the name to include the words biomedical research rather than just research standards.

Group 4

We all agreed that such a body was required but there were a couple of “buts” the main one of which was that it wasn’t a hammer to crack a nut or too heavy-handed. We thought “regulations with a light touch” was appropriate.

What should it do? It needs to offer a definition of research misconduct, and we can offer no such definition. We also thought that protecting the whistleblowers was essential. We saw it working with the expectation that investigations would take place at an institutional level, but if the institutional were unable to do it—a small trust, for example—then it could go to the body. Or if the national body felt that the result of the investigation was inadequate, it could take steps itself to do an investigation, subject to the caveats just mentioned.

We also wondered how whistleblowers would approach the national body if they felt uncomfortable in their own institution? Clearly there needs to be some provision for that and something for editors, people who set up conferences, and those who peer review to

alert the national body to problems.

We favoured a membership, rather than a statutory model, with higher education institutions, trusts, and so on, linked into the organisation with a very strong lay representation. The Wellcome Trust or the Academy of Medical Sciences should possibly boost it, but funded by research payers and researchers, for reasons of self-interest that have already been discussed.

We thought that we should start with biomedical research and expand later.

We thought it would be seen to be legitimate by virtue of its membership, but might require more formal legal status on another occasion and we were hazy on research governance.

There are several things that might make this happen. One is that the Academy of Medical Sciences has already produced a report supporting such a national body. The new GMC report might also act as a catalyst, but leadership will be of great importance.

What should we call it? We tried to think of an acronym but the best we could manage was CORI, the Council on Research Integrity.