University of Greenwich Research Ethics Policy

1. Scope and Purpose

1.1 The aim of the University of Greenwich Research Ethics Policy is to encourage a high-quality research and knowledge and exchange culture, with the highest possible standards of integrity and practice.

1.2 This policy applied to all academic or contract research that is carried out by University staff, and all research carried out by postgraduate research students, undergraduate students and master's students in connection with their programmes of study. In short, the policy applies to all disciplines and research activities within the University, or sub-contracted on its behalf. It does not apply to internal research and evaluation exercises (e.g. student or staff surveys) where there is no intention to publish or disseminate the results outside the University, but these projects must still meet ethical, data protection and other legal requirements and comply with university policies.

1.3 All staff and students are expected to act ethically when engaged in University business. Any research involving any of the following requires ethical consideration:

1.3.1 Human participation, defined as:

i. Direct involvement through physically invasive procedures, such as the taking of blood samples (see the Policy on the Collection of Blood Samples for Research or Teaching).
ii. Direct involvement through non-invasive procedures, such as interviews, questionnaires, surveys, observation, laboratory-based experiments.
iii. Indirect involvement through access to non-anonymised personal information and/or tissue.
iv. Involvement requiring consent on behalf of others, such as by parents for a child participant.

1.3.2 Particular attention must be paid to the interests of vulnerable groups and/or individuals. These include:

- Children (anyone aged under 18);
- Adults at risk, also known as vulnerable adults (as defined in the Care Act 2014, any person aged 18 years or older who has care and support needs; is experiencing, or is at risk of, abuse or neglect; and because of their care and support needs, is unable to protect themselves against abuse or neglect (or the risk of it)). An example of an adult at risk would be an adult with a mental or other disability or health condition which makes them dependent on others for care and support;
- Adults who may be considered vulnerable for other reasons (e.g. prisoners, refugees, people with experience of crime).

1.3.3 The use of non-human sentient creatures. This shall be restricted to research falling outside the scope of the Animals (Scientific Procedures) Act 1986. For example, this could include observations and behavioural studies of animals in a natural setting. This Act regulates the use of protected animals in any experimental or other scientific procedure which may cause pain, suffering, distress, or lasting harm to the animal. A protected animal according to the Act is "any living vertebrate other than man and any living cephalopod. Fish and amphibia are protected once they can feed independently." The Home Office requires a licence for such studies (no licences are held by the University).

1.3.4 Any research proposal involving harmful, criminal, particularly sensitive or extremist or terrorist subject matters or research protocols. 'Extremism' is defined by the UK government as the promotion or advancement of an ideology based on violence, hatred or intolerance, that aims to: (1) negate or destroy the fundamental rights and freedoms of others; or (2) undermine, overturn or replace the UK's system of liberal parliamentary democracy and democratic rights; or (3) intentionally create a permissive environment for others to achieve the results in (1) or (2). 'Terrorism' is understood in the sense of the Terrorism Act 2000.

1.3.5 Any research proposal where the University's Ethical Research Collaboration Policy indicates that the proposal should be referred for ethical review because it may conflict with the University's values.

1.4 **Research involving Human Tissue**: The Human Tissue Act 2004 regulates the storage and use of human tissue for research purposes. It applies to human tissue whether it is sourced from the NHS. The Human Tissue Act 2004 defines relevant materials as "material, other than gametes, which consists of or includes human cells". Human tissue includes blood. Refer to the Human Tissue Authority's list of relevant materials and the University's Guidance on the Ethical Approval for Research for further information.

1.4.1 The legislation requires that the storage of Human Tissue for research purposes must be done either under a licence issued by the Human Tissue Authority (HTA) or as part of a project which has received ethical approval from an NHS Research Ethics Committee (NHS REC). Storage of Human Tissue includes storage for any length of time.

1.4.2 University research ethics committees or boards like Greenwich's University Research Ethics Board are not authorised to approve the storage of human tissue for research purposes.

1.4.3 The University of Greenwich does not hold a HTA licence, therefore ethical approval for this type of research must be sought from an NHS REC via the Integrated Research Application System (IRAS) for any project which will involve the storage of human tissue for research purposes. A copy of the approval should be provided

to the University Research Ethics Board. For further guidance see the University's Guidance on the Ethical Approval for Research.

1.5 **Research requiring Health Research Authority (HRA) approval**: Researchers are responsible for identifying whether their project requires HRA approval (which may include approval from an NHS REC) and for obtaining the necessary approvals, and are advised to review the guidance on the HRA's website. Applications for this type of research will need to be made through the Integrated Research Application System (IRAS) and would not require approval from the University Research Ethics Board (UREB). Evidence of approval from the relevant body/bodies is required to be provided to UREB. Types of research requiring HRA approval include:

i. Research involving NHS patients, staff, data or facilities.
ii. Clinical trials of Investigational Medicinal Products.
iii. Clinical investigations or studies of Medical Devices.
iv. Research involving exposure of participants to Ionising Radiation.

1.6 The University also recognises that it has a duty of care to its own staff, and that this includes the avoidance of harm to those undertaking research.

1.7 Allegations that a staff member or a student has failed to act in accordance with this Policy will be investigated under the following University procedures:

a. Allegations against staff:
Procedure for Investigating Research Misconduct
b. Allegations against postgraduate research students:
Postgraduate Student Research Misconduct Procedure
c. Allegations against undergraduate and taught postgraduate students:
Assessment Misconduct Procedure

2 Responsibilities of the University

2.1 The University has established a framework for research ethics governance in which its University Research Ethics Board (UREB), a committee of Academic Council, has a central role in the approval of applications and provision of advice.

2.2 UREB carries out ethical scrutiny of individual applications categorised against risk levels (Higher Risk and Low Risk) to ensure the appropriate assessment and review of ethical risks is conducted.

2.2.1 Categories designated as **Higher Risk** for the purposes of ethical review are listed below:

i. Research involving vulnerable groups or individuals (see 1.3.2)

ii. Research involving animals which are vertebrates or cephalopods, where the research falls outside the scope of the Animals (Scientific Procedures) Act 1986 (see 1.3.3)
iii. Research involving physically invasive/intrusive procedures, e.g. blood sampling (see 1.3.1.i).
iv. Research involving harmful, criminal, particularly sensitive, extremist or terrorist subject matters (see 1.3.4)
v. Research whereby there are concerns about the nature of collaboration under the Ethical Research Collaboration Policy (see 1.3.5)

2.2.2 Research that does not involve any of the above Higher Risk categories is considered as **Low Risk**.

2.2.3 Researchers are responsible for accurately assessing their research proposals by completing a self-categorisation on the UREB application form. It is at the discretion of UREB or UREB's assigned reviewer(s) whether to revise the categorisation if required.

2.3 Ethical scrutiny of certain categories of research is delegated to Faculty Research Ethics Committees (FRECs), in line with their Terms of Reference:

a. Undergraduate and taught postgraduate investigations, procedures and research projects carried out in the Faculty or under its auspices, including at partner colleges.
b. Research projects by postgraduate research degree students.

2.4 Notwithstanding the delegation of such ethical approval for applications delegated to FRECs as set out above, student research projects categorised as **Higher Risk** (as set out in 2.2.1) must be submitted to UREB following an initial review and approval by the relevant FREC.

2.5 The following exceptions to the requirements of 2.4 have been approved:

2.5.1 **Natural Resources Institute (NRI):** UREB has approved an NRI Code of Practice for Research with People and associated guidance which specify which research projects by staff of the NRI may be approved by the NRI Research Ethics Panel and which should be referred to UREB for approval. Any changes to the Code of Practice and guidance must be approved by UREB. Research projects by NRI students remain subject to 2.2 and 2.3 above (i.e. approval should be sought from the Faculty Research Ethics Committee which will refer the application to UREB where necessary).

2.5.2 **Taught students:** UREB, may exceptionally delegate the ethical approval of taught student proposals categorised as **Higher Risk** to a Faculty Research Ethics Committee. For example, where a teacher training programme typically involves students carrying out projects in school settings with children as participants. FRECs may, in turn, delegate approval to any sub-committees which they have established

(e.g. at School level) provided the FREC retains oversight and ensures that sub-committees are appropriately supported. UREB shall ensure that any delegation is exercised appropriately by considering the minutes of the FREC and its decisions on applications (para. 2.10), including the decisions of any sub-committees of the FREC. A list of programmes covered by this delegation is maintained by UREB.

2.6 Where approval by UREB is required, postgraduate research degree students (including staff studying for postgraduate research degrees) must receive approval from their Faculty Research Degrees Committee before gaining approval from UREB.

2.7 A Faculty Research Ethics Committee may refer a research proposal which falls within its remit to UREB for approval where the FREC considers that it requires UREB's guidance on a proposal which is difficult or contentious.

2.8 **Review of applications**: UREB shall determine the procedure for reviewing and approving applications submitted to it, which shall reflect whether the application is categorised as **Higher Risk** or **Low Risk**. Normally, **Low Risk** applications will be approved in an expedited process by Chair's action following review by the Research Ethics Officer. **Higher Risk** applications will normally be approved by UREB at a scheduled meeting or by circulation, with approval of **Higher Risk** applications by Chair's action limited to cases of exceptional urgency as agreed by the Chair.

2.9 FRECs are similarly responsible for determining the procedure for reviewing and approving applications considered by them. They are permitted and strongly encouraged to adopt an expedited process (e.g., approval by Chair's action following review) for approving **Low Risk** applications.

2.10 The minutes of FRECs and decisions on applications considered by FRECs shall be reported to the UREB. Exceptionally, UREB may decide to review an application which has already been considered by an FREC where UREB considers that this is necessary to ensure compliance with the University's research ethics governance framework. UREB's decision in all cases shall be final.

2.11 University staff have an obligation to ensure that not only their own research but any undergraduate, postgraduate taught or research degree student research conducted under their supervision is ethically sound and has been approved by the relevant research ethics committee.

2.12 Where research projects are subject to external approval, for example by the NHS, the Faculty responsible must ensure that this approval is sought, given, and evidence provided to the University of Greenwich Research Ethics Board. Similarly, where approval for a project has been given by a Research Ethics Committee at another university, as may be the case with a collaborative project, the University of Greenwich Research Ethics Board must be provided with satisfactory evidence of this. UREB may require that further information and clarification is provided for externally approved projects to ensure that appropriate ethical standards have been met. Particular scrutiny will be applied to externally approved projects which seek to recruit University of

Greenwich students or staff as participants: see the University's Guidance on Ethical Approval for Research for further guidance.

2.13 Research should not commence until the relevant approval has been granted. See the University's Guidance on Ethical Approval for Research for more guidance.

3 General Principles

3.1 The University Research Ethics Policy is based upon widely accepted principles and practices governing research. The key elements are as follows:

3.1.1 Freedom of speech and academic freedom. In accordance with the commitments in the University's Freedom of Speech Code of Practice, UREB and FRECs will have particular regard to the importance of freedom of speech and academic freedom. For example, by ensuring that ethical review and requirements are focused on ethical issues and do not impose requirements related to the quality of the proposed research or reputational concerns, and that the ethical review process is transparent.

3.1.2 Minimal risk of harm to participants and researchers, including emotional and mental distress, and possible damage to financial and social standing, as well as to physical harm. Health and safety issues should always be considered, and risk assessments completed if necessary and approved through the relevant health and safety process.

3.1.3 Minimal risk of harm to the environment.

3.1.4 Potential for benefit by society.

3.1.5 Voluntary informed consent by participants. Enough information should be given to participants such that they can understand what the research involves, that they are not coerced into taking part, and can withdraw if they want to. Where this is not possible, for instance in studies where covert observation is employed, or deception is involved, special safeguards or measures should be put into place.

3.1.6 Confidentiality of information supplied by research participants and anonymity of respondents (unless explicit consent is given to the contrary). Issues of lack of privacy and anonymity should always be considered and addressed. Research should conform to Data Protection legislation, including around the keeping, sharing and disposal of personal data.

3.1.7 Maintenance of the dignity of participants.

3.1.8 Independence and impartiality of researchers. Research integrity should be high, research being sound, accountable, and supervised by appropriately qualified and experienced people. Conflicts of interest should be declared. There should be transparency in declaring funding sources.

3.1.9 Research should reflect the University's commitment to equality, diversity and inclusion, for example in the way in which participants are recruited and treated, and results are disseminated.

3.1.10 Appropriate publication and dissemination of research results, in line with the University's Statement on Scholarly Communication. Assistance will be acknowledged.

4. The Legal Framework, the Role of Professional Associations, and Research Councils

4.1 All research undertaken under the auspices of the University of Greenwich must meet statutory requirements. Of particular relevance is the Equality Act 2010, the Human Rights Act 1998, the Data Protection Act 2018, the Human Tissue Act 2004, the Animals (Scientific Procedures) Act 1986, the Higher Education (Freedom of Speech) Act 2023 and safeguarding legislation protecting children and adults at risk.

4.2 Researchers in particular disciplines should comply with any research ethics guidelines set out by their professional associations.

4.3 Research Councils, charitable trusts and other research funding bodies in most cases require an undertaking from grant applicants that research proposals involving human participants have been approved by the University Research Ethics Board or another appropriate body. Some also require audited compliance with their guidelines.

5. Other Relevant University Policies

5.1 Staff should also refer to these other University of Greenwich policies:

- Data Protection Policy
- Code of Practice 7: Protection of certain categories of personal data – students and research
- Information Security and Assurance Policy
- Intellectual Property Policy
- Safeguarding Policy
- Academic Regulations for Research Awards
- Ethical Research Collaboration Policy
- Blood Collection Policy
- Freedom of Speech Code of Practice

Approved by the University Research Ethics Board: 08 July 2025