

**Official Announcement**

**No. 61**

**Published at Karlsruhe on October 05, 2021**

**Statutes for Safeguarding Good Research Practice at  
Karlsruhe Institute of Technology (KIT)**

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**Statutes for Safeguarding Good Research Practice  
at Karlsruhe Institute of Technology (KIT)**

dated September 30, 2021

Pursuant to Art. 10, par. 1, cl. 5 and Art. 20, par. 1 of the Act on Karlsruhe Institute of Technology (KIT Act – KITG), as amended on July 14, 2009 (Bulletin, pp. 317), last amended by Art. 1 of the Second Act on the Further Development of Karlsruhe Institute of Technology (Second KIT Further Development Act – 2<sup>nd</sup> KIT-WG) of February 04, 2021 (Bulletin, pp. 83) and Art. 3, par. 5 of the Act of Baden-Württemberg on Universities and Colleges (Landeshochschulgesetz - LHG), as amended on January 01, 2005 (Bulletin, pp. 1), last amended by Art. 1 of the Fourth Act on the Amendment of University Regulations (4<sup>th</sup> HRÄG) of December 17, 2020 (Bulletin, pp. 1204), the Senate of KIT in its meeting on July 19, 2021 adopted the following Statutes for Safeguarding Good Research Practice at Karlsruhe Institute of Technology (KIT).

**Preamble**

It is the mission of KIT – The Research University in the Helmholtz Association to create and impart knowledge for the society and the environment. The goals of KIT are university and program-oriented research on behalf of the Federation, academic education, as well as innovation and transfer in interaction with research and academic education (Art. 1, par. 1, cl. 3, KITG).

While pursuing these goals, we – the researchers of KIT – are aware of our responsibility for scientific integrity. Scientific integrity is the indispensable prerequisite for trustworthy science. It reflects our scientific self-commitment to the respectful interaction with each other, with students, animals, cultural goods, and the environment, thus strengthening and enhancing the necessary trust of society in science. The basis is the obligation of every individual researcher to responsibly use the legally guaranteed freedom of science. It is our task to comprehensively fulfill this responsibility, to implement the basic values and standards of scientific work in our acting, and to advocate them.

Only when we will strictly observe the present Statutes for Safeguarding Good Research Practice as well as all valid laws and regulations, will we be able to meet our goal of making excellent achievements in basic and applied research across the disciplines of natural sciences, engineering, economics, the humanities, and social sciences and gaining the society's respect and trust in science. In this way, these Statutes also contribute to the protection of KIT and each individual employee.

In this respect, we commit to complying with the rules specified here. Our Statutes define the framework to which we as members and employees of KIT and all other persons doing scientific work at KIT adhere. With these new Statutes for Safeguarding Good Research Practice, we also accept the German Research Foundation's Code of Conduct "Guidelines for Safeguarding Good Research Practice" (DFG code) in the version of July 03, 2019 as a legally binding basis for the applicability of our Statutes.

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## **I. Standards of Good Research Practice at KIT**

### **1. General Principles of Good Research Practice**

#### **Article 1 Subject and Scope of the Statutes<sup>1</sup>**

(1) The present Statutes implement the DFG Code of Conduct of July 03, 2019 in a legally binding way at KIT (Annex). These Statutes outline the principles of good research practice in general and in the research process and describe the Ombudsperson scheme and the Commission for Good Research Practice at KIT. They also define scientific misconduct and the procedure to follow in case of alleged research misconduct.

(2) These Statutes apply to all members and employees of KIT and to all other persons at KIT, who carry out scientific work.

#### **Article 2 Commitment to the General Principles and Their Communication as well as Professional Ethics**

(1) The members and employees of KIT as well as all other persons at KIT, who carry out scientific work, are obliged to comply with the general principles of good research practice<sup>2</sup> with due regard for the type of research undertaken in the relevant subject area. In particular, the general principles include

- working according to acknowledged, currently valid rules (lege artis) to ensure reliable quality assurance in research, as reflected by the compliance with subject-specific standards and established methods, collection and analysis of research data, and selection and use of resources,
- conducting research without prejudging the outcome,
- permitting and promoting critical discourse within the respective research unit and research community,
- documenting results in a fair, transparent, complete, and unbiased way,
- rigorously questioning all findings,
- maintaining strict integrity and honesty to oneself and others when determining scientific facts, maintaining strict honesty in attributing ideas and results to their authors in the past and present, in particular as regards one's own contributions and those of others (e.g. contributions

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<sup>1</sup> See DFG Code of Conduct 3.1: Applicability, p. 9

<sup>2</sup> See DFG Code of Conduct, Guideline 1: Commitment to the general principles, p. 9

of persons involved, partners, persons supervised in all qualification phases, competitors, and predecessors),

- respecting colleagues, students, participants in studies, animals, cultural goods, and the environment.

(2) Professional ethics is reflected by all researchers of KIT being personally responsible for putting the fundamental values and standards of research into practice and advocating them.<sup>3</sup> They have a special responsibility for compliance with the principles of good research practice by them, by persons supervised by them in all qualification phases, as well as by their subordinate employees. All researchers actively participate in the full implementation of safeguarding good research practice at KIT.

(3) Full implementation of good research practice in particular includes communication of the fundamentals of good research work at the earliest possible stage in academic teaching and research training.<sup>4</sup> This communication is part of mandatory curricula of every degree program at KIT and integrated in the KIT-PLUS procedure to assure quality of degree programs at KIT.

(4) The doctoral agreement<sup>5</sup> concluded between the primary or main supervisor and the doctoral candidate commits both parties to the observation of the rules of good research practice (Article 38, par. 5, cl. 3, No. 3, LHG). Doctoral regulations define minimum requirements for writing dissertations and specify that the doctoral thesis must represent the candidate's own achievement. Apart from the doctoral candidate, the supervisor is responsible for compliance with these Statutes. It must be outlined in the doctoral regulations that the doctoral thesis must be made available to the Doctoral Admissions Committee in electronic form.

(5) As part of academic education, the researchers working at KIT on all career levels contribute to imparting good research practice. In addition, they are obliged to regularly update their knowledge about the standards of good research practice and the current state of the art.<sup>6</sup>

(6) Imparting good research practice at KIT is supported by various institutions. These include the House of Competence (HOC), the Karlsruhe House of Young Scientists (KHYS), and the Office for Coordinating and Imparting Good Research Practice (Article 18).

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<sup>3</sup> See DFG Code of Conduct, Guideline 2: Professional ethics, p. 9

<sup>4</sup> See DFG Code of Conduct, Guideline 2: Professional ethics, p. 9

<sup>5</sup> Cf. [https://www.haa.kit.edu/downloads/Promotionsvereinbarung\\_Englisch.pdf](https://www.haa.kit.edu/downloads/Promotionsvereinbarung_Englisch.pdf)

<sup>6</sup> See DFG Code of Conduct, Guideline 2: Professional ethics, p. 10

### **Article 3      Supervision and Promotion of Early-career Researchers**

(1) The principles of high-quality supervision and promotion of early-career researchers at KIT are defined in the “Leitlinien für das Promotionswesen am Karlsruher Institut für Technologie (KIT)” (guidelines for doctoral procedures at KIT) and “Leitlinien für die Postdoc-Phase am Karlsruher Institut für Technologie (KIT)” (guidelines for the postdoc phase at KIT).

(2) Supervision of doctoral candidates must be accomplished by the supervisors supporting the doctoral candidates in organizing the doctoral process, in establishing an academic network, in identifying career options, and keeping track of current research activities and major development steps of the work. This includes regular talks and progress monitoring for early-career researchers to complete their work within an appropriate period of time. At the beginning of the doctoral phase, the supervision relationship is described in the doctoral agreement.

(3) Postdocs at KIT are given the support specified in the “Leitlinien für die Postdoc-Phase am Karlsruher Institut für Technologie (KIT)” for all development stages and decisions in this qualification phase that is of crucial importance to the scientific career. In particular, this includes support of the postdocs in scientific profiling (participation in conferences, publication activities, own project proposals, etc.), regular constructive feedback on the research project and further career perspectives by superiors, and granting of a high degree of responsibility and scientific autonomy.

(4) Supervision and promotion of doctoral candidates and postdocs is accompanied and supported by the Karlsruhe House of Young Scientists (KHYS).

### **Article 4      Responsibility of Heads of Research Institutions**

(1) The Executive Board of KIT creates the basic framework for research. It is responsible for ensuring adherence to and the promotion of good research practice and for appropriate career support for all researchers and research support staff. The Executive Board of KIT guarantees the necessary conditions to enable researchers to comply with legal and ethical standards.<sup>7</sup> Such basic framework includes:

- A staff strategy based on KIT’s values defined in the preamble,
- procedures and principles for staff selection and staff development, which are clear and specified in writing. In staff selection and staff development, due consideration is given to gender equality

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<sup>7</sup> See DFG Code of Conduct, Guideline 3: Organizational responsibility of heads of research institutions, p. 10

and diversity. The relevant processes are transparent and avoid implicit bias to the extent possible,

- suitable supervisory structures and policies for supporting early-career researchers (e.g. mentoring programs, networks),
- adequate career support for the scientific and research support staff based on comprehensive advisory and qualification services of the responsible business units of KIT (e.g. appraisal interviews, personal assessments, mentoring programs, individual advanced training and qualification offers).

(2) The Executive Board is responsible for an appropriate organizational structure at the institution. It ensures clear allocation of management, supervisory, quality assurance, and conflict management tasks as a function of the size of the individual research work units (Article 5, par. 2) and suitable communication of them to members and employees.<sup>8</sup> This also includes the development of appropriate organizational measures to prevent the abuse of power and the exploitation of dependent relationships.<sup>9</sup> To ensure systematic, conscious, and specific handling of conflicts, KIT has established a quality management scheme.<sup>10</sup> Moreover, every researcher may get advice and support by various offices at KIT (e.g. Ombudspersons, Staff Council) in conflict situations.

#### **Article 5      Responsibility of the Heads of Research Work Units**

(1) The heads of research work units are responsible for the entire unit.

(2) Research work units at KIT are the research units defined in the KIT Act (KITG):

- Divisions (Article 11a, KITG)
- KIT Departments (Article 11d, KITG)
- KIT Programs (Article 11g, KITG)
- Institutes (Article 11h, KITG)
- Cross-division units aimed at interconnecting large-scale and university research (Article 12, KITG)

as well as units specified in the framework conditions for KIT institutes as amended and all other comparable research work units at KIT (e.g. Nachwuchsgruppen or junior research groups).

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<sup>8</sup> See DFG Code of Conduct, Guideline 3: Organizational responsibility of heads of research institutions, p. 10

<sup>9</sup> See DFG Code of Conduct, Guideline 4: Responsibility of the heads of research work units, p. 11

<sup>10</sup> Cf. <https://www.kmb.kit.edu/96.php> "Konfliktmanagementsystem für das KIT" (conflict management scheme for the KIT)

(3) The size and the organization of the research work units are designed to allow leadership tasks, particularly skills training, research support, and supervisory duties to be performed appropriately. All heads of research work units are responsible for ensuring clear allocation of management, supervision, conflict management, and quality assurance tasks by an appropriate organization of their work area. In addition, they have to ensure that the tasks are really fulfilled. They ensure that the members of the work unit are aware of their roles, rights, and obligations. This responsibility also includes adequate individual support of early-career researchers and support of the careers of researchers and research support staff. Researchers and research support staff are to benefit from a balance of support and personal responsibility appropriate to their career level with corresponding rights of participation in the work unit.<sup>11</sup>

(4) On the level of individual research work units, suitable organizational measures have to be developed based on the superordinate measures taken by the top management level of KIT (Article 4, par. 2) to prevent the abuse of power and exploitation of dependent relationships.<sup>12</sup>

#### **Article 6          Dimensions of Performance and Assessment Criteria<sup>13</sup>**

(1) Performance and assessment criteria for examinations, awarding academic degrees, promotions, employments, and appointments have to be specified such that originality and quality always have priority over quantity. This primarily applies to the performance- and load-based allocation of funding in research. Quantitative indicators may be incorporated in the overall assessment with appropriate differentiation and reflection only.

(2) Apart from scientific achievements, other aspects may be taken into consideration when assessing the performance of researchers, provided that this is not prevented by valid legal provisions. For example, involvement in teaching, academic self-governance, public relations, and knowledge and technology transfer, or contributions to the general good of society may be recognized. The approach to research, such as an openness to new findings and a willingness to take risks, may also be considered in the evaluation process. In addition, the principles outlined in the German General Equal Treatment Act (Allgemeines Gleichbehandlungsgesetz, AGG) apply. Where provided voluntarily, individual circumstances stated in curricula vitae may be taken into account when forming a judgment. These may be periods of absence due to personal, family, or health reasons or prolonged training and qualification phases resulting from such periods, alternative career paths, or similar circumstances.

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<sup>11</sup> See DFG Code of Conduct, Guideline 4: Responsibility of the heads of research work units, p. 11

<sup>12</sup> See DFG Code of Conduct, Guideline 4: Responsibility of the heads of research work units, p. 11

<sup>13</sup> See DFG Code of Conduct, Guideline 5: Dimensions of performance and assessment criteria, p. 11



(3) Reviewers of research theses have to use a transparent evaluation system and maintain their independence as examiners. Their evaluation must be unbiased.

#### **Article 7 Confidentiality and Neutrality of Review Processes and Discussions<sup>14</sup>**

Researchers reviewing and evaluating submitted manuscripts, funding proposals, or personal qualifications and working in advisory and decision bodies are obliged to maintain strict confidentiality. Confidentiality of foreign contents to which the reviewer or body member is given access also includes disclosure to third parties and own use. Researchers immediately inform the responsible office of potential conflicts of interest or bias relating to the research project reviewed or the person or matter discussed.

## **2. Good Scientific Practice in the Research Process**

#### **Article 8 Cross-phase Quality Assurance and Research Design**

(1) Researchers carry out each step of the research process *lege artis*. The research process must be accompanied by continuous quality assurance. This includes, in particular, compliance with subject-specific standards and established methods, processes, such as equipment calibration, the collection, processing, and analysis of research data, the selection and use of research software, software development and programming, and the keeping of laboratory notebooks.<sup>15</sup>

(2) Already when planning research do researchers conduct a careful search with respect to the current state of the art and established standards and applications in practice in order to identify relevant and suitable research questions. The Executive Board of KIT ensures the framework conditions required for this purpose. Methods to prevent partly unconscious biases are applied when interpreting findings. The relevance of gender and diversity is reviewed with respect to the entire research process.<sup>16</sup>

(3) As an essential prerequisite for the comparability and transferability of research findings, researchers use scientifically sound and reproducible methods to answer the research questions. As a rule, application of a method requires specific expertise that is ensured, where necessary, by suitable cooperative arrangements. In particular when developing and applying new methods, importance is attached to quality assurance and the establishment of standards.<sup>17</sup>

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<sup>14</sup> See DFG Code of Conduct, Guideline 16: Confidentiality and neutrality of review processes and discussions, p. 19

<sup>15</sup> See DFG Code of Conduct, Guideline 7: Cross-phase quality assurance, p. 13

<sup>16</sup> See DFG Code of Conduct, Guideline 9: Research design, p. 15

<sup>17</sup> See DFG Code of Conduct, Guideline 11: Methods and standards, p. 16

## **Article 9 Responsibilities and Roles<sup>18</sup>**

The roles and responsibilities of the researchers and research support staff participating in a research project must be clear at any stage of the project. The participants in a research project define their roles and responsibilities in a suitable way and adapt them where necessary. Adaptations are needed in particular, if the focus of a participant's work changes.

## **Article 10 Legal and Ethical Frameworks, Usage Rights<sup>19</sup>**

(1) Researchers of KIT are obliged to adopt a responsible approach to the constitutionally guaranteed freedom of research. Irrespective of the funding party, this mainly implies unprejudiced research.

(2) In all research projects, applicable legal provisions that result in both rights and obligations have to be observed. These legal provisions include:

1. Laws and acts, such as:
  - Copyright Act (Urhebergesetz)
  - Data protection regulations
  - Act on Inventions of Employees (Arbeitnehmererfindungsgesetz)
  - Employment provisions
  
2. Internal rules of KIT, such as:
  - Verhaltenskodex of KIT (code of conduct)
  - Zeichnungsregelung (signature rules) of KIT
  - Guidelines for Ethical Principles of KIT
  
3. Agreements with third parties on the rights of use and exploitation of research data and research findings obtained from a research project
  
4. Grant notices and grant agreements, including ancillary provisions of the funding parties

(3) According to the valid legal regulations, the researcher who collected the research data is entitled to use them. If possible and reasonable, researchers conclude documented agreements on usage rights at the earliest possible stage of a research project. Such agreements are especially useful at the beginning of a research project when multiple academic and/or non-academic institutions are

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<sup>18</sup> See DFG Code of Conduct, Guideline 8: Stakeholders, responsibilities and roles, p. 14

<sup>19</sup> See DFG Code of Conduct, Guideline 10: Legal and ethical frameworks, usage rights, p. 15

involved or when it is likely that a researcher will move to a different institution and continue using the data she or he generated for her or his (own) research purposes.

(4) Researchers gather approvals and ethics statements and present these when required. Ethical dimensions of the research project should be considered and consequences of research should be assessed. Researchers observe the binding ethical principles valid at KIT. In addition, researchers of KIT pay particular attention to the aspects associated with security-relevant research (dual use) and the associated risk of misuse of research results.

#### **Article 11      Documentation<sup>20</sup>**

(1) Researchers document all information relevant to the production of a research result as clearly as is required by and is appropriate for the relevant subject area to allow the results to be reviewed and assessed. In general, they also document individual results that do not support the research hypothesis. In this connection, a selection of results must be avoided. In particular, researchers make available information about used or generated research data, methodological evaluation, and analytical steps taken and, if relevant, the development of the hypothesis and ensure the reproducibility of citations. When research software is developed, the source code and all relevant information must be documented clearly.

(2) Where subject-specific recommendations exist for review and assessment, researchers set up the documentation in accordance with these guidelines. If the documentation does not satisfy these requirements, the constraints and the reasons for them are clearly explained.

(3) Documentation and research results must not be manipulated; they are protected as effectively as possible against manipulation.

(4) To the extent reasonable and permitted by legal provisions, third parties are given access to the information according to par. 1, in particular when access to research findings is to be granted according to Article 13.

#### **Article 12      Archiving<sup>21</sup>**

(1) Research results as well as the central materials on which they are based and, if applicable, the research software used are retained for a period of ten years as a rule using adequate means according to the standards of the relevant subject area. Such research data include measurement

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<sup>20</sup> See DFG Code of Conduct, Guideline 12: Documentation, p. 16/17

<sup>21</sup> See DFG Code of Conduct, Guideline 17: Archiving, p. 20

results, software codes, simulation results and analytical calculations, collections, study surveys and questionnaires, as well as cell cultures, material samples, or archeological findings. Archiving takes place on durable and secure carriers at the institute where the data were produced, at other reliable institutions (in particular archives or libraries), or at acknowledged repositories, e.g. KITopen or RADAR4KIT. In justified cases, shorter archiving periods may be appropriate, e.g. for primary data not archived on durable and secure carriers; the reasons for this are described clearly and comprehensively. The archiving period begins on the date when the results are made publicly available.

(2) The heads of research work units are responsible for ensuring archiving and, for this purpose, adopt suitable regulations based on legal provisions or acknowledged rules for scientific work in the respective subject area. The infrastructure required for archiving, such as archives, the library, and repositories, is made available by KIT.

(3) Storage obligations due to legal provisions and measures to protect personal data remain unaffected.

### **Article 13      Scientific Publication and Providing Public Access to Research Results**

(1) As a rule, researchers make all results available as part of scientific discourse, unless this is prevented by legal framework conditions (cf. Article 10, par. 2). To the extent possible, third parties are provided access to all relevant information required for potential replication. In specific cases, however, there may be reasons not to publish the results, which must be documented (e.g. contractual obligations, patent applications). Researchers decide autonomously – with due regard for the conventions of the relevant subject area – whether, how, and where the research results are made publicly available. This decision must not depend on third parties. If it has been decided to make research results publicly available, the following requirements must be considered.<sup>22</sup>

(2) Scientific publications

- describe the findings completely and reproducibly,
- always outline the quality assurance mechanisms applied, in particular when new methods are developed<sup>23</sup>,
- disclose the origin of the data, organisms, materials, and software used in the research process and clearly indicate the reuse of data<sup>24</sup>,

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<sup>22</sup> See DFG Code of Conduct, Guideline 13: Providing public access to research results, p. 17

<sup>23</sup> See DFG Code of Conduct, Guideline 7: Cross-phase quality assurance, p. 13

<sup>24</sup> See DFG Code of Conduct, Guideline 7: Cross-phase quality assurance, p. 14

- provide full and correct information about their authors' own preliminary work and that of others by citations and references<sup>25</sup>,
- repeat earlier published findings in a clear form and to the extent required for understanding the context only. In line with the principle of "quality over quantity," researchers avoid splitting research into inappropriately small publications.<sup>26</sup>

(3) In the interest of transparency and to enable research to be referred to and reused by others, researchers make available the research data, principal materials, information, and applied methods on which the publication is based, provide access to the software used, and comprehensively describe the work processes. This is done in recognized archives and repositories in accordance with the FAIR principles (findable, accessible, interoperable, reusable). The repositories used for this purpose should be listed in Re3data.org. If self-developed research software is to be made available to third parties, this is usually done with the source code being indicated and use of an appropriate license.<sup>27</sup> The source code must be persistent and citable.<sup>28</sup>

(4) Authors select the publication medium carefully, with due regard for its quality and visibility in the relevant field of discourse. Publication media include books, journals, academic repositories, data and software repositories, as well as blogs, workshops, and scientific conferences. Researchers who assume the role of editor carefully select for which publication medium they will carry out this activity. The scientific quality of a contribution does not depend on the medium in which it is published. A major criterion to selecting a publication medium is whether it has established guidelines on good research practice.<sup>29</sup>

(5) If researchers have made their findings publicly available and subsequently become aware of inconsistencies or errors in them, they make the necessary corrections. If the inconsistencies or errors constitute grounds for retracting a publication, the researchers will promptly request the publisher, infrastructure provider, etc. to correct or retract the publication and make a corresponding announcement. The same applies, if researchers are made aware of such inconsistencies or errors by third parties.<sup>30</sup>

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<sup>25</sup> See DFG Code of Conduct, Guideline 13: Providing public access to research results, p. 17

<sup>26</sup> See DFG Code of Conduct, Guideline 13: Providing public access to research results, p. 18

<sup>27</sup> See DFG Code of Conduct, Guideline 13: Providing public access to research results, p. 18

<sup>28</sup> See DFG Code of Conduct, Guideline 7: Cross-phase quality assurance, p. 14

<sup>29</sup> See DFG Code of Conduct, Guideline 15: Publication medium, p. 19

<sup>30</sup> See DFG Code of Conduct, Guideline 7: Cross-phase quality assurance, p. 13

## **Article 14 Authorship<sup>31</sup>**

(1) An author is an individual who has made a genuine, identifiable contribution to the content of a research publication of text, data, or software. Depending on the individual case and taking into account the subject area, an identifiable, genuine contribution is deemed to exist particularly in instances in which a researcher, in a research-relevant way, takes part in

- the development and conceptual design of the research project, or
- the gathering, collection, acquisition, or provision of data, software, or sources, or
- the analysis / evaluation or interpretation of data, sources, and conclusions drawn from them, or
- the drafting of the manuscript.

(2) Contributions not sufficient to justify authorship include in particular:

- The merely organizational responsibility for the acquisition of funds,
- the provision of standard study materials,
- training of staff in standard methods,
- a just technical participation in data collection,
- just technical support services, e.g. the mere provision of instruments and test animals,
- the handing over of data sets,
- reading of the manuscript only without a substantial contribution to the content,
- heading of the research work unit according to Art. 5, par. 2, in which the publication was made.

Such support may be properly acknowledged in footnotes, in a foreword, or in an acknowledgment.

(3) A so-called “honorary authorship” where no such contribution according to par. 1 was made, is not permissible. A leadership or supervisory function does not itself constitute co-authorship.

(4) Authors of a scientific text, data, or software publication are always jointly responsible for its content. The authors jointly ensure that no co-author was ignored and that all authors agreed on the final version of the work to be published. All authors agree in good time on the order in which authors are named in accordance with clear criteria that reflect the practices within the relevant subject area. Agreement is reached no later than when the manuscript is drafted.

(5) Researchers may not refuse to give their consent to the publication of results without sufficient grounds. Refusal of consent must be justified with verifiable criticism of data, methods, or results.

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<sup>31</sup> See DFG Code of Conduct, Guideline 14: Authorship, p. 18

(6) Authors seek to ensure that, as far as possible, their contributions are identified by publishers or infrastructure providers such that they can be correctly cited by users.

### **3. Ombudspersons and Commission for Good Research Practice**

#### **Article 15 Local Authorities for Safeguarding Good Research Practice**

Local authorities for safeguarding good research practice at KIT are:

1. The Ombudspersons,
2. The Commission for Safeguarding Good Research Practice,
3. The Office for Coordinating and Imparting Good Research Practice.

#### **Article 16 Appointment and Tasks of Local and Other Central Ombudspersons<sup>32</sup>**

(1) The KIT Senate appoints two independent Ombudspersons from the group of professors at KIT according to Art. 14, par. 1, No. 1, KITG as contact persons for members and employees of KIT and for all others persons doing scientific work at KIT; they deputize for each other in the event of a potential conflict of interest or incapability. Ombudspersons may not serve as members of a central governing body of KIT while serving in this role. Their term of office is four years. Reappointment for another term of office is possible. Researchers who are persons of integrity and who have management experience are eligible to be selected as Ombudspersons.

(2) When carrying out their duties, Ombudspersons are given the support and acceptance they need by the Executive Board of KIT; in particular, they must be properly relieved from other tasks.

(3) The appointment of the Ombudsperson at KIT is announced together with information on how she or he can be reached on the Internet, on the Intranet, and by a circular letter of the Executive Board.

(4) As neutral and qualified contact persons, Ombudspersons advise on issues relating to good research practice and in cases of alleged research misconduct. As persons of trust, they advise those who inform them about an alleged research misconduct of others (complainants) and those suspected or accused of research misconduct and, where possible, contribute to solution-oriented conflict mediation. The Ombudspersons annually report to the Executive Board and the KIT Senate.

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<sup>32</sup> See DFG Code of Conduct, Guideline 6: Ombudspersons, p. 12/13

(5) The Ombudspersons are autonomous and independent and observe the principles of a fair and confidential procedure. They observe the applicable legal provisions and internal rules of KIT, as amended.

(6) All members and employees of KIT and all other persons doing scientific work at KIT are free to contact either the Ombudspersons of KIT, the supraregional “German Research Ombudsman,” or the “Central Ombudsperson of the Helmholtz Association.” The “German Research Ombudsman” is an independent body established by the German Research Foundation (DFG) that provides advice and support on issues relating to good research practice and allegations of inappropriate conduct.<sup>33</sup> The “Central Ombudsperson of the Helmholtz Association” is an independent external, experienced researcher of integrity appointed by the Assembly of Members of the Helmholtz Association, who contributes to solution-oriented conflict mediation and provides advice and support on issues of good research practice and on cases of scientific misconduct.<sup>34</sup>

#### **Article 17      Composition and Tasks of the Commission for Good Research Practice**

(1) The KIT Senate appoints a permanent Commission for Good Research Practice (hereinafter referred to as Commission) based on proposals of members of the respective group in the KIT Senate in accordance with the joint statutes (Gemeinsame Satzung) of KIT; when appointing the Chairperson, the Executive Board has the right of proposal. The Commission has the following members:

1. An external person with the qualification for judicial office as chairperson,
2. four professors of KIT according to Art. 14, par. 1, No. 1, KITG,
3. one academic employee of KIT according to Art. 14, par. 1, No. 2, KITG,
4. a doctoral candidate according to Art. 3, par. 7, No. 4, KITG in conjunction with Art. 60, par. 1, cl. 1b, LHG.

If students and/or administrative/technical staff is affected by scientific misconduct, the Senate additionally appoints a representative of this group. In this event, the KIT Senate additionally appoints another two representatives from the group of professors of KIT according to Art. 14, par. 1, No. 1, KITG.

(2) For the members of the Commission outlined in par. 1, Nos. 2 to 4, the KIT Senate, based on the proposals of the members of the respective group, appoints a permanent deputy according to the

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<sup>33</sup> See DFG Code of Conduct, Guideline 6: Ombudsperson, p. 13

<sup>34</sup> See Framework for Securing Good Research Practice (GWP) and procedure of the Helmholtz Association (HGF) in the event of research misconduct, as amended



joint statutes of KIT for the event of a potential conflict of interest or incapability. For the Chairperson (par. 1, No. 1), the KIT Senate appoints a permanent deputy from the group of the Commission members appointed according to par. 1 for the event of a potential conflict of interest or incapability.

(3) The voting members of the Commission have the same vote. The term of office of the appointed members, except for the representative from the group of students, is four years. The term of office of the representative from the group of students is one year. Another term of office is possible. Clauses 1 through 4 apply accordingly to the permanent deputies. The two Ombudspersons and an employee of KIT qualified for judicial office are guests of the Commission with an advisory vote.

(4) The Commission advises the KIT Senate in the further development of good research practice at KIT and studies cases of alleged research misconduct, with the responsibilities of the examination, doctoral, and habilitation commissions remaining unaffected. The Chairperson annually reports to the Executive Board and the KIT Senate.

(5) The members of the Commission as well as the permanent deputies are independent and observe the principles of a fair and confidential procedure. They observe the applicable legal provisions and internal rules of KIT as amended. The members and their permanent deputies as well as the guests of the Commission are subject to secrecy. If they are not employed in the public service sector of KIT, they must be committed to secrecy by the Chairperson; the same applies to persons involved as experts. The Chairperson is committed to secrecy by the Executive Board. This commitment must be documented in the files.

#### **Article 18      Tasks of the Office for Coordinating and Imparting Good Research Practice**

(1) The staff of the Office supports the Executive Board in organizing good research practice at KIT. This includes in particular:

- Coordination of the implementation of provisions from the Statutes for Safeguarding Good Research Practice and
- development of training concepts as essential elements to impart good research practice and coordination of the corresponding activities at KIT.

These activities on behalf of the Executive Board are subject to the latter's instructions.

(2) The staff of the Office supports the Ombudspersons and the Commission. This includes in particular:

- Low-threshold advice on issues relating to good research practice and
- organization of the meetings of the Commission for Good Research Practice.

When executing these tasks, the staff is not bound to instructions of the Executive Board or of the organizational unit to which the Office is affiliated. The staff observes the principles of a fair and confidential procedure. This particularly includes respect of the confidentiality of matters relating to a procedure to examine alleged research misconduct.

## II. Non-compliance with Good Research Practice and Procedures

### 1. Non-compliance with Good Research Practice

#### Article 19 Scientific Misconduct

Scientific misconduct exists in particular when false data are provided in a deliberate or grossly negligent manner, intellectual property of others is violated, or the research activity of third parties is considerably impaired in another way.

Scientific misconduct in the sense of cl. 1 in particular is the:

1. ***Falsification of scientific facts***, for example by
  - the invention / faking of results,
  - the falsification or ignorance of undesired data and results, e.g. by concealment or ignorance,
  - the intentionally distorted interpretation of results, and
  - the intentionally distorted reproduction of foreign research results.
2. ***Deception by intentional misinformation*** in e.g.
  - applications,
  - proposals for funding and reports on the use of funds,
  - publications, e.g. multiple publications without the corresponding citations. This implies that copying of larger text sections of already published publications or publications in print (also with small cosmetic corrections) or parallel submission of the same article to various journals is not permitted, if these copies are not marked and cited correctly. The same applies to qualification theses, such as dissertations.
3. ***Violation of intellectual property***, e.g. by

- unauthorized use under the pretense of authorship (plagiarism). Plagiarisms in research do not only include cases of copyright violations, but also cases in which an author uses foreign, not protected material and pretends to be its author.<sup>35</sup> Examples of plagiarisms are copies and pastes of texts without correct citation (complete plagiarisms), plagiarisms with text changes / concealment / paraphrasing, translation plagiarisms, pawn sacrifices (a source is indicated, but the text is not marked as copied word by word), copies of figures, graphical representations, and tables without a correct citation, plagiarisms of ideas and structures,
  - exploitation of foreign, unpublished concrete ideas, methods, research results, or approaches without the approval of the authorized owner (theft of ideas), which does not necessarily represent a copyright violation. A foreign line of thought requires citation, even if it does not exist in written form (record, document, image, ...),
  - pretense or unjustified assumption of scientific authorship or co-authorship,
  - refusal of co-authorship rights of others based on adequate contributions,
  - deliberate concealment of major relevant preliminary work of others,
  - intentional or unacceptable delay of the publication of a scientific work in particular as superior, editor, or reviewer,
  - intentional or unacceptable delay of the submission of a doctoral thesis,
  - unauthorized publication and unauthorized disclosure to third parties, as long as the work, the finding, hypothesis, theory or research approach has not yet been published.
4. **Claiming of (co-)authorship** of another person without his or her approval
  5. **Sabotage** by malicious damage, destruction, or manipulation of equipment or materials, e.g.
    - devices and experimental setups,
    - data, documents, and electronic software,
    - consumables (e.g. chemicals).
  6. **Violation of the rules for the documentation, archiving, and use of research data** (see Articles 10, 11, 12), in particular their manipulation and disposal
  7. **Participation in the scientific misconduct of others**, by e.g.
    - active participation in the misconduct of others,
    - deliberate co-authorship in false publications,
    - contribution of texts or passages to the qualification thesis of another person (ghostwriting).

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<sup>35</sup> Cf. Schricker/Loewenheim/Loewenheim, 6<sup>th</sup> edition 2020, UrhG Art. 23, pars. 28-31

## **8. Scientific misconduct as superior / head of a research work unit according to Art. 5, par. 2; project managers**

- gross neglect of supervisors' duties and quality assurance,
- setup of contractual provisions or giving of instructions that contradict the rules of good research practice.

## **2. Procedure in Case of Alleged Research Misconduct**

### **Article 20 General Principles and Rules of Procedure<sup>36</sup>**

(1) All persons of KIT involved in the investigation of a alleged research misconduct are subject to the principles of fair and confidential procedure. The presumption of innocence is adhered to.

(2) All persons of KIT involved in a procedure to investigate allegations of misconduct take appropriate measures to protect both the complainant and the respondent. The information disclosed by the complainant in good faith and based on concrete and reproducible indications should not disadvantage the complainant's research or professional career prospects. This also applies when research misconduct cannot be proved, unless the complaints have been made against one's better knowledge. Unless the contrary is proved, the respondent must be presumed to be innocent in any stage of the procedure. The respondent should not experience any disadvantage resulting from the investigation of the allegation until such time as research misconduct has been formally established.

(3) If the complainant's identity is known, the investigating body will keep his or her name confidential and will not share it with third parties without the individual's consent. Different requirements apply only, if there is a legal obligation to disclose the name or if the respondent cannot otherwise properly defend herself or himself because, as an exception, the case concerns the identity of the complainant. The investigating body will promptly inform the complainant, if her or his name is to be disclosed. In any stage of the procedure, the respondent and complainant are each given the opportunity to be heard.

(4) Until such time as it is demonstrated that misconduct has occurred, information relating to the individuals involved in the process and the findings of the investigation are treated confidentially.<sup>37</sup>

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<sup>36</sup> See DFG Code of Conduct, Guideline 18: Complainants and respondents, p. 21

<sup>37</sup> See DFG Code of Conduct, Guideline 19: Procedures in cases of alleged research misconduct, p. 23

(5) The Ombudspersons and the Commission investigate allegations of research misconduct at their due discretion. In case of parallel pending proceedings of doctoral admissions, habilitation, or other internal committees as well as court proceedings covering largely the same allegations, the Ombudsperson or Commission may suspend the procedure.

(6) Even if it was suspended by the Ombudsperson or Commission, the procedure can be resumed any time, if a new allegation is raised or new facts become known.

(7) The Ombudspersons and members of the Commission are not permitted to act in an advisory or deciding capacity, if<sup>38</sup>

1. they are accused of research misconduct or the decision of the matter may result in a direct legal, economic, immaterial or other advantage or drawback, or
2. they are relatives of a person specified in No. 1, or
3. they represent a person specified in No. 1 by law or by authority or are relatives of the representing person, or
4. they are employed against payment by a person specified in No. 1 or are in another, particularly economically dependent, relationship to this person.

(8) In case of a good cause justifying mistrust of an impartial performance of the work as Ombudsperson or if such a cause is invoked by the complainant or the respondent, the deputy of the Ombudsperson takes over work. In case of an apprehension of bias of the deputy, the KIT Senate appoints a suitable substitute person according to Art. 16, par. 1. This substitute person will act in compliance with the rights and obligations of an Ombudsperson as outlined in the provisions of these Statutes and in particular in Art. 16, par. 5.

(9) In case of a good cause justifying mistrust of impartial performance of work as a Commission member or if such a cause is invoked by the complainant or respondent and if such a conflict of interest is established, the permanent deputy of the Commission member will become active. In case of an apprehension of bias of the permanent deputy, the KIT Senate appoints a substitute member according to Art. 17, par. 1. This substitute member will act in compliance with the rights and obligations of a Commission member as outlined in the provisions of these Statutes and in particular in Art. 17, par. 5.

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<sup>38</sup> See DFG Code of Conduct, Guideline 19: Procedures in cases of alleged research misconduct, p. 22/23

(10) When investigating an alleged research misconduct, legal data protection regulations are always observed. In particular, it is adhered to the basic principles of purpose, proportionality, and data economy. Any data collected and stored during the procedure must be protected against unauthorized access.

(11) Unless otherwise provided, execution of a procedure by the Commission is subject to the *Verfahrensordnung des KIT* (rules of procedure of KIT) as amended.

## **Article 21      Preliminary Proceedings**

(1) In case members and employees of KIT as well as all other persons doing scientific work at KIT become aware of concrete grounds for alleged research misconduct, they immediately inform an Ombudsperson (Art. 16) responsible for starting preliminary proceedings at KIT, the supraregional body “German Research Ombudsman” or the “Central Ombudsperson of the Helmholtz Association” (cf. Art. 16, par. 6). As a rule, this information, which may also be anonymous, should be made in writing and, to the extent possible, evidence, proofs, etc. should be enclosed; if the Ombudsperson is informed orally, the latter makes a written note about the allegation and the evidence justifying it. If the complainant is unable to verify the facts personally or if there is uncertainty whether an observed set of circumstances represents research misconduct, the complainant should consult the Ombudsperson, the body “German Research Ombudsman” or the “Central Ombudsperson of the Helmholtz Association” to clarify the allegation.<sup>39</sup>

(2) The Ombudsperson checks the allegations raised for plausibility, concreteness, significance, potential motives, and for possibilities of dispelling or invalidating them. This also holds for allegations raised by external persons.

(3) At her or his discretion, the Ombudsperson can make attempts of mediation between the complainant and respondent. However, this will not replace proper preliminary proceedings.

(4) In case of sufficiently concrete grounds for alleged research misconduct, the respondent must be given the opportunity to comment in writing on the allegations raised and evidence presented. Without the complainant’s approval, her or his identity will not be disclosed to the respondent in this stage of the proceedings, unless otherwise provided in Art. 20, par. 3. The respondent must be

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<sup>39</sup> See DFG Code of Conduct, Guideline 18: Complainants and respondents, p. 21; Framework for Securing Good Research Practice (GWP) and procedure of the Helmholtz Association (HGF) in the event of research misconduct, as amended

informed of the fact that she or he is free to comment on the allegation and to seek legal representation anytime. The deadline for commenting is four weeks. In the individual case, it may be extended.

(5) Upon receipt of the comment or expiry of the deadline, the Ombudsperson decides whether further investigations are needed, the main proceedings are to be initiated according to Art. 22, other bodies have to be involved, or the proceedings may be terminated. The respondent and the complainant must be informed about the decision.

(6) In case of sufficient grounds for alleged research misconduct, the matter is referred to the responsible examination, doctoral admissions, or habilitation commission. If this allegation of research misconduct already results in tasks and obligations of the employer to avoid major disadvantages for the KIT or necessary for other important reasons (e.g. checking the initiation of disciplinary, labor, civil, criminal, and/or administrative proceedings), the Executive Board is informed accordingly.

(7) The preliminary proceedings must be terminated, if

1. the allegation has not been confirmed,
2. the investigation turned out to be impossible even when using all means available, or
3. insignificance was found.

Termination of the proceedings due to insignificance may be considered in particular when minor research misconduct is established or the respondent has largely contributed to clarification. Initially, the complainant is informed about the termination decision with the reasons being indicated. In case the complainant does not agree with the termination of the preliminary proceedings, she/he has the right to request a review of the decision by the Commission within a period of two weeks. The Ombudsperson informs the respondent and the complainant in writing about the decision taken after the preliminary proceedings and the major reasons.

(8) In case a termination of the proceedings is out of the question, main proceedings by the Commission are initiated by the Ombudsperson, who reports the allegations and the findings of the preliminary proceedings to the Chairperson of the Commission. As for the rest, the Ombudsperson is obliged to secrecy. In the event of a start of main proceedings, the complainant must be informed that the decision made must be treated confidentially.

(9) The Ombudsperson provides for expeditious preliminary proceedings.

## **Article 22      Main Proceedings**

(1) The Commission discusses the matter orally in a closed session. Commission members who appear to be biased do not take part in the discussion of this individual case. The Commission checks by free consideration of evidence whether a case of research misconduct exists and which measures have to be taken according to Art. 23, par. 2. The contents, proceeding, and results of the investigations must be documented clearly in writing.

(2) In the individual case, the Commission can request external experts to assess the research matter as guests having no right to vote. Article 17, par. 5 applies accordingly.

(3) The respondent accused of research misconduct must be given the opportunity to comment in an appropriate way. The respondent must be informed that she/he is free to comment orally or in writing or not to comment on the matter and to seek support by a trusted representative or assistant. For commenting, the respondent is given an appropriate deadline in writing. In case the respondent is prevented from observing this deadline for good reasons and if the respondent has communicated this promptly, the deadline must be extended.

(4) The name of the complainant is confidential. It is disclosed only when a legal obligation exists or the respondent cannot otherwise properly defend herself or himself because, as an exception, the case concerns the identity of the complainant (Art. 20, par. 3).

(5) In case the responsible doctoral admissions or habilitation committee initiates proceedings based on a sufficiently concrete allegation of research misconduct, the Commission may temporarily suspend its investigation. If the allegation of research misconduct results in tasks and obligations of the employer according to Art. 21, par. 6, clause 1 applies accordingly.

(6) In cases of research misconduct in connection with own scientific qualification theses (dissertation, habilitation theses) and in proceedings for the deprivation of academic titles, the corresponding bodies of the KIT departments (doctoral admissions committee, habilitation committee) are responsible. In such proceedings, an Ombudsperson may be requested to start preliminary proceedings according to Art. 21, if the allegation was not presented to an Ombudsperson. When these bodies discuss the above cases, an Ombudsperson for Safeguarding Good Research Practice must be requested to participate with an advisory vote. The Ombudsperson will become active in case of a sufficiently concrete allegation as outlined in Art. 21, par. 6, even when no preliminary proceedings were initiated.



(7) If the majority of the members of the Commission for Good Research Practice considers research misconduct to be established and a measure to be necessary, the Commission forwards the results of its investigations and the reasons that led to this result to the President of KIT together with a proposal for further action. Otherwise, the proceedings are terminated. The Commission informs the respondent and the complainant in writing about the major reasons that led to the termination of the proceedings.

(8) The Commission provides for expeditious main proceedings.

### **Article 23 Termination of the Proceedings**

(1) The Executive Board may return the report to the Commission for Safeguarding Good Research Practice for further clarification of the matter or adopts one or several measures specified in par. 2 or initiates such measures to protect the scientific standards of KIT and the rights of all persons affected directly or indirectly.

(2) Depending on the circumstances of the individual case and on the type and severity of the established research misconduct, the following measures may be considered:

1. Initiation of administrative measures of academic nature, such as
  - deprivation of academic degrees
  - revocation of the authorization to teach
2. Measures under labor law, such as
  - warning
  - termination of the employment contract
3. Disciplinary measures, such as
  - reprimand
  - termination of the civil servant relationship
4. Measures under civil law, e.g.
  - surrender claims
  - claims for removal and cease under copyright law, privacy law, patent law, and competition law
5. Initiation of criminal proceedings based on e.g. suspicion of violation of copyrights, document fraud
6. Request to withdraw scientific publications

- If the faulty scientific publication is unpublished, request to the respondent to retract it
- If the faulty scientific publication has already been published, request to the respondent to correct it (revocation)

#### 7. Information of third persons and of the public

The Executive Board decides whether and to what an extent third persons must be informed. Third persons may be other researchers, scientific institutions, scientific journals and publishers, funding institutions and science organizations, professional associations, ministries, and the public, provided that these have a justified interest in the decision. A justified interest exists in particular when the information is indicated for the protection of third persons, for maintaining trust in scientific honesty, for restoring scientific reputation, for preventing consequential damage, or if it is in the justified public interest.

(3) The respondent and the complainant must be informed in writing about the major reasons that led to the decision of the Executive Board. The parties' right to inspect the files is subject to Art. 29 of the Landesverwaltungsverfahrensgesetz (Baden-Württemberg Administrative Procedure Act). Upon the termination of the proceedings, the files of the formal investigation are kept by KIT for a period of 30 years. For this period, the persons named in connection with alleged research misconduct have the right to be given a confirmation of release, if this allegation was not confirmed. Moreover, the Executive Board informs the Ombudspersons and the Commission about the final result of the proceedings.

### III. Concluding Provisions

#### Article 24 Entry into Force, Transition Provisions

(1) The Statutes for Safeguarding Good Research Practice at Karlsruhe Institute of Technology (KIT) are published in the Public Announcements of Karlsruhe Institute of Technology (KIT). They enter into force on the day after their publication. In parallel, the Rules for Safeguarding Good Scientific Practice in the version of May 23, 2018 cease to be in force.

(2) Proceedings initiated according to the Statutes for Safeguarding Good Scientific Practice at Karlsruhe Institute of Technology (KIT) in the version of May 23, 2018 will be continued in accordance with these provisions.

(3) Until the new appointment of Ombudspersons according to Art. 16 and the new appointment of the Commission members according to Art. 17, previous Ombudspersons and previous Commission members shall continue their work.

Karlsruhe, September 30, 2021

Signed, Professor Dr.-Ing. Holger Hanselka

(President)



# **Guidelines for Safeguarding Good Research Practice**

Code of Conduct

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Disclaimer: This English translation of the DFG Code of Conduct *Guidelines for Safeguarding Good Research Practice* is provided for informational purposes. The English text was carefully translated and reviewed for accuracy. In the event that the English and German versions permit different interpretations, the German text shall prevail.

**September 2019**

Status: April 2022 / revised version 1.1.

In the revised version, a deadline extension has been added, which can be found on p. 24.

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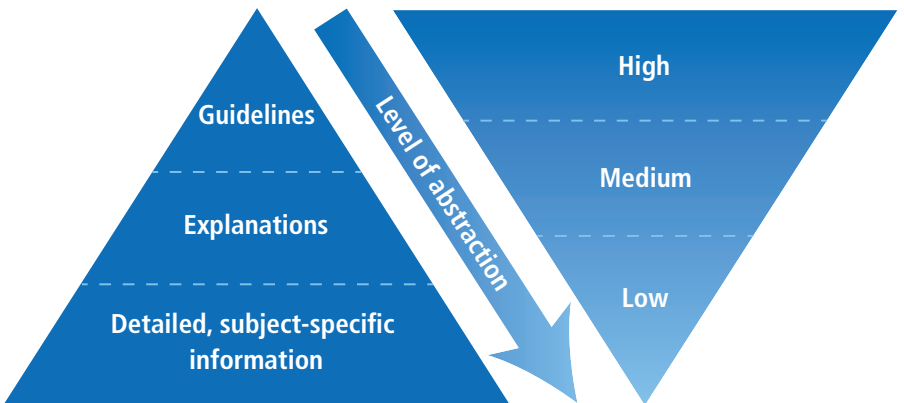
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**Figure 1: Structure of the DFG Code of Conduct *Guidelines for Safeguarding Good Research Practice***

# 1 Foreword

The purpose of the white paper *Safeguarding Good Scientific Practice*, published by the Deutsche Forschungsgemeinschaft (DFG, German Research Foundation) in 1998, was to further research integrity and establish it as an integral part of research and teaching.

In summer 2018, the DFG Executive Board voted to revise the white paper and the *Rules of Procedure for Dealing with Scientific Misconduct*, a decision that was prompted by wide-ranging changes in research brought about by the digital turn and new developments in publishing, the structure of research institutions and forms of cooperation. The reflection and discussion process on the revision took place against the backdrop of international debate on research integrity. The Code provides a framework for safeguarding public confidence in the research endeavour while ensuring that policies and guidelines are in place to protect complainants and to foster the principle of the presumption of innocence to the extent possible.

Against this background, an expert committee was appointed and tasked with revising the white paper *Safeguarding Good Scientific Practice* and the *Rules of Procedure for Dealing with Scientific Misconduct*. The committee held its first meeting in August 2018.

The members of the committee were:

- Professor Dr. Klaus-Michael DEBATIN, Ulm University Medical Center
- Professor Dr. Michael FAMULOK, University of Bonn
- Professor Dr. Onur GÜNTÜRKÜN, University of Bochum
- Professor Dr. Marlis HOCHBRUCK, Karlsruhe Institute of Technology
- Professor Dr. Johannes JANICKA, TU Darmstadt
- Professor Dr. Wolfgang LÖWER, University of Bonn
- Professor Dr. Ansgar OHLY, LMU Munich
- Professor Dr. Stephan RIXEN, University of Bayreuth



- Professor Dr. Elisabeth STAUDEGGER, University of Graz
- Professor Dr. Eric STEINHAEUER, FernUniversität Hagen

This committee of ten, chaired by Professor Dr. Marlis Hochbruck, was divided into three subcommittees focusing on the following topics:

(1) Data, Publications, Digital Turn

*Chair: Professor Dr. Eric Steinhauer*

(2) Research Staff

*Chair: Professor Dr. Marlis Hochbruck*

(3) Rules of Procedure for Dealing with Scientific Misconduct

*Chair: Professor Dr. Stephan Rixen*

Meetings of the committee and subcommittees were also attended by guests who contributed their special expertise to the discussions. The members worked closely with representatives of the German Rectors' Conference (HRK) to deepen their shared understanding of standards of good research practice and to ensure consistency in the handling of suspected cases of misconduct.

The approximately one-year process of revising the white paper focused on embedding a binding culture of research integrity at higher education institutions (HEIs) and non-HEI research institutions in the spirit of a professional code of ethics.

The recommendations set out in the 1998 white paper initiated a system of self-monitoring and voluntary commitment within the German academic research system that has enjoyed broad consensus to this day. The work of the committee serves as the basis for the Code, which also draws on international reference works, and describes appropriate standards for research in the form of guidelines. The guidelines take into account the diversity of the various subject areas and enable researchers, HEIs and non-HEI research institutions to align their actions, internal structures and processes to the guidelines in keeping with the principle of academic voluntary commitment.

The Code, which contains 19 guidelines, is based on a multidimensional approach:

- (1) The Code comprises three levels, each designed to reflect the level of abstraction within the text. The guidelines at level one have a high abstraction level. The explanations that follow at level two also have a relatively high level of abstraction. The printed version of the Code includes levels one and two. The third level will be available as a dynamic document on the DFG website. It will contain research area specific information, case studies and frequently asked questions and will be prepared in detail in autumn 2019. Third-level content will be developed and quality assured continually in cooperation with HEIs, non-HEI institutions, research organisations, the German Research Ombudsman and other stakeholders, and adapted to changing practices in research. The goal is to create a current reference work for the research community in Germany.
- (2) The standards of good research practice are divided into six guidelines that define general principles and eleven guidelines that cover the key steps of good practice throughout the research process. The Code concludes with two guidelines that set out the procedure for handling instances of non-compliance with good research practice.

The framework conditions in place at HEIs and non-HEI research institutions are essential to enabling good, productive research. Such conditions include time and adequate resources for research, teaching and the training of early career researchers.

The Code of Conduct *Guidelines for Safeguarding Good Research Practice* was adopted on 3 July 2019 by the DFG General Assembly during its annual meeting, held in Rostock, following approval by the DFG Senate on 28 March 2019. The *Rules of Procedure for Dealing with Scientific Misconduct* were approved on 28 March 2019 in the Senate and on 2 July 2019 by the Joint Committee.

I would like to thank everyone who has contributed to the revision of the Code.

Bonn, July 2019

A handwritten signature in blue ink, appearing to read 'Strohschneider', with a large initial 'S' and a stylized ending.

Professor Dr. Peter Strohschneider

## 2 Preamble

Scientific integrity forms the basis for trustworthy research. It is an example of academic voluntary commitment that encompasses a respectful attitude towards peers, research participants, animals, cultural assets, and the environment, and strengthens and promotes vital public trust in research. The constitutionally guaranteed freedom of research is inseparably linked to a corresponding responsibility. Taking this responsibility into full account and embedding it in individual conduct is an essential duty for every researcher and for the institutions where research is carried out. The research community itself ensures good practice through fair and honest attitudes and conduct as well as organisational and procedural regulations. In different roles, scientific and scholarly societies, research journals, publishers, research funding agencies, complainants, ombudspersons and the German Research Ombudsman also contribute to safeguarding good research practice; they harmonise their conduct in publicly or privately funded research with the principles of the Code.

Individuals who report a well-founded suspicion of misconduct fulfil a crucial function in the self-regulation of the research community. Scientific and academic societies promote good research practice by developing a shared understanding among their members and by defining binding ethical standards, which they establish within their specialist communities. Journal publishers take account of the requirements of high-quality research with a stringent peer-review process. The German Research Ombudsman, an independent body, and local ombudspersons are trustworthy points of contact that offer advice and conflict mediation on issues relating to good research practice and potential misconduct.

Funding organisations also play an important role in establishing and maintaining standards of good research practice. Through the design of their funding programmes, they create a framework that promotes research integrity. By ensuring that procedures are in place to deal with allegations of misconduct, they also help to combat dishonesty in research.

Within the scope of its responsibility, the DFG has prepared the following *Guidelines for Safeguarding Good Research Practice*. They represent the consensus among the member organisations of the DFG on the fundamental principles and standards of good practice and are upheld by these organisations. These guidelines underline the importance of integrity in the everyday practice of research and provide researchers with a reliable reference with which to embed good research practice as an established and binding aspect of their work.

## 3 Standards of Good Research Practice

### 3.1 Applicability

The DFG Code of Conduct is aimed at both researchers and institutions (HEIs and non-HEI research institutions). It outlines the main standards of good research practice and describes the procedure to follow in the event of non-compliance with these standards.

### 3.2 Principles

#### Guideline 1: Commitment to the general principles

- ▶ Higher education institutions and non-HEI research institutions, with the participation of their members, work together to define rules of good research practice, ensure that their employees are made aware of these guidelines and related policies and regulations, and require their employees to comply with them with due regard for the type of research undertaken in the relevant subject area. Individual researchers are responsible for ensuring that their own conduct complies with the standards of good research practice.

#### **Explanations:**

In particular, the principles include working *lege artis*, maintaining strict honesty in attributing one's own contributions and those of others, rigorously questioning all findings, and permitting and promoting critical discourse within the research community. The principles of good research practice are set out in the following guidelines.

#### Guideline 2: Professional ethics

- ▶ Researchers are responsible for putting the fundamental values and norms of research into practice and advocating for them. Education in the principles of good research begins at the earliest possible stage in academic teaching and research training. Researchers at all career levels

regularly update their knowledge about the standards of good research practice and the current state of the art.

**Explanations:**

Experienced and early career researchers support each other in a process of continuous mutual learning and ongoing training and maintain a regular dialogue.

**Guideline 3: Organisational responsibility of heads of research institutions**

- ▶ The heads of HEIs and non-HEI research institutions create the basic framework for research. They are responsible for ensuring adherence to and the promotion of good practice, and for appropriate career support for all researchers. The heads of research institutions guarantee the necessary conditions to enable researchers to comply with legal and ethical standards. The basic framework includes clear written policies and procedures for staff selection and development as well as for early career support and equal opportunity.

**Explanations:**

The head of each HEI and non-HEI research institution is responsible for ensuring that an appropriate organisational structure is in place at the institution. He or she makes certain that the tasks of leadership, supervision, quality assurance and conflict management are clearly allocated in accordance with the size of individual research work units and suitably communicated to members and employees.

With regard to staff selection and development, due consideration is given to gender equality and diversity. The relevant processes are transparent and avoid implicit bias as much as possible. Suitable supervisory structures and policies are established for early career researchers. Honest career advice, training opportunities and mentoring are offered to researchers and research support staff.

#### **Guideline 4: Responsibility of the heads of research work units**

- ▶ The head of a research work unit is responsible for the entire unit. Collaboration within the unit is designed such that the group as a whole can perform its tasks, the necessary cooperation and coordination can be achieved, and all members understand their roles, rights and duties. The leadership role includes ensuring adequate individual supervision of early career researchers, integrated in the overall institutional policy, as well as career development for researchers and research support staff. Suitable organisational measures are in place at the level of the individual unit and of the leadership of the institution to prevent the abuse of power and exploitation of dependent relationships.

##### **Explanations:**

The size and the organisation of the unit are designed to allow leadership tasks, particularly skills training, research support and supervisory duties, to be performed appropriately. The performance of leadership tasks is associated with a corresponding responsibility. Researchers and research support staff benefit from a balance of support and personal responsibility appropriate to their career level. They are given adequate status with corresponding rights of participation. Through gradually increasing autonomy, they are empowered to shape their career.

#### **Guideline 5: Dimensions of performance and assessment criteria**

- ▶ To assess the performance of researchers, a multidimensional approach is called for; in addition to academic and scientific achievements, other aspects may be taken into consideration. Performance is assessed primarily on the basis of qualitative measures, while quantitative indicators may be incorporated into the overall assessment only with appropriate differentiation and reflection. Where provided voluntarily, individual circumstances stated in curricula vitae – as well as the categories specified in the German General Equal Treatment Act (*Allgemeines Gleichbehandlungsgesetz*) – are taken into account when forming a judgement.



**Explanations:**

High-quality research is oriented towards criteria specific to individual disciplines. In addition to the generation of and critical reflection on findings, other aspects of performance are taken into consideration in the evaluation process. Examples include involvement in teaching, academic self-governance, public relations, and knowledge and technology transfer; contributions to the general good of society may also be recognised. An individual's approach to research, such as an openness to new findings and a willingness to take risks, is also considered. Appropriate allowance is made for periods of absence due to personal, family or health reasons or for prolonged training or qualification phases resulting from such periods, and for alternative career paths or similar circumstances.

**Guideline 6: Ombudspersons**

- ▶ HEIs and non-HEI research institutions appoint at least one independent ombudsperson to whom their members and employees can turn with questions relating to good research practice and in cases of suspected misconduct. They take sufficient care to ensure that people are aware of who the ombudspersons at the institution are. For each ombudsperson there must be a designated substitute in case there is any concern about conflicts of interest or in case the ombudsperson is unable to carry out his or her duties.

**Explanations:**

Ombudspersons may not serve as members of a central governing body of their institutions while serving in this role. An ombudsperson has a set term of office. A further term of office is permissible. Researchers who are persons of integrity and who have management experience are eligible to be selected as ombudspersons. As neutral and qualified contact persons, they advise on issues relating to good research practice and in suspected cases of scientific misconduct and, where possible, contribute to solution-oriented conflict mediation. Ombudspersons maintain confidentiality in dealing with queries and, if necessary, notify the responsible body at their institution, normally an investigating committee, in the event

of suspected cases of misconduct. HEIs and non-HEI research institutions give ombudspersons the support and acceptance they need to carry out their duties. Institutions may initiate additional measures to help facilitate the work of an ombudsperson. HEIs and non-HEI research institutions incorporate in their regulations a right of choice that enables members and employees to contact their institution's ombudsperson or the national German Research Ombudsman. The German Research Ombudsman is an independent body that provides advice and support on issues relating to good research practice and allegations of inappropriate conduct.

### 3.3 Research Process

#### Guideline 7: Cross-phase quality assurance

- ▶ Researchers carry out each step of the research process *lege artis*. When research findings are made publicly available (in the narrower sense of publication, but also in a broader sense through other communication channels), the quality assurance mechanisms used are always explained. This applies especially when new methods are developed.

#### **Explanations:**

Continuous quality assurance during the research process includes, in particular, compliance with subject-specific standards and established methods, processes such as equipment calibration, the collection, processing and analysis of research data, the selection and use of research software, software development and programming, and the keeping of laboratory notebooks.

If researchers have made their findings publicly available and subsequently become aware of inconsistencies or errors in them, they make the necessary corrections. If the inconsistencies or errors constitute grounds for retracting a publication, the researchers will promptly request the publisher, infrastructure provider, etc. to correct or retract the publication and make a corresponding announcement. The same applies if researchers are made aware of such inconsistencies or errors by third parties.

The origin of the data, organisms, materials and software used in the research process is disclosed and the reuse of data is clearly indicated; original sources are cited. The nature and the scope of research data generated during the research process are described. Research data are handled in accordance with the requirements of the relevant subject area. The source code of publicly available software must be persistent, citable and documented. Depending on the particular subject area, it is an essential part of quality assurance that results or findings can be replicated or confirmed by other researchers (for example with the aid of a detailed description of materials and methods).

### **Guideline 8: Stakeholders, responsibilities and roles**

- ▶ The roles and responsibilities of the researchers and research support staff participating in a research project must be clear at each stage of the project.

#### **Explanations:**

The participants in a research project engage in regular dialogue. They define their roles and responsibilities in a suitable way and adapt them where necessary. Adaptations are likely to be needed if the focus of a participant's work changes.

### **Guideline 9: Research design**

- ▶ Researchers take into account and acknowledge the current state of research when planning a project. To identify relevant and suitable research questions, they familiarise themselves with existing research in the public domain. HEIs and non-HEI research institutions ensure that the necessary basic framework for this is in place.

#### **Explanations:**

Methods to avoid (unconscious) distortions in the interpretation of findings, e.g. the use of blinding in experiments, are used where possible.

Researchers examine whether and to what extent gender and diversity dimensions may be of significance to the research project (with regard to methods, work programme, objectives, etc.). The context in which the research was conducted is taken into consideration when interpreting findings.

### **Guideline 10: Legal and ethical frameworks, usage rights**

- ▶ Researchers adopt a responsible approach to the constitutionally guaranteed freedom of research. They comply with rights and obligations, particularly those arising from legal requirements and contracts with third parties, and where necessary seek approvals and ethics statements and present these when required. With regard to research projects, the potential consequences of the research should be evaluated in detail and the ethical aspects should be assessed. The legal framework of a research project includes documented agreements on usage rights relating to data and results generated by the project.

#### **Explanations:**

Researchers maintain a continual awareness of the risks associated with the misuse of research results. Their responsibility is not limited to compliance with legal requirements but also includes an obligation to use their knowledge, experience and skills such that risks can be recognised, assessed and evaluated. They pay particular attention to the aspects associated with security-relevant research (dual use). HEIs and non-HEI research institutions are responsible for ensuring that their members' and employees' actions comply with regulations and promote this through suitable organisational structures. They develop binding ethical guidance and policies and define procedures to assess ethical issues relating to research projects.

Where possible and practicable, researchers conclude documented agreements on usage rights at the earliest possible point in a research project. Documented agreements are especially useful when multiple academic and/or non-academic institutions are involved in a research project

or when it is likely that a researcher will move to a different institution and continue using the data he or she generated for his or her own research purposes. In particular, the researcher who collected the data is entitled to use them. During a research project, those entitled to use the data decide whether third parties should have access to them (subject to data protection regulations).

### **Guideline 11: Methods and standards**

- ▶ To answer research questions, researchers use scientifically sound and appropriate methods. When developing and applying new methods, they attach particular importance to quality assurance and the establishment of standards.

#### **Explanations:**

The application of a method normally requires specific expertise that is ensured, where necessary, by suitable cooperative arrangements. The establishment of standards for methods, the use of software, the collection of research data and the description of research results is essential for the comparability and transferability of research outcomes.

### **Guideline 12: Documentation**

- ▶ Researchers document all information relevant to the production of a research result as clearly as is required by and is appropriate for the relevant subject area to allow the result to be reviewed and assessed. In general, this also includes documenting individual results that do not support the research hypothesis. The selection of results must be avoided. Where subject-specific recommendations exist for review and assessment, researchers create documentation in accordance with these guidelines. If the documentation does not satisfy these requirements, the constraints and the reasons for them are clearly explained. Documentation and research results must not be manipulated; they are protected as effectively as possible against manipulation.

**Explanations:**

An important basis for enabling replication is to make available the information necessary to understand the research (including the research data used or generated, the methodological, evaluation and analytical steps taken, and, if relevant, the development of the hypothesis), to ensure that citations are clear, and, as far as possible, to enable third parties to access this information. Where research software is being developed, the source code is documented.

**Guideline 13: Providing public access to research results**

- ▶ As a rule, researchers make all results available as part of scientific/academic discourse. In specific cases, however, there may be reasons not to make results publicly available (in the narrower sense of publication, but also in a broader sense through other communication channels); this decision must not depend on third parties. Researchers decide autonomously – with due regard for the conventions of the relevant subject area – whether, how and where to disseminate their results. If it has been decided to make results available in the public domain, researchers describe them clearly and in full. Where possible and reasonable, this includes making the research data, materials and information on which the results are based, as well as the methods and software used, available and fully explaining the work processes. Software programmed by researchers themselves is made publicly available along with the source code. Researchers provide full and correct information about their own preliminary work and that of others.

**Explanations:**

In the interest of transparency and to enable research to be referred to and reused by others, whenever possible researchers make the research data and principal materials on which a publication is based available in recognised archives and repositories in accordance with the FAIR principles (**F**indable, **A**ccessible, **I**nteroperable, **R**eusable). Restrictions may apply to public availability in the case of patent applications. If self-developed

research software is to be made available to third parties, an appropriate licence is provided.

In line with the principle of “quality over quantity”, researchers avoid splitting research into inappropriately small publications. They limit the repetition of content from publications of which they were (co-)authors to that which is necessary to enable the reader to understand the context. They cite results previously made publicly available unless, in exceptional cases, this is deemed unnecessary by the general conventions of the discipline.

### Guideline 14: Authorship

- ▶ An author is an individual who has made a genuine, identifiable contribution to the content of a research publication of text, data or software. All authors agree on the final version of the work to be published. Unless explicitly stated otherwise, they share responsibility for the publication. Authors seek to ensure that, as far as possible, their contributions are identified by publishers or infrastructure providers such that they can be correctly cited by users.

#### **Explanations:**

The contribution must add to the research content of the publication. What constitutes a genuine and identifiable contribution must be evaluated on a case-by-case basis and depends on the subject area in question. An identifiable, genuine contribution is deemed to exist particularly in instances in which a researcher – in a research-relevant way – takes part in

- the development and conceptual design of the research project, or
- the gathering, collection, acquisition or provision of data, software or sources, or
- the analysis/evaluation or interpretation of data, sources and conclusions drawn from them, or
- the drafting of the manuscript.

If a contribution is not sufficient to justify authorship, the individual's support may be properly acknowledged in footnotes, a foreword or an acknowledgement. Honorary authorship where no such contribution was

made is not permissible. A leadership or supervisory function does not itself constitute co-authorship.

Collaborating researchers agree on authorship of a publication. The decision as to the order in which authors are named is made in good time, normally no later than when the manuscript is drafted, and in accordance with clear criteria that reflect the practices within the relevant subject areas. Researchers may not refuse to give their consent to publication of the results without sufficient grounds. Refusal of consent must be justified with verifiable criticism of data, methods or results.

### **Guideline 15: Publication medium**

- ▶ Authors select the publication medium carefully, with due regard for its quality and visibility in the relevant field of discourse. Researchers who assume the role of editor carefully select where they will carry out this activity. The scientific/academic quality of a contribution does not depend on the medium in which it is published.

#### **Explanations:**

In addition to publication in books and journals, authors may also consider academic repositories, data and software repositories, and blogs. A new or unknown publication medium is evaluated to assess its seriousness.

A key criterion to selecting a publication medium is whether it has established guidelines on good research practice.

### **Guideline 16: Confidentiality and neutrality of review processes and discussions**

- ▶ Fair behaviour is the basis for the legitimacy of any judgement-forming process. Researchers who evaluate submitted manuscripts, funding proposals or personal qualifications are obliged to maintain strict confidentiality with regard to this process. They disclose all facts that could give rise to the appearance of a conflict of interest. The duty of confidentiality and disclosure of facts that could give rise to the appearance of a conflict



of interest also applies to members of research advisory and decision-making bodies.

**Explanations:**

The confidentiality of third-party material to which a reviewer or committee member gains access precludes sharing the material with third parties or making personal use of it. Researchers immediately disclose to the responsible body any potential or apparent conflicts of interest, bias or favouritism relating to the research project being reviewed or the person or matter being discussed.

**Guideline 17: Archiving**

- ▶ Researchers back up research data and results made publicly available, as well as the central materials on which they are based and the research software used, by adequate means according to the standards of the relevant subject area, and retain them for an appropriate period of time. Where justifiable reasons exist for not archiving particular data, researchers explain these reasons. HEIs and non-HEI research institutions ensure that the infrastructure necessary to enable archiving is in place.

**Explanations:**

When scientific and academic findings are made publicly available, the research data (generally raw data) on which they are based are generally archived in an accessible and identifiable manner for a period of ten years at the institution where the data were produced or in cross-location repositories. This practice may differ depending on the subject area. In justified cases, shorter archiving periods may be appropriate; the reasons for this are described clearly and comprehensibly. The archiving period begins on the date when the results are made publicly available.

## 4 Non-Compliance with Good Research Practice, Procedures

### Guideline 18: Complainants and respondents

- ▶ The responsible bodies at HEIs and non-HEI research institutions (normally ombudspersons and investigating committees) examining allegations of misconduct take appropriate measures to protect both the complainant and the respondent. The investigation of allegations of research misconduct must be carried out in strict confidentiality and adhere to the presumption of innocence. The information disclosed by the complainant must be provided in good faith. Knowingly false or malicious allegations may themselves constitute misconduct. The disclosure should not disadvantage the research or professional career prospects of either the complainant or the respondent.

#### **Explanations:**

Particularly in the case of early career researchers, the disclosure should not lead to delays in the complainant's own qualification phase and no disadvantage should arise to the writing of final dissertations or doctoral theses; the same applies to working conditions and possible contract extensions.

The investigating body will respect the presumption of innocence vis-à-vis the respondent at each stage of the process when considering each case. The respondent should not experience any disadvantage resulting from the investigation of the allegation until such time as research misconduct has been formally established. The complainant must have objective reasons for suspecting that an infringement of the standards of good research practice may have occurred.

If the complainant is unable to verify the facts personally, or if there is uncertainty with regard to the interpretation of the guidelines on good research practice in relation to an observed set of circumstances, the complainant should consult the local ombudsperson or the German Research Ombudsman to clarify the suspicion.

HEIs and non-HEI research institutions are responsible for deciding whether to investigate anonymous allegations. Disclosures made anonymously can only be investigated if the complainant provides the party investigating the allegation with solid and sufficiently concrete facts. If the complainant's identity is known, the investigating body will keep the individual's name confidential and will not share it with third parties without the individual's consent. Different requirements apply only if there is a legal obligation or if the respondent cannot otherwise properly defend himself or herself because, as an exception, the case concerns the identity of the complainant. The investigating body will promptly inform the complainant if his or her name is to be disclosed; the complainant can decide whether to withdraw the allegation due to the impending disclosure. The confidentiality of the process is limited if the complainant makes his or her suspicion public. The investigating body will decide on a case-by-case basis how to handle the breach of confidentiality on the part of the complainant. Should research misconduct not be proven, the complainant must continue to be protected, assuming that the allegations cannot be shown to have been made against his or her better knowledge.

### **Guideline 19: Procedures in cases of alleged research misconduct**

- ▶ HEIs and non-HEI research institutions establish procedures to handle allegations of research misconduct. They define policies and regulations on the basis of a sufficient legal foundation. The regulations define the circumstances that constitute misconduct, procedural rules and the measures to take should an allegation be upheld. Regulations are applied in addition to relevant higher-level laws.

#### **Explanations:**

Not every breach of good research practice constitutes misconduct. Only deliberate or grossly negligent infringements defined in a set of regulations are considered scientific misconduct. Particular examples of misconduct include fabrication of data, falsification of data and plagiarism.

The regulations enacted by HEIs and non-HEI research institutions define responsibility for each step of a procedure, the consideration of evidence, substitutes for ombudspersons and members of investigation committees, conflicts of interest and the procedural principles of the rule of law. The respondent and the complainant are each given the opportunity to be heard at each stage of the process. Until such time as it is demonstrated that misconduct has occurred, information relating to the individuals involved in the process and the findings of the investigation is treated in confidence. HEIs and non-HEI research institutions ensure that the entire process is conducted as promptly as possible and implement the steps necessary to complete each stage of the procedure within an appropriate time frame. The regulations stipulate various measures to be applied according to the seriousness of the scientific misconduct ascertained. If, after it has been established that misconduct has occurred, the revocation of an academic degree is being considered, the responsible bodies are included in deliberations. Once inquiries are complete, the result is announced to affected research organisations and, if relevant, third parties with a justified interest in the decision.

## 5 Implementation of the Guidelines

All higher education institutions and non-HEI research institutions must implement levels one and two of guidelines 1 to 19 in the DFG Code of Conduct *Guidelines for Safeguarding Good Research Practice* in a legally binding manner in accordance with the organisational form of the institution. Compliance with this Code is a prerequisite for receiving DFG funding; institutions that do not implement the guidelines are not eligible for funding. When submitting funding proposals to the DFG and in accepting funding, applicants and grant recipients agree to adhere to the principles of good scientific practice as stipulated in DFG funding guidelines and the funding guidelines of programmes implemented by the DFG.

The Code enters into force on 1 August 2019. For those HEIs and non-HEI research institutions that have already implemented the relevant requirements in the DFG white paper *Safeguarding Good Scientific Practice* in a binding manner, there is a two-year transition period for implementing the guidelines in the Code. This period begins on 1 August 2019 and ends on 31 July 2021. [The transitional period for implementing the Code has been extended until 31 July 2023 by the DFG General Assembly.]

HEIs and non-HEI research institutions (particularly members of the Alliance of Science Organisations in Germany) implement the guidelines in a legally binding manner according to the organisational form of the institution.

If a non-HEI (research) institution cannot implement the guidelines in a legally binding manner on its own due to its organisational structure or its particular nature or other circumstances, there are various options for implementing and acknowledging the Code. Institutions to which this applies may associate themselves with an institution that has implemented the DFG Code and acknowledge its implementation of the Code as binding for them (the cooperation model). If the non-HEI (research) institution cannot find a cooperation partner, it can contact the German Rectors' Conference (HRK), which will arrange a partner institution that is willing to act in allegations of scientific misconduct in individual cases (backup model). In matters relating to ombudspersons, the

institutions concerned may contact the German Research Ombudsman. They will implement the principles of the Code accordingly.



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