RESEARCH RECORDS RETENTION POLICY

Acknowledgements

We wish to acknowledge in particular the following sources in the production of this policy:

Introduction

This document is intended to address the creation, maintenance, and disposition of research records. The policy applies primarily to funded projects, but it is good practice to follow its principles in relation to the conduct of any research.

Complete, authentic and reliable records are required to:

- Demonstrate good research practice and strengthen the reliability of research evidence
- Safeguard researchers and institutions from allegations of research misconduct
- Demonstrate effective practices and procedures (including financial management) to internal and external auditors and to research sponsors
- Protect individual and institutional intellectual property rights
- Demonstrate compliance with legislation, regulations and other requirements

Records Retention

1.   Scope

1.1   This policy applies to all records created, received or maintained by staff of the institution in the course of carrying out their corporate research functions.   Records and documentation created in the course of research, whether internally or externally-funded, are also subject to contractual record-keeping requirements.

1.2   Records are defined as all those documents which facilitate the business carried out by the University and which are thereafter retained (for a set period) to provide evidence of its transactions or activities. These records may be created, received or maintained in hard copy or electronically.

1.3   The recorded information may be in any form (e.g. text, image, sound) and the records may be in any medium or format, including three-dimensional objects.

1.4   Research records, that is records associated with the research process, can be organised into four categories. While specific types of record in each category vary, depending on the research discipline and the characteristics of projects, some types are common to most research activities (e.g. correspondence {including email}, laboratory notebooks):

   a.   Records documenting the research process, procedures followed and results obtained, including interim results (e.g. protocol documents; risk assessments; applications for regulatory approvals and approvals granted)
   b.   Records documenting research outcomes or products (e.g. technical reports; monographs)
   c.   Records documenting the management of the research process/project(s)(e.g. applications for funding; contracts; purchase invoices; staff timesheets)

      d.   Data generated in the course of research data, both in 'raw' and 'analysed' form (e.g. field notes; completed questionnaires; audio/video recordings (analogue and digital); photographs; instrument readings; samples; interview transcripts; diaries; observational recordings; press clippings; personal documents (including laboratory notebooks and emails) and databases of quantitative data).

1.5   Storage of personal data is subject to applicable elements of the Data Protection Act 1998, although the Act is not prescriptive about methods of retention. The DPA covers personal information held as computer records, manual files (e.g. index cards, filing systems, etc.) discs, CDs, emails and video tapes, paper records and minutes of meetings.

2.   Objectives

2.1   To ensure that the research records being retained at the University comply with the University's Records Management Policy.

2.2   To ensure that the University meets legal, financial and audit requirements in respect of its record-keeping.

2.3   To establish an institutional schedule for the maintenance and retention of the University's records by adapting and using the Joint Information Systems Committee (JISC) record retention schedule guidelines based on the JISC publication, "Study of the Records Lifecycle" to underpin DMU records' retention policy and practice.

3.   Responsibilities

3.1   The University has corporate responsibility to maintain its records and record-keeping systems in accordance with the regulatory environment. The Senior Management Team member with overall responsibility for this policy is the **Pro-Vice Chancellor (Research)**.

3.2   The University's Record Manager is responsible for drawing up guidance for good records retention practice and promoting compliance with this policy in such a way as to ensure the easy, appropriate and timely disposition of information.

3.3   Responsibility for the accuracy, completeness and security of research evidence during a project lies with the Principal Investigator. Any other staff who may be involved in the research process should have clearly defined and documented responsibilities (e.g. staff involved in the research process; student researchers and their supervisors; staff responsibility for supporting the research process).

      If the Principal Investigator delegates any responsibility for managing records to other members of a project team, s/he should define and document these arrangements, and make sure that the other members of the team are aware of them.

3.4   Heads of School/Department and Heads of Research Centres have overall responsibility for the management of records generated by their departments' activities, namely to ensure that the records created, received and controlled within the purview of their Department or Centre, and the systems (electronic or otherwise) and procedures they adopt, are managed in a way which comply with the University's records management and records retention policies.

3.5   Researchers should keep clear and accurate records of the procedures followed and the approvals granted during the research process. This includes records of interim results obtained as well as the results of the final outcome, both as a means of demonstrating proper practice, and to respond to any questions about either the conduct of the research or the results obtained.

3.6   Should the Principal Investigator for a project leave the institution, the Faculty (Head of School), Research Centre (Head of Centre), or, in exceptional circumstances, University (Pro Vice-Chancellor Research), will assume the responsibilities set out in 3.3.

3.7   Committee Secretaries are responsible for ensuring that a full record of a committee's business (its minutes, agenda and all supporting papers) is preserved and that any documents generated or received electronically are printed in hard copy format and form part of the full and official record. This official record, in paper format and designated for permanent retention, will be taken as the definitive and authentic copy where minutes are not signed. Any copies will be the personal responsibility of individual committee members.

4.   The Research Records Retention policy of the University is that:

4.1   Research records should be stored in facilities and equipment ('hard copy' records) or in electronic systems (digital records) which are 'fit for purpose'.
        Fit for purpose means:
        • Adequate space for all the records which need to be produced and retained
        • Appropriate security measures to control access to the records
        • Appropriate environmental conditions for the record media used.

4.2   Storage facilities and systems should meet the same standards irrespective of where they are located and who is responsible for managing them.

4.3   In line with responsibilities set out in Section 3 (above), the Principal Investigator will designate a member of staff to maintain a record of:
        • The content, format and location of all research records
        • Research records which have been transferred to another organisation (e.g. returned to a sponsor, deposited in a third-party data archive)
        • Research records which have been made available by third parties (directly to the institution) for re-use/re-purposing.
        • The destruction of research records, including the authority for destruction and the date of destruction.

4.4   In the event that a member of staff leaves the institution, data and records relating to any funded research during their period of employment remain the property of the University and are subject to the terms of this policy. Where the Principal Investigator and grant transfer to another institution during the course of a project, the University will normally accord the right for records and data generated up to that time to transfer as an integral part of the research, but will expect to retain a copy as part of its own research record. New employees bringing with them existing research contracts are expected to comply with the University's policy on research records from the commencement of their employment.

4.5   During a research project, research records should be stored and indexed so that they can be identified and retrieved quickly and easily.
        a.   Paper documents and other 'hard copy' records should be housed in durable containers which are clearly labelled with key information to identify them, and these containers should be stored in secure facilities and equipment. Confidential 'hard copy' records should be stored in locked equipment or rooms when they are not being used.
        b.   Electronic records should be organised in accordance with institutional protocols for titling, classification and indexing, or according to Research Council guidelines, where specified. Confidential electronic records should be protected with passwords and other electronic security measures. If electronic systems are not centrally managed, designated staff should make

back-up copies to prevent loss of records through accidental or intentional damage or destruction.

4.6   Specific recordkeeping requirements of the UK Research Councils and other important research sponsors or funding bodies should be adopted where applicable. Where the research that is being undertaken is governed by European Union Directives/Regulations or Acts of the UK Parliament the records retention requirements of the legislation override the recommendations and requirements of both the funding body and any internal University policies.

4.7   Each Faculty and Research Centre will develop and implement local procedures for good records management practice in respect of funded research where no specific external record-keeping requirements apply. These procedures may reflect the difference between disciplines, whilst ensuring that the overall aims of this Policy are met. Such local procedures are underpinned by the University's records retention and best practice guidelines, set out in Appendix A of this Policy.

4.8   Following the completion of a research project, the relevant records should be stored in a secure environment that enables continued access and ease of retrieval, regardless of their format or medium, even when transferred to other storage facilities or systems.

4.9   Access to research records should be controlled to prevent unauthorised use, removal or destruction of the records themselves and unauthorised disclosure of information they contain. Such authorisation would normally be granted by the Principal Investigator (or designated nominee).

4.10   Research records containing personal data must be handled with particular care to ensure compliance with the provisions of the DPA 1998.

4.11   Research records should be appraised at appropriate intervals during the project/process, and on completion, to determine the risks, benefits and costs of retention or destruction.

4.12   Research records will be destroyed when agreed retention periods expire. Destruction should be authorised by appropriate staff (normally the Principal Investigator) and should be carried out in accordance with the institution's procedures for destruction of redundant records.

4.13   Each Faculty and Research Centre will establish a register of research records, in which the authority for, and date of, destruction should be recorded, as should the location of any records to be retained.

4.14   Security for research records either in hard copy or electronic format should be maintained in accordance with university security policies and procedures for Records Management, as well as the ISAS published security policies and procedures.

5.   Relationship with existing policies
         This policy has been formulated within the context of the following University Documents:

         Information Strategy

         Freedom of Information Policy

         Data Protection policy

         DMU Records Management Policy

DMU Records Retention Policy

DMU Records Destruction/Disposition Policy

DMU Code of Practice for Research Degree Students 2007, Incorporating:
- o Research Degree Regulations
- o DMU Research Degree Procedures
- o DMU Guidance Notes for Examiners
- o DMU Guidance Notes for Annual Review Panels

6.   Contacts:

DMU Records Manager
DMU Data Protection Coordinator
DMU Freedom of Information Coordinator

7.   Appendices

A.   Research Records Retention & Disposition Guidelines

B.   JISC Research Records Retention Guidelines

8.   References

<u>UK Research Councils Core Terms and Conditions for Research Grants</u>

Research grants awarded by the Research Councils are made on the basis of a single set of core terms and conditions. There are separate sets of terms and conditions for grants which fund eligible direct cost plus a contribution to indirect costs (pre-fEC) and those which fund on the basis of 80 per cent of full economic costs (fEC). Both sets are available:
http://www.rcuk.ac.uk/aboutrcuk/efficiency/tcfec

The key section relating to recordkeeping requirements is RG18 (pre-fEC grants) or RG17 (fEC grants):

The Research Council reserves the right to have reasonable access to inspect the records and financial procedures associated with research grants or to appoint any other body or individual for the purpose of such inspection.

The Research Organisation must, if required by the Research Council, provide a statement of account for the grant, independently examined by an auditor who is a member of a recognised professional body, certifying that the expenditure has been incurred in accordance with the research grant terms and conditions.

Research Councils will undertake periodic review of Research Organisations within the Dipstick Testing programme to seek assurance that research grants are managed in accordance with the terms and conditions under which they are awarded.

Individual councils may add to these core terms and conditions to reflect the particular circumstances or requirements.

<u>Section 33 of the DPA</u> which states inter alia at 33(3) that personal data which are processed only for research purposes in compliance with the relevant conditions may, notwithstanding the fifth data protection principle, be kept indefinitely. [The section has a number of points to make about research statistics.]

JISC infoNet HEI Records Management: Guidance on Managing Research Records

http://www.jiscinfonet.ac.uk/partnerships/records-retention-he/managing-research-records

UK Research Councils (This section contains web sites for documents published by the UK Research Councils and other research funding bodies, relating to the production and management of research records.)

Biotechnology and Biological Sciences Research Council (BBSRC)
http://www.bbsrc.ac.uk

Economic and Social Research Council (ESRC)
http://www.esrc.ac.uk

Engineering and Physical Sciences Research Council (EPSRC)
http://www.epsrc.ac.uk

Medical Research Council (MRC)
http://wwwmrc.ac.uk

Guidelines for Good Clinical Practice in Clinical Trials (March 1998)
Clinical Trials Toolkit (developed jointly with the Department of Health)
http://www.ct-toolkit.ac.uk

Natural Environment Research Council (NERC)
http://www.nerc.ac.uk

Particle Physics and Astronomy Research Council (PPARC)
http://www.pparc.ac.uk

"Safeguarding Good Scientific Practice (1998)" A joint statement by the Director General of the Research Councils and the Chief Executives of the UK Research Councils (December 1998)

European Science Foundation
www.esf.org

The Wellcome Trust – Guidelines on Good Research Practice (November 2005)
www.wellcome.ac.uk

The Lancet – Information for authors – What happens after publication? – Data storage (current in December 2006)
http://www.thelancet.com/authors/lancet/authorinfo

Appendix A

Research Records Retention and Disposition Guidelines
These guidelines are not exhaustive. Specific conditions listed cover only the main UK funding bodies. Researchers should check at time of grant application whether any particular conditions in respect of record retention and deposition are set by their sponsor. Any such conditions of grant will over-ride the guidance below. Where the research that is being undertaken is governed by European Union Directives/Regulations or Acts of the UK Parliament the records retention requirements of the legislation override the recommendations and requirements of both the funding body and any internal University policies. Examples of legislation which might affect research within the University include: EU Clinical Trials Directive, the Data Protection Act and the Human Tissue Act.

Disposal class	Minimum retention period
Records containing personal information relating to clinical or public health studies funded by the Medical Research Council (MRC)	Retain for twenty years (20) after the completion of a research project *(MRC specified)*
Records of protocol, consent procedure, subject consent and adverse effects generated during clinical and public health studies, or other projects requiring consent funded by the (MRC)	Retain for thirty years (30) after the completion of a research project *(MRC specified)*
Records of projects which: • are of historical importance • first used novel clinical interventions • proved controversial	A full set of records should be kept for permanent preservation *(DMU requirement)*
Data generated in the course of a project which may have a secondary use for other research and learning	Life of programme + 10 years *(DMU requirement)*
Data sets from AHRC-funded research	Grant Holders must make any significant electronic resources or datasets created as a result of research funded by the Council available in an accessible depository for at least three years after the end of their grant *(AHRC specified)*
Data generated in the course of ESRC and NERC funded projects and designated for deposit in a data archive	Transfer to a designated repository in accordance with the wishes of ESRC or NERC, or discuss with Records Manager any plans for permanent preservation. *(ESRC/NERC specified)*
Data/samples generated for Wellcome Trust projects	Retain for minimum of 10 years, but potentially longer for clinical research, or relating to public health *(Wellcome specified)*
Data from BBSRC funded research	Retain for 10 years after completion of project (& must have guidelines on data retention) *(BBSRC specified)*
Data from EPSRC funded research	"An appropriate time"(and must be retained by the institution of origin, even if individual researcher relocates) *(EPSRC specified)*
Data from ESF funded research	Retention period not specified, but refer to a minimum period of 10 years as "good practice"
Final reports	Retain for permanent preservation *(DMU specified)*
Records documenting the registration of intellectual property rights (e.g. patents and trademarks applications and certificates)	Retain permanently *(DMU specified)*
Records relating to IPR licensing agreements	Superseded +10 years after the intellectual property rights have lapsed *(DMU specified)*
All other records generated during a research project and not covered by any of the above disposal classes.	Retain for whichever is longer: • five years after completion of the project (statutory limitation period) • a period of time determined by the conditions set by the particular research sponsor *(DMU specified)*