GMIT
INSTITIÚID TEICNEOLAÍOCHTA NA GAILLIMHE-MAIGH EO
GALWAY-MAYO INSTITUTE OF TECHNOLOGY

Human Resources Strategy for Researchers (HRS4R)

Gap Analysis



Galway-Mayo Institute of Technology, Ireland

I. Ethical and professional aspects

1. Research freedom

Researchers should focus their research for the good of mankind and for expanding the frontiers of scientific knowledge, while enjoying the freedom of thought and expression, and the freedom to identify methods by which problems are solved, according to recognised ethical principles and practices. Researchers should, however, recognise the limitations to this freedom that could arise as a result of particular research circumstances (including supervision/guidance/management) or operational constraints, e.g. for budgetary or infrastructural reasons or, especially in the industrial sector, for reasons of intellectual property protection. Such limitations should not, however, contravene recognised ethical principles and practices, to which researchers have to adhere.

Existing Rules and/ or Practices at GMIT	Policies and Procedures	Actions required	Responsibility and Timeline
The Galway-Mayo Institute of Technology undertakes innovative, applied research to develop the education of our postgraduate researchers and to enhance the economic, social and cultural life of our region. Research at GMIT is growing and evolving. We encourage new research activities driven by talented academic staff and motivated researchers, in areas of critical importance to industry and the region. Research and Innovation at GMIT are currently focused in the key areas of: • Marine and Freshwater Research • Medical Device Technologies	GMIT COP5: Research	**1.1** Develop a Researchers Induction Manual that should include: • Code of Practice for Researchers • Epigeum online training outline • Standard Operating Procedures for Research • Research Finance Procedures • Health & Safety Policies and Procedures • Authorship Policies • Ancillary teaching duties policy • Personal and Performance Management and Development. • Complaints / Appeals procedure	**Responsibility:** VP for R&I Research Office **Timeline:** March 2017
Research is undertaken throughout GMIT by individuals as well as within the Institutes Research Centres and concentrates on the following fundamental strategic pillars: ▪ Specialisation and Strength ▪ Research Scholarship and Training ▪ Promoting Research and Maximising Talent ▪ Building RDI Alliances ▪ RDI Links with Enterprise	GMIT Strategic Plan Revision 2013-2016 *(available on staff intranet)*	**1.2** New Strategic Plan (2016-2022) to be implemented.	**Responsibility:** R&I Thematic Working Group **Timeline:** December 2016
Quality Assurance at GMIT is driven by its Academic Council Research Sub-Committee. All relevant documents are available through both the GMIT website and the GMIT staff intranet.	GMIT COP1: Functions & Procedures	*No Action Required*	

2. Ethical principles

Researchers should adhere to the recognised ethical practices and fundamental ethical principles appropriate to their discipline(s) as well as to ethical standards as documented in the different national, sectoral or institutional Codes of Ethics.

Existing Rules and/ or Practices at GMIT	Policies and Procedures	Actions required	Responsibility and Timeline
The Galway-Mayo Institute of Technology is committed to promoting and supporting ethical practice across all of its educational activities, including research. The Institute's research ethics policy covers everyone carrying out research for the Institute, whether their place of research is within or outside the Institute premises. The Institute's research ethics policy seeks to develop best practice in research in accordance with appropriate ethical practice from a variety of professional bodies and statutory instruments as well as best practice in the Irish third level educational sector at large.	GMIT Research Ethics Policy SOP for Research Ethics No 1-13 *(available on staff intranet)*	**2.1** Formally constitute a Research Ethics Committee.	**Responsibility:** Research Sub-Committee of Academic Council (RSC-AC) **Timeline:** August 2017
The policy forms the basis for dealing with all research ethical issues as referred in the Institutes Research Code (Academic Code of Practice – No.5). This includes issues arising from staff research, undergraduate and postgraduate research degree programmes. In all cases, researchers must comply with this policy.	GMIT COP5: Research	**2.2** Review and Update GMIT Research Ethics Policy and SOPs for Research Ethics.	**Responsibility:** RSC-AC **Timeline:** August 2017
A number of well documented guiding principles govern the ethical review of research proposals, particularly the Declaration of Helsinki. These principles aim to protect the well-being and rights of research participants/ volunteers and animals used in research.	Declaration of Helsinki	**2.3** Obtain establishment authorisation from Irish regulatory authority to conduct animal research	**Responsibility:** RSC-AC **Timeline:** April 2017
Should research activities involve children or vulnerable adults: ***GARDA VETTING*** GMIT offers a number of educational and training programmes that require students to undertake placements, with external agencies, which will bring them into contact with children and vulnerable adults and in which they will assume positions of trust. To ensure the protection of the public, and justify public trust and confidence, GMIT is committed to ensuring that only suitable candidates are allowed to undertake these programmes. GMIT uses the Garda Central Vetting Unit (GCVU) vetting service to assess the suitability of such applicants, and	GMIT COP3: Garda Vetting	*No Actions Required*	

may also require applicants to provide an enhanced disclosure by the completion of an affidavit at the time of registration.			
CHILD PROTECTION POLICY The safety and well-being of Children and Young People is of paramount importance to GMIT. This policy aims to reflect national guidelines and best practice for the protection of Children and Young People. The guiding principle of this policy is that the safety and well-being of the child or young person must take priority over any other consideration. This policy is based on "Children First – National Guidelines for the Protection and Welfare of Children" (2011), "Our Duty to Care – The Principles of Good Practice for the Protection of Children and Young People" (2002) and "Child Protection Procedures for Primary and Post Primary Schools, Department of Education and Skills" (2010). While the majority of persons studying, working and using the facilities of GMIT are adults there are a number of persons in GMIT, or associated with GMIT activities who are under 18 years of age. This policy aims to protect these children and young adults during their education and development through GMIT's facilities. This policy is for the use of GMIT staff and its contractors. It is also available for students to use if they wish to report any concerns in respect of the protection of a child or a young person.	GMIT COP8: Child Protection Reporting Policy. Children First – National Guidelines for the Protection and Welfare of Children (2011) Our Duty to Care – The Principles of Good Practice for the Protection of Children and Young People (2002) Child Protection Procedures for Primary and Post Primary Schools, Department of Education and Skills (2010).	*No Actions Required*	

3. Professional responsibility

Researchers should make every effort to ensure that their research is relevant to society and does not duplicate research previously carried out elsewhere. They must avoid plagiarism of any kind and abide by the principle of intellectual property and joint data ownership in the case of research carried out in collaboration with a supervisor(s) and/or other researchers. The need to validate new observations by showing that experiments are reproducible should not be interpreted as plagiarism, provided that the data to be confirmed are explicitly quoted. Researchers should ensure, if any aspect of their work is delegated, that the person to whom it is delegated has the competence to carry it out.

Existing Rules and/ or Practices at GMIT	Policies and Procedures	Actions required	Responsibility and Timeline
Research projects in the Institute are carried out with high standards of rigour and conform to the principles of good research practice including excellence, honesty, integrity, cooperation, and training.	GMIT COP5: Research	**3.1** Promote training for all researchers and supervisors in our online 'Epigeum' training modules entitled: • Research Integrity • Supervising Postdoctoral Studies	**Responsibility:** CED Research Office RSC-AC **Timeline:**

			Ongoing
The Institute commits to a pro-active approach to the prevention of plagiarism through the development of good academic practice. The advancement of knowledge and the development of concepts, ideas, artefacts and products are core aspects of what we do at GMIT. This also includes research in all its facets: thesis writing, laboratory work, report writing, the development of software, and the creation and design of artistic objects. It is the Institutes aim to inspire and encourage students on their path to becoming professionals by providing a positive learning environment and by cultivating academic trust between staff and students.	GMIT Policy on Plagiarism	**3.2** Updated version of GMITs policy on Plagiarism to be implemented.	**Responsibility:** Plagiarism Working Group **Timeline:** October 2016
All staff and students, including researchers, have an obligation to act in an ethical manner, consistent with the requirements of academic integrity.	GMIT COP5: Research	**3.3** Implement a GMIT Research Integrity Policy.	**Responsibility:** RSC-AC **Timeline:** October 2016
GMIT defines IP as the tangible or intangible results of research, development, teaching, or other intellectual activity. All researchers are required to engage with the Technology Transfer Officer to ensure that all aspects of IP are considered.	GMIT Intellectual Property Policy and Procedures *(available on staff intranet)* Technology Transfer Office	*No Actions Required*	

4. Professional attitude

Researchers should be familiar with the strategic goals governing their research environment and funding mechanisms, and should seek all necessary approvals before starting their research or accessing the resources provided. They should inform their employers, funders or supervisor when their research project is delayed, redefined or completed, or give notice if it is to be terminated earlier or suspended for whatever reason.

Existing Rules and/ or Practices at GMIT	Policies and Procedures	Actions required	Responsibility and Timeline
Funding guidelines are made available to all researchers as requested and before they apply for funding. A pre-funding authorisation form is available to researchers on the GMIT intranet.	GMIT COP5: Research	**4.1** Use of the pre-funding authorisation form to be stipulated within the Research Finance Procedures.	**Responsibility:** Research Office **Timeline:** October 2016
It is the responsibility of the Supervisor/ Principle Investigator to instruct and inform the researcher of the funded project goals. Researchers are expected to function within their own level of competence, within the legally recognised scope of practice and all relevant legislation.	GMIT Strategic Plan Revision 2013-2016 *(available on staff intranet)*	See Action Item 1.2	

The delivery of milestones and outcomes for contracted researchers are scheduled at project commencement in according with funding agency requirements.			

5. Contractual and legal obligations

Researchers at all levels must be familiar with the national, sectoral or institutional regulations governing training and/or working conditions. This includes Intellectual Property Rights regulations, and the requirements and conditions of any sponsor or funders, independently of the nature of their contract. Researchers should adhere to such regulations by delivering the required results (e.g. thesis, publications, patents, reports, new products development, etc.) as set out in the terms and conditions of the contract or equivalent document.

Existing Rules and/ or Practices at GMIT	Policies and Procedures	Actions required	Responsibility and Timeline
All employees of GMIT are issued with contracts of employment before taking up their role. This outlines all required conditions under national legislation as well as covering Institute policies and procedures. Staff are kept up to date with all new policies and procedures introduced to GMIT.	GMIT Intellectual Property Policy and Procedures. *(available on staff intranet)*	*No Actions Required*	
The Institute provides direction to all staff, students and external parties on what they must comply with in order to maintain GMITs legal and statutory compliance and to maintain the good reputation and standing of GMIT.	GMIT Compliance Policy *(available on staff intranet)*	*No Actions Required*	
Intellectual Property at GMIT adheres to the Department of Jobs, Enterprise and Innovation Policies and Resources to help industry make good use of public research in Ireland. This Protocol is about helping industry to access the research and development carried out in Ireland's universities, institutes of technology and other public research institutions. It sets out the Government's policies to encourage industry to benefit from this research and development and describes the practical arrangements for this to happen. Evolution and updating of this protocol is the responsibility of Knowledge Transfer Ireland, the government's central technology transfer office.	Department of Jobs, Enterprise and Innovation – the National IP Protocol 2016	*No Actions Required*	

6. Accountability

Researchers need to be aware that they are accountable towards their employers, funders or other related public or private bodies as well as, on more ethical grounds, towards society as a whole. In particular, researchers funded by public funds are also accountable for the efficient use of taxpayers' money. Consequently, they should adhere to the principles of sound, transparent and efficient financial management and cooperate with any authorised audits of their research, whether undertaken by their employers/funders or by ethics committees. Methods of collection and analysis, the outputs and, where applicable, details of the data should be open to internal and external scrutiny, whenever necessary and as requested by the appropriate authorities.

Existing Rules and/ or Practices at GMIT	Policies and Procedures	Actions required	Responsibility and Timeline

GMIT provides induction for all staff, students and researchers at the Institute. Postgraduate Research Supervisors must take part in online training programmes before undertaking a project. These programmes mainly focus on research integrity and supervision. Proposals are developed in consultation with the Research Office to ensure that GMITs commitment to delivery of a project are accurate. Procedures for good financial management are supported by the Finance Department at GMIT. GMITs Record Retention Schedule is in full compliance with all audit requirements.	GMIT COP5: Research Epigeum Online Training for Researchers *(available on staff moodle)* SOPs for Research Research Finance Procedures *(available on staff intranet)* Standard Retention Schedule *(appendix 1A)* Email Retention Policy *(available on staff intranet)*	*See Action Item 1.1*	

7. Good practice in research

Researchers should at all times adopt safe working practices, in line with national legislation, including taking the necessary precautions for health and safety and for recovery from information technology disasters, e.g. by preparing proper back-up strategies. They should also be familiar with the current national legal requirements regarding data protection and confidentiality protection requirements, and undertake the necessary steps to fulfil them at all times.

Existing Rules and/ or Practices at GMIT	Policies and Procedures	Actions required	Responsibility and Timeline
GMIT considers the safeguarding of the Health, Safety and Welfare of its staff members, students, contractors, service providers, visitors and members of the public as its top priority. In accordance with the Responsible Research: Health & Safety Management Policy, it is the policy of the Galway Mayo Institute of Technology that all reasonable and practicable steps are taken to provide a safe and healthy environment with safe systems of work.	Responsible Research: Health & Safety management policy *(appendix 1B)* Lone Working/ Out of Hours Procedure *(appendix 1C)*	**7.1** Publish Health & Safety documents online so that they are easily accessible. *See Action Item 1.1*	**Responsibility:** Health & Safety Officer **Timeline:** October 2016
All staff, students and external parties of GMIT have a responsibility to protect Institute data from unauthorized generation, access, modification, disclosure, transmission or destruction and are expected to be familiar with and comply with the Data Governance Policy.	GMIT Data Governance Policy *(available on staff intranet)*	*No Action Required*	

GMITs information systems underpin all of the Institutes activities, and are essential to its teaching, learning and research functions. The Information Security Policy sets out an overall approach to information security management within GMIT and provides a security model aimed at implementing best practices to protect information assets from unauthorized use, disclosure, modification, damage or loss as well as protecting the work and study environment of staff and students and the good name and reputation of GMIT.	Protection and Privacy Statement GMIT Information Security Policy *(available on staff intranet)* GMIT Clear Screen Policy *(available on staff intranet)* GMIT Password standard Policy *(available on staff intranet)* GMIT Acceptable Usage Policy *(available on staff intranet)*	*No Action Required*	

8. Dissemination, exploitation of results

All researchers should ensure, in compliance with their contractual arrangements, that the results of their research are disseminated and exploited, e.g. communicated, transferred into other research settings or, if appropriate, commercialised. Senior researchers, in particular, are expected to take a lead in ensuring that research is fruitful and that results are either exploited commercially or made accessible to the public (or both) whenever the opportunity arises.

Existing Rules and/ or Practices at GMIT	Policies and Procedures	Actions required	Responsibility and Timeline
GMITs library aims to promote a learning culture within GMIT by acquiring, organising, disseminating and providing access to learning resources and services in a congenial environment. The library supports teaching, learning, research and regional development by providing a customer based service to our students, staff and stakeholders.		*No Action Required*	
CUAL is GMITs institutional repository, or digital archive. It is intended to capture, store and preserve our research output and to make it available to the research community through Open Access protocols. Work submitted by both students and faculty relevant to their research output such as pre and post print journal articles, technical reports, conference papers, datasets, and multi-media files, are all available here.		*No Action Required*	
The GMIT Technology Transfer Officer (TTO) works with students, staff and industry on a wide range of knowledge transfer and commercial activities. These activities include management of the Intellectual Property (IP) portfolio including the capture, protection and exploitation of IP with industry through licences, options and assignments, the optimisation of contract and collaborative research and development grant submissions with industry partners and commercial income generation activities including contract and applied R&D		*No Action Required*	

consultancy.			
The Innovation Hubs (iHubs) at GMIT are a strategic resource for new start-up companies. The iHubs support the development of new enterprises in the region by providing incubation space and business development supports for the nurturing of new ideas and the commercialisation of applied research.		*No Action Required*	
The Enterprise Ireland Gateway Programme was established in 2013 and consists of 15 industry focussed Gateways located in 11 Institutes of Technology. In November 2015, GMIT was awarded the M.E.T (Medical and Engineering Technologies) Technology Gateway. This has a technology offer for the medical device and engineering companies based in the West of Ireland and nationally, consisting of Medical Imaging Technologies, Biomedical Engineering Technologies/ Solutions, Data Analytics and Visualisation and Design Engineering/ Verification. M.E.T will work with the EI to promote its Technology offer to Irish based industry. The M.E.T Gateway will act as a portal to the wider Technology Gateway Network and will collaborate with other Gateways to deliver technology solutions to industrial partners.		**8.1** Include link to M.E.T on GMIT's website	**Responsibility:** Technology Gateway Manager **Timeline:** September 2016

9. Public engagement

Researchers should ensure that their research activities are made known to society at large in such a way that they can be understood by non-specialists, thereby improving the public's understanding of science. Direct engagement with the public will help researchers to better understand public interest in priorities for science and technology and also the public's concerns.

Existing Rules and/ or Practices at GMIT	Policies and Procedures	Actions required	Responsibility and Timeline
GMITs Press Centre consists of the Marketing and Communication Offices, who work closely with researchers across the institute to promote our research activities to the public in interesting and engaging ways. Press releases and photos of our research stories are issued regularly to national, regional and local newspapers and agencies. GMIT also utilises its website and social media such as Facebook and Twitter to engage with the wider community.	Communications Policies – draft document *(appendix 1D)*	**9.1** Publish policies online once fully implemented	**Responsibility:** Press Centre **Timeline:** October 2016
SmartSimple is a cloud based Research Tracking System used by GMIT. It is web based for access with a secure, central database		**9.2** Mirror researcher profiles onto GMIT website for easy accessibility.	**Responsibility:** Research Office

that tracks research and all associated activities and is designed to securely link GMIT with their distributed business communities, partners and stakeholders. Key aspects of the process includes Grant Application, Assessment, Research Processes, Collaboration, Attribution, Outcome measurement and Patents process. GMITs research office is currently in the process of uploading staff profiles and publications to the site.			**Timeline:** Ongoing

10. Non discrimination

Employers and/or funders of researchers will not discriminate against researchers in any way on the basis of gender, age, ethnic, national or social origin, religion or belief, sexual orientation, language, disability, political opinion, social or economic condition.

Existing Rules and/ or Practices at GMIT	Policies and Procedures	Actions required	Responsibility and Timeline
GMIT's Strategic Plan (2013-2016), defines the institute as an equal opportunities employer and as such, the Institutes Codes of Practices ensure equality of opportunity for existing and potential employees, and to promoting a work environment free from discrimination on grounds of gender, marital status, family status, race, religious beliefs, sexual orientation, disability, age or membership of the traveller community, in accordance with the relevant legislation. The Equality Act 1998-2011 supports the implementation of this principle.	Strategic Plan Revision 2013-16 COP1: Functions & Procedures Equality Act 1998-2011	*See Action item 1.2*	
The Institute is constantly reviewing policies and procedures to ensure that they do not, directly or indirectly, discriminate against current or potential staff on any ground protected by Equality legislation and in accordance with the Institutes Mission and Statement.	GMIT Access Strategy 2010-13 Protection and Privacy Statement	*No Action Required*	
The Access and Disability Office facilitates equality of access and participation for all staff and students of GMIT. GMIT's policy is to widen access to higher education and to address the learning needs of an increasingly diverse student body. Hence, provision is made, within available resources, to support all students.	GMIT Access & Disability Office	*No Action Required*	
All employees have the right to be treated with dignity and respect at work. GMIT is committed to providing staff with an environment that is free from all forms of bullying and harassment, and where each individual is respected. Any staff member who experiences any form of bullying or harassment will be supported by the Institute in bringing such behaviour to a close in a speedy fashion.	GMIT Policy on Dignity at Work *(appendix 1E)*	**10.1** Ensure document is available online.	**Responsibility:** HR Manager **Timeline:** May 2017

11. Evaluation/ appraisal systems

Employers and/or funders should introduce for all researchers, including senior researchers, evaluation/appraisal systems for assessing their professional performance on a regular basis and in a transparent manner by an independent (and, in the case of senior researchers, preferably international) committee.

Existing Rules and/ or Practices at GMIT	Policies and Procedures	Actions required	Responsibility and Timeline
Contract researchers/ research projects, are scheduled with regular performance review milestones. The Research Code of Practice stipulates that every postgraduate researcher has a principle supervisor who works with them to outline their objectives and review progress on a regular basis. It also provides postgraduate researchers, supervisors, examiners and other Institute staff with the necessary information to ensure best practice in the management of the research degree process.	GMIT COP5: Research	*No Action Required*	
The Research Office reviews the postgraduate researcher's performance annually. Both self-assessments and supervisor evaluations are used to review.	Progress Report Outline *(appendix 1F)*	*No Action Required*	
At present, there is no formal appraisal of staff performance.		**11.1** Performance Management & Development System to be implemented for all staff.	**Responsibility:** HR Manager **Timeline:** March 2018

II. Recruitment

12. Recruitment

Employers and/or funders should ensure that the entry and admission standards for researchers, particularly at the beginning at their careers, are clearly specified and should also facilitate access for disadvantaged groups or for researchers returning to a research career, including teachers (of any level) returning to a research career. Employers and/or funders of researchers should adhere to the principles set out in the Code of Conduct for the Recruitment of Researchers when appointing or recruiting researchers.

Existing Rules and/ or Practices at GMIT	Policies and Procedures	Actions required	Responsibility and Timeline
Research opportunities are proofed and authorised by HR before being advertised to both internal and external applicants. This ensures compliance with best practice and legislation.		*No Action Required*	
GMIT is governed by the Employment Control Framework for the Higher Education Sector 2011 -2014. Any revisions of recruitment policy goes through the Employment Control Framework Committee.	Employment Control Framework for the Higher Education Sector 2011 -2014	*No Action Required*	
GMIT is an equal opportunities employer. As such, it is committed to providing equal opportunities regardless of gender, marital status, family status, sexual orientation, age, disability, race, religion or membership of the traveller community.	GMIT Recruitment Policy *(appendix 2A)*	*No Action Required*	
Employment of researchers is based on merit, qualifications, relevant work experience, research capability and knowledge and attitude required to perform the job effectively and efficiently.	Recruitment Screening Form *(appendix 2B)* Interview Assessment Form *(appendix 2C)*	**12.1** To be modified to specifically suit researcher advertising	**Responsibility:** VP for R&I **Timeline:** December 2016

13. Recruitment (Code)

Employers and/or funders should establish recruitment procedures which are open, efficient, transparent, supportive and internationally comparable, as well as tailored to the type of positions advertised. Advertisements should give a broad description of knowledge and competencies required, and should not be so specialised as to discourage suitable applicants. Employers should include a description of the working conditions and entitlements, including career development prospects. Moreover, the time allowed between the advertisement of the vacancy or the call for applications and the deadline for reply should be realistic.

Existing Rules and/ or Practices at GMIT	Policies and Procedures	Actions required	Responsibility and Timeline
GMITs research recruitment practice is tailored to suit the needs of the person recruiting and allows them to advertise in a professional and efficient manner. The person recruiting (for research this is usually the Principal Investigator (PI) on the	GMIT Recruitment Policy *(appendix 2A)*	*No Action Required*	

project) and the HR Office, work together to initiate the recruitment process.			
Full and comprehensive job descriptions are published with the advertisement outlining competencies required and full details on role and responsibilities. All recruitment campaigns are subject to both internal and external audit by regulatory agencies and funding bodies.		*See Action Item 12.1*	

14. Selection (Code)

Selection committees should bring together diverse expertise and competences and should have an adequate gender balance and, where appropriate and feasible, include members from different sectors (public and private) and disciplines, including from other countries and with relevant experience to assess the candidate. Whenever possible, a wide range of selection practices should be used, such as external expert assessment and face-to-face interviews. Members of selection panels should be adequately trained should be realistic.

Existing Rules and/ or Practices at GMIT	Policies and Procedures	Actions required	Responsibility and Timeline
GMITs selection procedures are set out in the Regional Technical Colleges Act 1992 and are determined by the Minister for Education and Science. This details short-listing/ gender balance/ selection board composition and other matters as appropriate. In relation to research, the selection board will usually consist of at least three interviewers and be gender balanced. Representatives from funding agencies or industry partners can participate as board members if desired. The board should be adequately trained and familiar with the interview process. Face to face interviews are always preferred. However Skype/ video conference or telephone interviews can be facilitated for candidates.	Regional Technical Colleges Act 1992	*No Action Required*	

15. Transparency (Code)

Candidates should be informed, prior to the selection, about the recruitment process and the selection criteria, the number of available positions and the career development prospects. They should also be informed after the selection process about the strengths and weaknesses of their applications.

Existing Rules and/ or Practices at GMIT	Policies and Procedures	Actions required	Responsibility and Timeline
Selection criteria and number of posts available are always published in the recruitment advertisement and the selection	GMIT Recruitment Policy *(appendix 2A)*	*No Action Required*	

board must document how candidates are selected by completing a shortlisting form. Candidates who are not short-listed can request reasons for not having met the criteria. Shortlisted candidates are invited to interview by the HR office and given any further information required. Candidates can make contact with any queries or special requirements they might have before the interview takes place. Post-interview candidates are notified of the result and can request feedback of their performance at interview.			
The Institute is governed by the Freedom of Information (FOI) Act 1997. This act gives candidates a legal right of access to their own personnel information held by the Institute and to their own employment records. It also confers on individuals a legal right to have made known to them in writing, the reasons for decisions made by the Institute that have materially affected them. The entire selection process is well documented throughout in relation to each applicant. All records of recruitment campaigns are retained in compliance with the FOI Act.	Freedom of Information Act 1997	*No Action Required*	

16. Judging merit (Code)

The selection process should take into consideration the whole range of experience of the candidates. While focusing on their overall potential as researchers, their creativity and level of independence should also be considered. This means that merit should be judged qualitatively as well as quantitatively, focusing on outstanding results within a diversified career path and not only on the number of publications. Consequently, the importance of bibliometric indices should be properly balanced within a wider range of evaluation criteria, such as teaching, supervision, teamwork, knowledge transfer, management of research and innovation and public awareness activities. For candidates from an industrial background, particular attention should be paid to any contributions to patents, development or inventions.

Existing Rules and/ or Practices at GMIT	Policies and Procedures	Actions required	Responsibility and Timeline
The selection process for researchers at GMIT includes criteria that covers a range of competencies. In addition to the criteria taken into account at the shortlisting stage, such as qualifications and work experience, at the interview process the board will try to engage more with the candidate to assess their commitment to research. At the interview stage for researchers the following is taken into consideration: • Relevant Research/ Publications	GMIT Recruitment Policy *(appendix 2A)*	**16.1** Develop a Research Careers and Development Framework that includes: • a structured performance review; • definition of qualifications and experience consistent with different research grades; • research mobility prioritisation; • policy on ancillary teaching duties.	**Responsibility:** VP for R&I HR Manager **Timeline:** December 2017

• Professional expertise and knowledge • Innovation/ Ideas • Attitude to change and personal development • Motivation for/ Interest in the job For a more senior research position the board will take into account additional skills and experience such as: • Contribution to research grant applications • Successful management/ supervision of research projects • Contribution to teaching/ tutoring/ mentoring • Regular publishing in high quality peer reviewed journals • Evidence of financial and budget management			

17. Variations in the chronological order of CVs (Code)

Career breaks or variations in the chronological order of CVs should not be penalised, but regarded as an evolution of a career, and consequently, as a potentially valuable contribution to the professional development of researchers towards a multidimensional career track. Candidates should therefore be allowed to submit evidence-based CVs, reflecting a representative array of achievements and qualifications appropriate to the post for which application is being made.

Existing Rules and/ or Practices at GMIT	Policies and Procedures	Actions required	Responsibility and Timeline
Vacancies advertised for GMIT usually request the candidate to provide a CV and a statement (covering letter), describing their alignment with selection criteria and motivation for the post. The candidate can disclose as little or as much information as they want so long as the criteria outlined in the advertisement is met. Contact details are also provided on the vacancy of a suitable person to discuss the post with if so desired. Interviews at GMIT are competency and skills based and candidates are selected on merit.	GMIT Recruitment Policy *(appendix 2A)*	*See Action Item 16.1*	

18. Recognition of mobility experience (Code)

Any mobility experience, e.g. a stay in another country/region or in another research setting (public or private) or a change from one discipline or sector to another, whether as part of the initial research training or at a later stage of the research career, or virtual mobility experience, should be considered as a valuable contribution to the professional development of a researcher.

Existing Rules and/ or Practices at GMIT	Policies and Procedures	Actions required	Responsibility and Timeline
There is evidence to support that mobility experience is valued at GMIT. In 2015, a total of 174 international students were registered at the Institute. Mobility at Post Graduate level is considered as an added-value when there is a clear scientific justification. If mobility experience can be justified as criteria for the post then it is considered by the interview board in the same manner as any other criteria. It is scored accordingly, in line with the recruitment procedure.	GMIT Recruitment Policy *(appendix 2A)*	*See Action Item 16.1*	

19. Recognition of qualifications (Code)

Employers and/or funders should provide for appropriate assessment and evaluation of the academic and professional qualifications, including non-formal qualifications, of all researchers, in particular within the context of international and professional mobility. They should inform themselves and gain a full understanding of rules, procedures and standards governing the recognition of such qualifications and, consequently, explore existing national law, conventions and specific rules on the recognition of these qualifications through all available channels.

Existing Rules and/ or Practices at GMIT	Policies and Procedures	Actions required	Responsibility and Timeline
The HR Office at GMIT requests original, certified, stamped transcripts of all qualifications from applicants at offer stage, regardless of the awarding institute. All research postgraduate applications are processed through the Research Office in GMIT which present all information re the postgrad application to our Academic Council Research Sub-Committee. All transcripts are requested before an application will be reviewed (this is not necessary for GMIT graduates as they are available locally in Schools). To be eligible to enter onto a programme of study and research of PhD, a candidate must have reached a high honours standard at examination for their primary degree.	GMIT Recruitment Policy *(appendix 2A)*	*No Action Required*	

20. Seniority (Code)

The levels of qualifications required should be in line with the needs of the position and not be set as a barrier to entry. Recognition and evaluation of qualifications should focus on judging the achievements of the person rather than his/her circumstances or the reputation of the institution where the qualifications were gained. As professional qualifications may be gained at an early stage of a long career, the pattern of lifelong professional development should also be recognised.

Existing Rules and/ or Practices at GMIT	Policies and Procedures	Actions required	Responsibility and Timeline
A PhD qualification is required for all postdoctoral positions at GMIT. The HR Office request all qualification transcripts at the offer stage, regardless of the Institute. Once the essential qualification requirements have been met, the criteria outlines a requirement for recognition of relevant experience depending on the level of the post. The Criteria are evidence based and the candidates are scored using the same criteria to ensure transparency throughout the recruitment and selection process.	GMIT Recruitment Policy *(appendix 2A)* Interview Assessment Form *(appendix 2C)*	*See Action Item 16.1*	
GMIT also supports staff who wish to avail of training for professional qualifications, i.e.: PhD.	GMIT Policy on Continuous Professional Development *(available on staff intranet)*	No Action Required	

21. Postdoctoral appointments (Code)

Clear rules and explicit guidelines for the recruitment and appointment of postdoctoral researchers, including the maximum duration and the objectives of such appointments, should be established by the institutions appointing postdoctoral researchers. Such guidelines should take into account time spent in prior postdoctoral appointments at other institutions and take into consideration that the postdoctoral status should be transitional, with the primary purpose of providing additional professional development opportunities for a research career in the context of long-term career prospects.

Existing Rules and/ or Practices at GMIT	Policies and Procedures	Actions required	Responsibility and Timeline
Duration of contract and details of salary are specified in advertisements for all research posts. Contracts of employment are issued to all staff and lay out the specific purpose of the post.	GMIT Recruitment Policy *(appendix 2A)*	*See Action Item 16.1*	
GMIT uses Irish University Association (IUA) guidelines for guidance on salary scales. Consideration is given to funding availability and experience.	IUA Researcher Salary Scales	*No Action Required*	

III. Working conditions and social security

22. Recognition of the profession

All researchers engaged in a research career should be recognized as professionals and be treated accordingly. This should commence at the beginning of their careers, namely at postgraduate level, and should include all levels, regardless of their classification at national level (e.g. employee, postgraduate student, doctoral candidate, postdoctoral fellow, civil servants).

Existing Rules and/ or Practices at GMIT	Policies and Procedures	Actions required	Responsibility and Timeline
GMIT recognises the valuable contribution made by researchers to the Institution and treats researchers as professionals. The values ascribed to researchers at GMIT are stated within the pillars of the strategic plan.	GMIT Strategic Plan Revision 2013-2016 *(available on staff intranet)*	**22.1** Establish an office of Postgraduate Studies, overseen by a newly appointed Head of Graduate Studies.	**Responsibility:** VP for R&I VP for Academic Affairs Registrar's Office **Timeline:** September 2017

23. Research environment

Employers and/or funders of researchers should ensure that the most stimulating research or research training environment is created which offers appropriate equipment, facilities and opportunities, including for remote collaboration over research networks, and that the national or sectoral regulations concerning health and safety in research are observed. Funders should ensure that adequate resources are provided in support of the agreed work programme.

Existing Rules and/ or Practices at GMIT	Policies and Procedures	Actions required	Responsibility and Timeline
Researchers at GMIT have access to state of the art facilities and lab space. We currently have two research centres, located at GMIT's Galway campus: • **Marine and Freshwater Research Centre (MFRC)** GMIT has been conducting aquatic science since the 1980's. In 2009, the Higher Education Authority of Ireland (HEA) invested €1.5 million in our custom-built research space and laboratories. This means their capacities now include: ➢ Proteomics ➢ Wet Laboratory ➢ Dry Laboratory ➢ Histology & Image Analysis Suite ➢ Bio-acoustic monitoring equipment ➢ Environmental Toxicology ➢ Controlled temperature re-circulation systems ➢ Containerised re-circulating aquaculture system			

➢ Refrigerated transport ➢ Boats, engines & sampling equipment ➢ Office Accommodation Our strategic location within Galway's marine research hub gives MFRC researchers excellent access to facilities and collaborations in Ireland's Marine Institute, Bord Iascaigh Mhara and the National University of Ireland. • **Galway Medical Device Technology Centre (GMedTech)** GMITs Galway Medical Technology Centre is a multidisciplinary team of researchers working together to provide clinically inspired solutions to clinicians and the MedTech sector. The Centre has access to expert medical knowledge, medical Imaging processing capabilities, engineering competence with advanced materials and manufacturing technologies, bench testing capacity for relevant physiological bio-fluids systems and state of the art fluoroscopic and ultrasound equipment. It's other facilities include: • Pulsatile flow • C-arm Lab • SEM • Rapid Prototyping • Ultrasound • Brookfield viscometer • CNC • Proteomics • Histology Suite • Office Accommodation These research centres submit annual applications which may include requests for equipment, facility upgrades or other capital works. This is the responsibility of the Executive Campus Development Committee and the work that they do is ongoing.	Capital Works Policy *(appendix 3A)*		
GMIT considers the safeguarding of Health, Safety and Welfare of its staff members, students, contractors, service providers, visitors and members of the public as its top priority. In accordance with the Safety Health & Welfare at Work Act 2005, and the Safety Health & Welfare at Work General Applications 2007, it is the policy of GMIT that all reasonable and practicable steps are taken to provide a safe and healthy environment with safe systems of work.	Safety Health & Welfare at Work Act 2005 Safety Health & Welfare at Work General Applications 2007 Responsible Research: Health & Safety Management Policy *(appendix 1B)* Lone Working/ Out of Hours Procedure *(appendix 1C)*	*See Action Item 7.1*	
The Institute constantly strives as a collective Campus to eliminate all hazards in the workplace, by means of Hazard	GMIT Risk Management Policy	*No Action Required*	

Identification and Risk Assessment, all in accordance with section 19 of the 2005 Act. GMIT provides information, instruction, training and supervision as necessary to ensure that all our health and safety objectives and duties are met. The Institute ensures, so far as is reasonably practicable, that particular measures are taken to protect the health, safety and welfare of individuals with disabilities.			
GMIT has four libraries in different campus locations providing essential services for students, staff and researchers.	GMIT Library	*No Action Required*	
The Student Services team aims to make it quick and easy for students to find the information they may need and have access to services such as career development, counselling, health, access, financial advice and chaplaincy.	GMIT Student Services	*No Action Required*	

24. Working conditions

Employers and/or funders should ensure that the working conditions for researchers, including for disabled researchers, provide where appropriate the flexibility deemed essential for successful research performance in accordance with existing national legislation and with national or sectoral collective-bargaining agreements. They should aim to provide working conditions which allow both women and men researchers to combine family and work, children and career. Particular attention should be paid, *inter alia*, to flexible working hours, part-time working, tele-working and sabbatical leave, as well as to the necessary financial and administrative provisions governing such arrangements.

Existing Rules and/ or Practices at GMIT	**Policies and Procedures**	**Actions required**	**Responsibility and Timeline**
All employees of GMIT, including researchers, are issued with contracts of employment before taking up their role. This outlines all required conditions under national legislation as well as covering employment conditions and Institute policies and procedures. Researchers have access to leave schemes in the same way as any other category of employee. Leave must be approved by the line manager as appropriate. Employment contracts for researchers at GMIT takes into account: • Flexible working arrangements • Pension arrangements	GMIT COP5: Research GMIT Annual Leave Policy *(appendix 3B)* Parental Leave Act 1998 & (Amendment) Act 2006 & 2013 *(appendix 3C)* GMIT Maternity Leave Policy *(appendix 3D)* Sick Leave Scheme for all staff in Institutes of Technology	*No Action Required*	
The Access and Disability Office facilitates equality of access and participation for all staff and students of GMIT.	GMIT Access & Disability Office		

25. Stability and permanence of employment

Employers and/or funders should ensure that the performance of researchers is not undermined by instability of employment contracts, and should therefore commit themselves as far as possible to improving the stability of employment conditions for researchers, thus implementing and abiding by the principles and terms laid down in the *EU Directive on Fixed-Term Work.*

Existing Rules and/ or Practices at GMIT	Policies and Procedures	Actions required	Responsibility and Timeline
GMIT is fully compliant with the Fixed Term Workers Act 2003. All employees receive employment contracts and contracts of indefinite duration are issued to staff as appropriate.	Fixed Term Workers Act 2003	*No Action Required*	

26. Funding and salaries

Employers and/or funders of researchers should ensure that researchers enjoy fair and attractive conditions of funding and/or salaries with adequate and equitable social security provisions (including sickness and parental benefits, pension rights and unemployment benefits) in accordance with existing national legislation and with national or sectoral collective bargaining agreements. This must include researchers at all career stages including early-stage researchers, commensurate with their legal status, performance and level of qualifications and/or responsibilities.

Existing Rules and/ or Practices at GMIT	Policies and Procedures	Actions required	Responsibility and Timeline
Research employees are paid on IUA guideline salary scales. Research staff are also paid on fixed salaries as per funding guidelines.	IUA Researcher Salary Scales	*No Action Required*	

27. Gender balance

Employers and/or funders should aim for a representative gender balance at all levels of staff, including at supervisory and managerial level. This should be achieved on the basis of an equal opportunity policy at recruitment and at the subsequent career stages without, however, taking precedence over quality and competence criteria. To ensure equal treatment, selection and evaluation committees should have an adequate gender balance.

Existing Rules and/ or Practices at GMIT	Policies and Procedures	Actions required	Responsibility and Timeline
GMIT is an equal opportunities employer and job applicants are selected solely on the basis of merit. Ideally, we aim for all interview panels, boards and committees to be gender balanced and every attempt is made to make sure this is the case.	GMIT Access Strategy 2010-2013 GMIT Academic COP2: Validation Monitoring and Review	*No Action Required*	

28. Career development

Employers and/or funders of researchers should draw up, preferably within the framework of their human resources management, a specific career development strategy for researchers at all stages of their career, regardless of their contractual situation, including for researchers on fixed-term contracts. It should include the availability of mentors involved in providing support and guidance for the personal and professional development of researchers, thus motivating them and contributing to reducing any insecurity in their professional future. All researchers should be made familiar with such provisions and arrangements.

Existing Rules and/ or Practices at GMIT	Policies and Procedures	Actions required	Responsibility and Timeline
GMIT recognises the valuable contribution made by researchers and treats them as professionals. However, it is accepted that there is no formal career development plan for researchers in place.	GMIT COP4: Learning, Teaching and Assessment GMIT COP5: Research	*See Action Item 16.1*	
GMITs Centre for Educational Development (CED) recognises the importance of continuing professional development and its role in enhancing the quality of teaching and learning within the institute. The CED is committed to supporting staff in making their contribution to learning and teaching and to the Institute generally. Applications for Support for Pursuit of Formal Qualifications are reviewed by the Staff Development Evaluation Committee against the following criteria: ➢ Alignment to Institutes Strategic Plan (30%) ➢ Benefit to School/ Department/ Function (30%) ➢ Benefit to individual (30%) ➢ Cost (10%)	GMIT Policy on Continuous Professional Development *(available on staff intranet)*	*No Action Required*	

29. Value of mobility

Employers and/or funders must recognize the value of geographical, intersectoral, inter- and trans-disciplinary and virtual mobility as well as mobility between the public and private sector as an important means of enhancing scientific knowledge and professional development at any stage of a researcher's career. Consequently, they should build such options into the specific career development strategy and fully value and acknowledge any mobility experience within their career progression/appraisal system. This also requires that the necessary administrative instruments be put in place to allow the portability of both grants and social security provisions, in accordance with national legislation.

Existing Rules and/ or Practices at GMIT	Policies and Procedures	Actions required	Responsibility and Timeline
GMIT is continuously developing as a regional organisation with an international focus committed to the personal and professional enrichment of its students, the needs of its region, national priorities and global opportunities. In 2015, a total of	GMIT International Office	*See Action Item 16.1*	

174 international students were registered at the Institute. There is evidence to support that mobility experience is valued at GMIT. The institute has exchange partnerships with institutions in the following: • Asia • Middle East • USA • Australia			
A MoU is a formal document that outlines the broad parameters of a proposed collaboration between GMIT and an external body. Nationally, for example, GMIT is involved in MoUs with a number of other Higher Education Institutes as well as other Public bodies including: ➢ National University of Ireland, Galway (2011) ➢ Connacht-Ulster Alliance (comprising GMIT, Letterkenny IT and IT Sligo) (2012) ➢ SCCUL Enterprises Ltd (2015) ➢ Coillte (2015) In the case of proposed transnational collaboration, GMIT seeks the involvement, support and advice of the International Office. At present, GMITs national MoUs include, amongst others: ➢ Nanchang University, China (2010) ➢ Johnson & Wales University, USA (2010) ➢ Zaragoza University, Spain ➢ Noble Enterprises, Vietnam (2014) These are statements of intent and there is an expectation that partaking in such will lead to the collaborative activity outlined in the agreement.	Quality Assurance Policy: Collaborative Provision including Transnational Collaborative Provision and Joint Awards NUIG MoU Connacht-Ulster Alliance MoU		
Science Without Borders is a large scale nationwide scholarship programme, primarily funded by the Brazilian federal government, of which GMIT is part of. The programme seeks to strengthen and expand the initiatives of science and technology, innovation and competitiveness through international mobility of undergraduate and graduate students and researchers.			
GMIT is a core partner in a European ERASMUS programme MARES that has secured over €5 million in EU funding for collaborative postgraduate research on marine ecosystem health and conservation. Fellowships are funded for 3 years and always involve at least 2 partners (from 14 different countries) with an obligatory mobility component.			

Hosting Agreements with third country nationals (non-EEA) can be formed by GMIT as it is an accredited research organisation. These hosting agreements are for the purpose of conducting research and are valid for the duration of the employment contract, thus removing the need for annual renewals.	Hosting Agreement Application Form	*No Action Required*	
The professional standards expected of a researcher requires a continuing attention to the updating of knowledge, which may involve attendance at courses. The institute, as far as possible, tries to facilitate in this regard.	GMIT Policy on Continuous Professional Development *(available on staff intranet)*	*No Action Required*	
Whilst not on a state pension, researchers at GMIT can become members of a Personal Retirement Savings Account (PRSA), a private account that they can deposit into and bring with them.			

30. Access to career advice

Employers and/or funders should ensure that career advice and job placement assistance, either in the institutions concerned, or through collaboration with other structures, is offered to researchers at all stages of their careers, regardless of their contractual situation.

Existing Rules and/ or Practices at GMIT	Policies and Procedures	Actions required	Responsibility and Timeline
All postgraduate researchers are supported by the GMIT careers office. Staff can also discuss career plans with the HR office. Researchers also have access to a wide variety of training courses through the Research Office, Lifelong Learning and the Centre for Educational Development (CED).Researchers and Principle Investigators can also request specific training courses as appropriate. Many research programmes are in collaboration with industry, therefore, postgraduate researchers are often placed within industry.	GMIT Career Services GMIT Lifelong Learning Centre for Educational Development (CED)	**30.1** Extend services of careers office and CED to contract researchers as well as postgraduate researchers.	**Responsibility:** Careers Office CED **Timeline:** Ongoing

31. Intellectual Property Rights

Employers and/or funders should ensure that researchers at all career stages reap the benefits of the exploitation (if any) of their R&D results through legal protection and, in particular, through appropriate protection of Intellectual Property Rights, including copyrights. Policies and practices should specify what rights belong to researchers and/or, where applicable, to their employers or other parties, including external commercial or industrial organisations, as possibly provided for under specific collaboration agreements or other types of agreement.

Existing Rules and/ or Practices at GMIT	Policies and Procedures	Actions required	Responsibility and Timeline

GMIT defines IP as the tangible or intangible results of research, development, teaching, or other intellectual activity. Its policies and procedures aim to: • encourage the recognition and identification of IP within GMIT and promote an entrepreneurial culture among personnel that fosters the development of potentially commercial IP arising from research at GMIT • maximise the earnings potential from commercialisation and utilise financial and other returns to advance and encourage research at GMIT • foster the general awareness of personnel of this policy through dissemination and information campaigns, and to provide specific training to research personnel.	GMIT Intellectual Property Policy and Procedures. *(available on staff intranet)*	**31.1** Provide regular training on Intellectual Property Rights and issues.	**Responsibility:** TTO VP for R&I **Timeline:** Ongoing
All researchers are required to engage with the Technology Transfer Officer (TTO) when aspects of IP are considered. Researchers are informed about this at induction.	Technology Transfer Office	*No Action Required*	
GMIT works in a knowledge transfer consortia under Knowledge Transfer Ireland, in order to share and scale expertise. KTI works with business, investors, universities, Institutes of Technology, State research organisations, research funders and government agencies to maximise State funded technology, ideas and expertise getting into the hands of business to drive innovation. Known as *Ignite West*, this consortia is led by the National University of Ireland, Galway (NUIG) and also services Institute of Technology Sligo (ITS) and Letterkenny Institute of Technology. Funding for this comes in the form of the Enterprise Ireland Technology Transfer Strengthening Initiative (TTSI) programme and provision is shared across the cluster.	Knowledge Transfer Ireland	*No Action Required*	

32. Co-authorship

Co-authorship should be viewed positively by institutions when evaluating staff, as evidence of a constructive approach to the conduct of research. Employers and/or funders should therefore develop strategies, practices and procedures to provide researchers, including those at the beginning of their research careers, with the necessary framework conditions so that they can enjoy the right to be recognised and listed and/or quoted, in the context of their actual contributions, as co-authors of papers, patents, etc., or to publish their own research results independently from their supervisor(s).

Existing Rules and/ or Practices at GMIT	Policies and Procedures	Actions required	Responsibility and Timeline
The issue of authorship is important in the context of good research practice and must be in accordance with GMITs existing policies and regulations.	GMIT COP5: Research	*See Action Item 1.1*	

Questions often arise regarding authorship in research. Use of established authorship conventions help to ensure that research outputs are published in a manner that fosters effective collaboration and maintains collegiality.	Authorship Conventions Document *(appendix 3E)*		
GMIT libraries provide a free online training platform that helps with the writing of journal articles, submission of book proposals, learning how to conduct peer review for a high impact journal, understanding research and publishing ethics and writing a successful grant application.	GMIT Library		
Research Supervisor training also ensures that Supervisors can mentor Postgraduate researchers in aspects of publication.	Epigeum Online Training *(available to staff on Moodle)*		

33. Teaching

Teaching is an essential means for the structuring and dissemination of knowledge and should therefore be considered a valuable option within the researchers' career paths. However, teaching responsibilities should not be excessive and should not prevent researchers, particularly at the beginning of their careers, from carrying out their research activities. Employers and/or funders should ensure that teaching duties are adequately remunerated and taken into account in the evaluation/appraisal systems, and that time devoted by senior members of staff to the training of early stage researchers should be counted as part of their teaching commitment. Suitable training should be provided for teaching and coaching activities as part of the professional development of researchers.

Existing Rules and/ or Practices at GMIT	Policies and Procedures	Actions required	Responsibility and Timeline
Whilst researcher's contracts of employment do not necessarily include teaching hours, these can be facilitated. Teaching and Learning provided by the Centre for Educational Development (CED) is available to all researchers.	Centre for Educational Development (CED) GMIT COP5: Research	*See Action Item 16.1*	

34. Complaints/ appeals

Employers and/or funders of researchers should establish, in compliance with national rules and regulations, appropriate procedures, possibly in the form of an impartial (ombudsman-type) person to deal with complaints/appeals of researchers, including those concerning conflicts between supervisor(s) and early-stage researchers. Such procedures should provide all research staff with confidential and informal assistance in resolving work-related conflicts, disputes and grievances, with the aim of promoting fair and equitable treatment within the institution and improving the overall quality of the working environment.

Existing Rules and/ or Practices at GMIT	Policies and Procedures	Actions required	Responsibility and Timeline
GMIT is committed to the development and maintenance of a positive working environment for all employees. It is the policy of the Institute to encourage employees and Heads of Department/ HR Department to resolve problems and handle complaints informally and quickly, without recourse to formal disputes or	Institutes of Technology Disciplinary Procedure *(appendix 3F)* Staff Code of Conduct (*available on staff intranet)*	*See Action Item 1.1*	

Grievance procedures. The Institute endeavours to foster a working environment and working relationships in which the informal resolution of differences is the norm. Independence must be sought in the escalation of complaints. Where it is not possible to resolve these issues informally, employees have the right to pursue the Grievance Procedure.			
All employees have the right to be treated with dignity and respect at work. GMIT is committed to providing staff with an environment that is free from all forms of bullying and harassment, and where each individual is respected. Any staff member who experiences any form of bullying or harassment will be supported by the Institute in bringing such behaviour to a close in a speedy fashion.	GMIT Policy on Dignity at Work *(appendix 1E)*	*No Action Required*	
The Research Office carries out one-to-one Progress Meetings annually with the postgraduate researchers and their Head of Academic Unit. They then collate the findings and assist in the resolution of unresolved problems as quickly as possible.	Progress Meetings Outline *(appendix 1F)*	*No Action Required*	

35. Participation in decision-making bodies

Employers and/or funders of researchers should recognize it as wholly legitimate, and indeed desirable, that researchers be represented in the relevant information, consultation and decision-making bodies of the institutions for which they work, so as to protect and promote their individual and collective interests as professionals and to actively contribute to the workings of the institution.

Existing Rules and/ or Practices at GMIT	**Policies and Procedures**	**Actions required**	**Responsibility and Timeline**
GMIT is made up of an organisational structure that includes: ▪ Governing Body ▪ Academic Council ▪ Executive Board ▪ Management Group Researchers are represented at executive level by the Vice President for Research and Innovation. Researchers are also represented on the Research Sub-Committee for Academic Council which is chaired by the VP for R&I. Its main role is to advise Academic Council on all aspects of quality assurance relating to postgraduate research. Members of each academic school are represented on this committee as well as research student representatives and research active staff.	GMIT COP1: Functions & Procedures	*No Action Required*	

IV. Training

36. Relation with supervisors

Researchers in their training phase should establish a structured and regular relationship with their supervisor(s) and faculty/departmental representative(s) so as to take full advantage of their relationship with them. This includes keeping records of all work progress and research findings, obtaining feedback by means of reports and seminars, applying such feedback and working in accordance with agreed schedules, milestones, deliverables, and/or research outputs.

Existing Rules and/ or Practices at GMIT	Policies and Procedures	Actions required	Responsibility and Timeline
Every postgraduate researcher has a principle supervisor, whose roles and responsibilities are outlined in the Code of Practice No. 5 for Research. Scheduled milestones are set out between the postgraduate researcher and his/ her supervisor, to ensure structured and regular reviews.	GMIT COP5: Research	*See Action Item 11.1*	
Postdoctoral researchers are usually employed for a fixed period of time. During this time the researcher and PI must have constant meetings to manage performance and set clear objectives.	GMIT COP4: Learning, Teaching & Assessment	*No Action Required*	
The Research Office carries out one-to-one Progress Meetings annually with the postgraduate researchers and their Head of Academic Unit. They then collate the findings and assist in the resolution of unresolved problems as quickly as possible.	Progress Meetings Outline *(appendix 1F)*	*No Action Required*	

37. Supervision and managerial duties

Senior researchers should devote particular attention to their multi-faceted role as supervisors, mentors, career advisors, leaders, project coordinators, managers or science communicators. They should perform these tasks to the highest professional standards. With regard to their role as supervisors or mentors of researchers, senior researchers should build up a constructive and positive relationship with the early-stage researchers, in order to set the conditions for efficient transfer of knowledge and for the further successful development of the researchers' careers.

Existing Rules and/ or Practices at GMIT	Policies and Procedures	Actions required	Responsibility and Timeline
As outlined in the Code of Practice No. 5 for Research, co-supervision is the preferable model of postgraduate research supervision at GMIT. This facilitates the management of interdisciplinary projects and collaborative projects with other organisations, while bringing diverse expertise to the project in support of the postgraduate researcher. The Centre for Educational Development (CED), provides a "Supervising Postdoctoral Studies" module which is available to	GMIT COP5: Research Centre for Educational Development (CED) Epigeum Online Training for Researchers	*See Action Item 16.1*	

all academic/ research staff.	*(available on staff Moodle)*		

38. Continuing Professional Development

Researchers at all career stages should seek to continually improve themselves by regularly updating and expanding their skills and competencies. This may be achieved by a variety of means including, but not restricted to, formal training, workshops, conferences and e-learning.

Existing Rules and/ or Practices at GMIT	Policies and Procedures	Actions required	Responsibility and Timeline
Training for researchers and supervisors is provided by the Research Office and the Centre for Educational Development (CED). GMITs Centre for Educational Development enhances the quality of learning and teaching in GMIT by running learning and teaching networks, promoting and sharing good practices and facilitating the transfer of knowledge. Staff can access a range of innovative learning, teaching and assessment resources, apply for Staff Development initiatives, read the annual GMIT Research e-journal and engage with colleagues on the CED social network. CED also provides online training modules for Researchers including Research Integrity and Supervising Doctoral Studies.	GMIT Policy on Continuous Professional Development *(available on staff intranet)*	*See Action Item 1.1*	
The Careers Development Centre helps students make informed decisions and identify occupations that would suit their interests, personalities and skills. It is available to all students and recent graduates of GMIT and aims to support them in developing and implementing successful career plans, and to facilitate the recruitment process for students and employers.		*See Action Item 30.1*	
All teaching at GMIT is governed by the Learning, Teaching and Assessment Code of Practice No.4.	GMIT COP4: Learning, Teaching & Assessment	*No Action Required*	

39. Access to research training and continuous development

Employers and/or funders should ensure that all researchers at any stage of their career, regardless of their contractual situation, are given the opportunity for professional development and for improving their employability through access to measures for the continuing development of skills and competencies. Such measures should be regularly assessed for their accessibility, take up and effectiveness in improving competencies, skills and employability.

Existing Rules and/ or Practices at GMIT	Policies and Procedures	Actions required	Responsibility and Timeline
Training for researchers and supervisors is provided by the Research Office and the Centre for Educational Development (CED). GMITs Centre for Educational Development enhances the		**39.1** Provide induction training for all new Researchers.	**Responsibility:** Research Office PI's

quality of learning and teaching in GMIT by running learning and teaching networks, promoting and sharing good practices and facilitating the transfer of knowledge. Staff can access a range of innovative learning, teaching and assessment resources, apply for Staff Development initiatives, read the annual GMIT Research e-journal and engage with colleagues on the CED social network. CED also provides online training modules for Researchers including Research Integrity and Supervising Doctoral Studies.		**39.2** Review effectiveness through surveying staff for training needs.	**Timeline:** Ongoing **Responsibility:** Research Office **Timeline:** Ongoing
The Careers Development Centre helps students make informed decisions and identify occupations that would suit their interests, personalities and skills. It is available to all students and recent graduates of GMIT and aims to support them in developing and implementing successful career plans, and to facilitate the recruitment process for students and employers.		*See Action Item 30.1*	
All teaching at GMIT is governed by the Learning, Teaching and Assessment Code of Practice No.4.	GMIT COP4: Learning, Teaching & Assessment	*No Action Required*	

40. Supervision

Employers and/or funders should ensure that a person is clearly identified to whom early-stage researchers can refer for the performance of their professional duties, and should inform the researchers accordingly. Such arrangements should clearly define that the proposed supervisors are sufficiently expert in supervising research, have the time, knowledge, experience, expertise and commitment to be able to offer the research trainee appropriate support and provide for the necessary progress and review procedures, as well as the necessary feedback mechanisms.

Existing Rules and/ or Practices at GMIT	Policies and Procedures	Actions required	Responsibility and Timeline
All postgraduate researchers have a supervisory panel consisting of a principle supervisor, a co-supervisor and a mentor supervisor, whose roles and responsibilities are outlined in the Code of Practice No. 5 for Research. The supervisor/ line manager, is specified in all staff employment contracts. All contract researchers are appointed a PI, to whom they must report, as stated in their contract.	GMIT COP5: Research	*No Action Required*	

List of Appendices

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1B. Responsible Research: Health & Safety Management Policy

1C. Lone Working/ Out of Hours Procedures

1D. Communications Policies- Draft Document

1E. GMIT Policy on Dignity at Work

1F. Progress Report Outline

2A. GMIT Recruitment Policy

2B. Recruitment Screening Form

2C. Interview Assessment Form

3A. GMIT Capital Works Policy

3B. GMIT Annual Leave Policy

3C. Parental Leave Act 1998 & Amendment Act 2006 & 2013

3D. GMIT Maternity Leave Policy

3E. Authorship Conventions Document

3F. Institutes of Technology Disciplinary Procedure

List of Appendices

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Documents/Records	Retention Requirement	Final Disposition
DIRECTOR'S OFFICE		
Governing Body - Minutes of meetings, backup materials, official correspondence	Permanently	Archive
General Information Files containing a wide range of materials pertinent to the operation and interest of the Director's office	3 years	Confidential shredding
Strategic Plans	Permanently	Archive
Circular letters and Government Reports	Permanently	Archive
Senior Management Team	Permanently	Archive
Approved minutes of meetings and supporting documentation	Permanently	Archive
Office of the Registrar		
General Information Files containing a wide range of materials pertinent to the operation and interest of the Registrar's office	3 years	Confidential shredding
New course approvals, process and reports	Duration of course + 5 years	Confidential shredding
Circular letters and Government Reports	Permanently	Archive
Department of Education THAS Figures	Permanently	Archive
External examiners reports, lists of contracts, reports, payments, etc.	5 years	Confidential shredding
Documents and correspondence relating to litigation or disputes which have been completed or settled	3 years. However, if the dispute or litigation were with a member of staff or student, it will not be destroyed for 3 years after the member of staff or student ceased to be such.	Confidential shredding
Prospectus, Student Handbooks, Graduation Booklets	Permanently	Archive
Academic Council		
Signed minutes of meetings and backup material of Academic Council meetings, its sub committees and working groups	Permanent	Archive
General correspondence	3 years	Confidential shredding
Admissions		
CAO Non-Standard application forms (registered)	5 years	Confidential shredding
CAO Non-Standard application forms (not registered)	1 year	Confidential shredding
Direct Applications - (not recommended)	1 years	Confidential shredding
Direct Applications - (recommended but not registered)	1 years	Confidential shredding
Direct Applications - (registered)	1 years	Confidential shredding
Registration Forms and any back-up material	2 years	Confidential shredding
Student Records		
Including name, address, date of birth, next of kin, socio economic background, places of employment, type of employment, etc.	Permanently, if there is a business reason to do so	Archive
Student Personnel files	duration of couse + one year	Confidential shredding
Fees and Grants		
Documentation relating to student fees	7 years	Confidential shredding
Documentation relating grants/scholaships/financial aid/waiver of fees including eligibility, attendance reports, bank reconcilliation, etc.	7 years	Confidential shredding
Examinations		
Examination entries	2 years	Confidential shredding
Examination papers (held in the B.I.C)	Permanently	Archive
Examination solutions	18 months	Confidential shredding
Examination scripts	9 months	Confidential shredding
Continuous Assessments	18 months	Confidential shredding
Examination results - broadsheets	Permanently	Archive
Examination results - green and white sheets	2 years	Confidential shredding
Examination Appeals documentation	2 years after student ceases to be a student provided no litigation is contemplated	
Examination claim sheets for the correction of scripts	7 years	

Documents/Records	Retention Requirement	Final Disposition
Examination invigilators - lists and general correspondence	Updated on ongoing basis	
Examination invigilators - claims	7 years	Archive
Library		
Book Records - Catalogue References	Updated on ongoing basis	
Financial Reports	2 years	Confidential shredding
Borrowing Records - Names and addresses	Duration of course or employment or while any transaction remains outstanding	Deleted from database
Electronic Publications	Updated on ongoing basis	
Signed Copyright Declarations	6 years	Confidentially shredded by Librarian
Quality Assurance		
Signed minutes of meetings, backup materials	Permanently	Archive
General correspondence	3 years	Confidential shredding
Procedure & guideline document master copies and approval records	Permanently	Archive
Computer/MIS/Telephone Systems		
Network account usernames	Duration of Employment	Archive
Internal staff details on email and telephone systems	Duration of Employment	Archive
Web proxy logs	1 week	Archive
Finance and budgetary	7 years	Confidential shredding
Sports and Recreation		
Information regarding active sports clubs, participants, coaches	3 years	Confidential shredding
Funding and expenditure	7 years	Confidential shredding
Sports Scholarship information -- criteria, application forms, updated information on existing scholarship recipients, funding of scholarships	7 years	Confidential shredding
STUDENT SERVICES		
Counselling		
Confidential student records, case notes, assessment reports and recommendations	3 years. Files are retained for a maximum of 3 years and personally destroyed by Student Counsellor	Confidentially shredded by Student Counsellor
Careers and Appointments Service		
Job applications	1 year	Confidential shredding
First destination statistics of graduates	Permanently	Archive
Graduate Database - names/addresses of all students from 1970	Permanently (updated each year)	Confidential shredding
Employer database – list of employers who contact the Careers Service with job opportunities for graduates	Updated each year	
Disability support Service		
Confidential information on students with special needs	7 years (Students will be informed that they will be destroyed after 7 years and given option to take them themselves)	Confidentially shredded by Access Office
Records on funding from the DOES	7 years	Confidential shredding
Statistics on students with special needs	7 years	Confidential shredding
Financial statistics	7 years	Confidential shredding
Annual report on disability service	7 years	Confidential shredding
General correspondence	3 years	Confidential shredding
Health Service		
Medical records for students who attended Student Health Unit	10 years	Confidentially shredded by Nurse/Dr
Medical Records for staff who attended Student Health Unit	10 years	Confidential shredding
Accident report forms for students and staff	10 years	Confidential shredding
Annual reports	Permanently	Archive
Young Parents' Support Group		

Documents/Records	Retention Requirement	Final Disposition
Application Forms and receipts for financial funding	7 years	Confidential shredding
Campus Watch		
Minutes of meetings	7 years	Confidential shredding
General Correspondence	3 years	Confidential shredding
The Chaplaincy Service		
Financial statistics	7 years	Confidential shredding
General correspondence	3 years	Confidential shredding
OFFICE OF THE SECRETARY/FINANCIAL CONTROLLER		
Tender documentation	1994 -1999 - maintain until 2008, 2000-2006 - maintain until 2015, 2007-2013 - maintain until 2022 at present	Confidential shredding
Insurance documentation	7 years	Confidential shredding
Capital projects files	Permanently	Archive
Department of Education budget files and correspondence	Permanently	Archive
Signed financial statements and audit reports	Permanently	Archive
Final operating programme and budgets	10 years	Confidential shredding
Internal audit reports	10 years	Confidential shredding
Legal documents and correspondence	Permanently	Archive
HUMAN RESOURCES DEPARTMENT		
Personal Records - employment history, qualifications, training, appointment details, medical certificates, leave of absence, birth certificates, staff development, etc.	Permanently	Archive
Application forms and any other documentation in respect of applicants who are not offered positions	18 months after interviews have been held. (Applicants informed of this)	Confidential Shredding
Copy of public advertisement, job description	Permanently	Archive
Schedule of interviews, shortlisting criteria and recruitment screening form	6 years after the appointment has been affected unless litigation were contemplated	
Administration - staff structures, letters, circulars, allowances from the Department of Education and Science	Permanently	Archive
Superannuation - Certificates of Service, department returns, superannuation schemes, salary details, benefit statements	Permanently	Archive
Equal Opportunities Policy/HR Policies/Procedures	Permanently	Archive
Dignity Policy	Permanently	Archive
Documentation regarding litigation or dispute with a member of staff	3 years after the member of staff ceased to be such	Confidential Shredding
Attendance Records - Sick leave, annual leave, maternity leave, Force Majure, Parental Leave, etc.	Permanently	Archive
FINANCE DEPARTMENT		
Salary Increments	Permanently	Archive
Pay Scales	Permanently	Archive
Purchase requisition	7 years	Confidential shredding
Purchase requisition (books)	7 years	Confidential shredding
Purchase orders (copy)	7 years	Confidential shredding
Completed GRNs and delivery dockets	7 years	Confidential shredding
Purchase invoices. Paid and unpaid and backup documentation	1994 -1999 - maintain until 2008, 2000-2006 - maintain until 2015, 2007-2013 - maintain until 2022 at present	Confidential shredding
Schedules of weekly payments	7 years	Confidential shredding
Paid expense claim forms	1994 -1999 - maintain until 2008, 2000-2006 - maintain until 2015, 2007-2013 - maintain until 2022 at present	Confidential shredding
Copies of all fee refunds	1994 -1999 - maintain until 2008, 2000-2006 - maintain until 2015, 2007-2013 - maintain until 2022 at present	Confidential shredding

Documents/Records	Retention Requirement	Final Disposition
Copies of all student assistance	1994 -1999 - maintain until 2008, 2000-2006 - maintain until 2015, 2007-2013 - maintain until 2022 at present	Confidential shredding
Copies of weekly payment runs	7 years	Confidential shredding
Prompt payment weekly interest calculations	7 years	Confidential shredding
Monthly creditors statements	7 years	Confidential shredding
Copy payslips	Permanently	Archive
All payroll reports for weekly, monthly and part-time staff	1994 -1999 - maintain until 2008, 2000-2006 - maintain until 2015, 2007-2013 - maintain until 2022 at present	Confidential shredding
Tax free allowances (disc)	7 years	Confidential shredding
Memos from personnel for payroll calculations	Permanently	Archive
P35s	Permanently	Archive
P30s and P60s	7 years	Confidential shredding
Deduction forms for staff including monthly list of deductions paid over	Permanently	Archive
Bank statements	1994 -1999 - maintain until 2008, 2000-2006 - maintain until 2015, 2007-2013 - maintain until 2022 at present	Confidential shredding
Bank correspondence	7 years	Confidential shredding
Bank reconciliation records	7 years	Confidential shredding
Correspondence from Dept of Education re all EFT transfers	7 years	Confidential shredding
Monthly cashflows as submitted to the Dept of Education	7 years	Confidential shredding
Copies of VAT 3 returns, withholding tax returns and subcontractors	7 years	Confidential shredding
Deposit interest certificates	7 years	Confidential shredding
Files on all capital projects	Permanently	Archive
Fixed asset files	Permanently	Archive
Audit files as prepared for the comptroller and auditor general	Permanently	Archive
Management account files	Permanently	
Monthly governing body financial reports	Permanently	Archive
Working files for pay and non-pay expenditure for operating programme budgets	5 years	Confidential shredding
TLT returns	7 years	Confidential shredding
Monitoring reports	7 years	Confidential shredding
Miscellaneous Internal budget reports (pay and non-pay)	3 years	Confidential shredding
All financial claims as regards the nursing course to the Dept of Health	7 years	Confidential shredding
Minutes of meetings relevant to the Finance office and other staff	5 years	Confidential shredding
Copies of financial procedures	Permanently	Archive
Interim and final financial reports submitted to awarding bodies	1994 -1999 - maintain until 2008, 2000-2006 - maintain until 2015, 2007-2013 - maintain until 2022 at present	Confidential shredding
Accumulate Surplus and commitments reports	7 years	Confidential shredding
Financial reports for ESF -Aided Undergraduate Skills Activity	1994 -1999 - maintain until 2008, 2000-2006 - maintain until 2015, 2007-2013 - maintain until 2022 at present, after that date, no documents should be disposed of without the agreement of the Managing Authority.	Confidential shredding
Financial reports for student assistance and disability reports	1994 -1999 - maintain until 2008, 2000-2006 - maintain until 2015, 2007-2013 - maintain until 2022 at present	Confidential shredding
Creditors Records	3 years	Confidential shredding
Creditors Statements (once reconciled with balances)	3 years	Confidential shredding
Journal files	7 years	Confidential shredding
Unit costing files	7 years	Confidential shredding
Month end reporting - excluding December and August	3 years	Confidential shredding
Month end reporting - December and August	7 years	Confidential shredding
OFFICE OF THE HEAD OF DEVELOPMENT		
All records pertinent to the following:		
Strategic planning for the Institute	6 years	Confidential Shredding
Capital Projects	7 years	Confidential Shredding

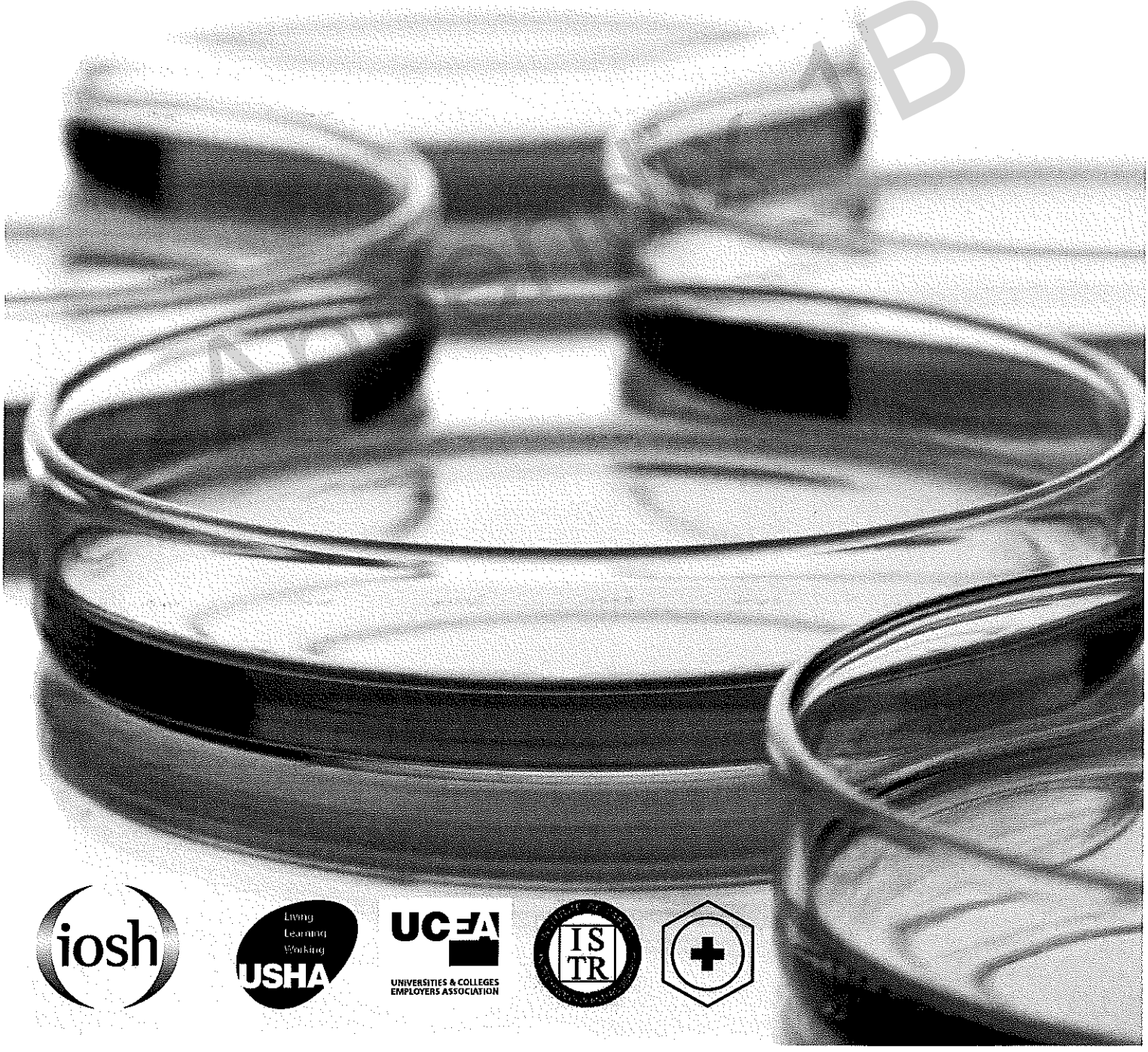
Documents/Records	Retention Requirement	Final Disposition
Minor Capital Works	7 years	Confidential Shredding
Research and Development	1994 -1999 - maintain until 2008, 2000-2006 - maintain until 2015, 2007-2013 - maintain until 2022 at present	Confidential Shredding
Funding for buildings from public, private and foundation sources	7 years	Confidential Shredding
International and European office direction and control	5 years	Confidential Shredding
Institute - Industry interaction	3 years	Confidential Shredding
Development of Incubator Centres for technology start-up companies	7 years	Confidential Shredding
All documentation related to the management and operation of Incubator Units	7 years	Confidential Shredding
Postgraduate Diploma and Master level courses run jointly with other Third Level Institutions in Ireland or Internationally and with Industry	5 years	Confidential Shredding
Campus Companies and the commercialisation of research - Legal documentation	Permanently	Archive
Campus Companies and the commercialisation of research - Financial documentation	7 years	Confidential Shredding
Campus Companies and the commercialisation of research - General correspondence	3 years	Confidential Shredding
Intellectual Property Rights	Permanently	Archive
Health & Safety within the Institute	Permanently	Archive
Industrial Liaison Office		
Institute - Industry interaction including all documents related to consultancy and applied research projects	5 years	Confidential Shredding
Customised Training/Training for industry Records	5 years	Confidential Shredding
Applications for Research or other Funding (unless otherwise recommended by specific funding organisations)	5 years	Confidential Shredding
All documents related to the management and operation of Enterprise Platform Programmes	5 years	Confidential Shredding
Information on Research Programmes available/Calls for applications	3 years	Confidential Shredding
Facilities hire, contracts and bookings	3 years	Confidential Shredding
Estates Office		
Capital Projects Documentation including:		
Contractor/supplier/consultant submissions and associated shortlisting reports	1 year following completion of selection process	Confidential Shredding
Tender reports and tender documents	1994 -1999 - maintain until 2008, 2000-2006 - maintain until 2015, 2007-2013 - maintain until 2022 at present	
Correspondence with Design Team, Contractors, Department of Education & Science/Department of Health & Children, local authorities, Site Meeting Minutes etc.		Confidential Shredding
Design fees and contractor payment files	3 years following closure of final account	Confidential Shredding
Contractor progress reports/information requests	To final account	Confidential Shredding
Planning permission grants and associated applications	7 years	Confidential Shredding
Fire certificates and associated applications	7 years	Confidential Shredding
Contract Documents	7 years	Confidential Shredding
Hot work permits	1 week or permanently should a fire occur	Confidential Shredding or Archive as appropriate
Safety File/other construction drawings and plans for capital and minor works	Permanently whilst buildings remain in GMIT ownership	Archive
Property		
Land maps	Permanently whilst buildings remain in GMIT ownership	Archive
Register of applicant developers who have made application for letters of certification under Section 50 of the Finance Act 99	3 years following conclusion of the scheme	Confidential Shredding
Maintenance & Repairs		
Maintenance service reports	3 years	Confidential Shredding

Documents/Records	Retention Requirement	Final Disposition
Building condition surveys, snag lists, maintenance requests and lists	Until all defects arising have been eliminated	Confidential Shredding
Safety		
Safety audits	Until all defects arising have been eliminated	Confidential Shredding
Accident reports	Permanently	Archive
Fire Safety Register	5 years	Confidential Shredding
Accommodation		
Space Inventories	Kept until replaced by revision	Confidential Shredding
Staff accommodation list	Kept until replaced by revision	Confidential Shredding when replaced by revision
Room Booking Records	1 year	Confidential Shredding
Energy		
Consumption records	3 years	Confidential Shredding
Security		
Incident reports	1 year – or longer pending legal action	Confidential Shredding
Key schedule/card access schedule	15 years	Confidential Shredding
Purchasing		
Requisitions, quotations etc.	6 years	Confidential Shredding
Self-Financing Activities		
Audited Financial Statements of Bioserv	7 years	Confidential Shredding
All books and records in relation to research funding awarded and interim and financial reports	7 years	Confidential Shredding
ACADEMIC DEPARTMENTS		
School/Centre Publications	Permanently	
Minutes of Meetings - Course Boards, Senior Management of School/Centre, special purpose committees	Permanently	
Financial & Budgetary information	7 years	
Staff Expenses	7 years	
Part-time Hours	Permanently	
Timetables	1994 -1999 - maintain until 2008, 2000-2006 - maintain until 2015, 2007-2013 - maintain until 2022 at present	
Staff lists, addresses and contact numbers	Duration of employment and updated on an ongoing basis.	
Correspondence, documentation and reports from external bodies	3 years	
Continuous assessment results	18 months	
Student attendance records	Permanently	
NCEA/HETAC Programmatic Review documents	Permanently	
Course submission documents	Permanently	
Non-pay budget details	3 years	
Miscellaneous		
Diaries	All diaries should be retained for one year after the current year of the diary. Any relevant records in the diary should be filed appropriately.	
General Correspondence for all areas	3 years	
International Office		
European Union Programmes such as Socrates and Leonardo	1994 -1999 - maintain until 2008, 2000-2006 - maintain until 2015, 2007-2013 - maintain until 2022 at present	
Enrolment records for EU and non-EU students	5 years	

Documents/Records	Retention Requirement	Final Disposition
Financial agreements for ERASMUS programmes applications to programmes	1994 -1999 - maintain until 2008, 2000-2006 - maintain until 2015, 2007-2013 - maintain until 2022 at present	
Aplications to programmes	2 years	

responsible research

Managing health and safety in research: guidance for the not-for-profit sector



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IOSH regularly commissions research to strengthen the evidence base for health and safety management. We are therefore pleased to support the Universities Safety and Health Association in publishing and hosting this guide to responsible research, developed not just for occupational safety and health researchers, but research teams working in every discipline.

'Responsible research' joins IOSH's range of authoritative, free guidance, available at www.iosh.co.uk/techguide.

Responsible research: managing health and safety in research

This guide aims to help anyone who needs to ensure good health and safety performance in a research environment. It provides heads of department, principal investigators and researchers with:

- examples of responsibilities and management approaches
- advice on safety culture and risk assessment
- case studies showing key issues that need to be considered.

The Universities and Colleges Employers Association and the Universities Safety and Health Association have worked with the Institution of Occupational Safety and Health, the Medical Research Council and others to produce useful guidance that covers a wide range of research fields.

Responsible research is designed primarily for researchers in the UK, but the principle of following the 'Plan-do-check-review' cycle when managing health and safety in a research environment is universal.

This guide can be downloaded at **www.iosh.co.uk/ushaguide**

October 2012

Contents

Figures

Forewords

This document is the latest in a series produced by and for people working in the higher education sector. As with previous documents, it is produced in a partnership between the Universities and Colleges Employers Association and the Universities Safety and Health Association. This time, due to the broad nature of the research, allied not-for-profit health and safety associations and the Medical Research Council have also collaborated on the project.

It is important that such guidance should be widely accessible, so we have worked with the Institution of Occupational Safety and Health (IOSH), which has kindly edited and designed this document and is hosting it on its website. These new partnerships are welcomed, and reinforce the high esteem that others place on the guidance produced by the sector.

As always, institutions are free to choose how they apply this guidance. However, we hope it will be of particular use to heads of department and principal investigators.

The case studies are designed to show the key issues that need to be considered in particular fields of research. While it is impossible to cover every eventuality, we hope that the principles will be applicable across a wide range of research fields. Indeed, the authors will welcome additional case studies that can be added to this guidance in the future.

Professor Chris Gaskell
Chair, Health and Safety Committee
Universities and Colleges Employers Association

Principal
Royal Agricultural College

This guidance updates the Health and Safety Executive (HSE) Education Schools Advisory Committee (ESAC) guidance issued in 2000: *Managing health and safety aspects of research in higher and further education*.

Much has changed since that guidance was introduced, and this is reflected in the approach taken here. A lot of the general health and safety guidance contained in the original HSE–ESAC publication is better covered in other documents, such as *Successful health and safety management* (HSG65). Therefore, this new guidance focuses on the role of the principal investigator and aims to support researchers by providing examples of good practice.

The reviewing panel reflected this change in emphasis, asking representatives of the broader research community not only to contribute to the general document but also to provide up-to-date case studies in each of their specialised research fields (see membership list below).

We hope this document will be used to promote good practice in all areas of research and that more case studies will be added to complement those contained within the guidance.

Clive Parkinson
Chair
Universities Safety and Health Association

Director of Health and Safety
University of Surrey

Reviewing panel

Chair: Marion Richards, Director of Health and Safety, Sussex University (Universities Safety and Health Association)

Daniel Harrison, Safety, Health and Wellbeing Advisor, University of Westminster (University Chemical Safety Forum)

Mike Stephens, Head of Safety, Security and Resilience for the Medical Research Council (Research Councils UK)

Heidi Alderton, Assistant Safety Officer, London School of Hygiene and Tropical Medicine (ISTR)

Kevin Joyce, Health and Safety Advisor, Faculty of Engineering and Physics, University of Surrey

Mike Lockyer, Radiation Protection Officer, University College London

1 Introduction

Research is about investigating new avenues of knowledge, and this carries an unavoidable element of the unknown. The outcome of research work can be uncertain or can differ from what was originally predicted.

Health and safety legislation applies just as much to research as it does to any other area of industry. Despite the inherent elements of uncertainty, it is possible for research workers to innovate without exposing themselves or others to unnecessary health and safety-related risks. Sensible management systems, together with suitable practical training for those involved, are essential to providing a framework in which people can work safely.

This guidance was written for higher education institutes and research councils engaged in research. However, all organisations involved in research work in the not-for-profit sector, such as further education establishments, research charities and the National Health Service, may find it useful in helping to understand their responsibilities under health and safety law, and providing a basis for good practice.

A typical management structure in a research organisation is outlined in Section 2, which also summarises the health and safety duties and responsibilities for each management level.

Section 3 introduces the concept of using a management system approach to health and safety in research, and Section 4 addresses the importance of a positive safety culture. Section 5 outlines the risk assessment and control process.

Case studies in section 6 illustrate how health and safety can be effectively managed in a range of research disciplines.

A glossary of terms used in this guidance and the sources of reference accessed during its compilation can be found in the final sections.

2 Management and responsibilities

It's important to set out the responsibilities for health and safety in a college, university or research organisation. Health and safety law in the UK places responsibilities on employers, employees and third parties, and everyone in the organisation needs to know who is responsible for what.

All researchers in a research establishment must:

- take responsibility for their own health and safety and ensure that they don't compromise the health and safety of others by the things they do or fail to do
- work safely and efficiently
- follow the organisation's policy, guidance and safe systems of work
- attend training and put it into practice in the workplace
- risk-assess, or assist with the risk assessment of their work
- use protective equipment as recommended
- not change research or other work protocols without first discussing the change with their manager and specialist safety advisers as appropriate
- report incidents that have resulted in, or could have resulted in, injury or damage
- assist in the investigation of accidents with the aim of introducing preventative measures
- report unsafe conditions or actions
- work co-operatively to improve health and safety standards and performance.

The executive structure – the layers of management between the top of the organisation and the people doing the research activities – will vary with each research organisation, as will individual responsibilities for health and safety at each level.

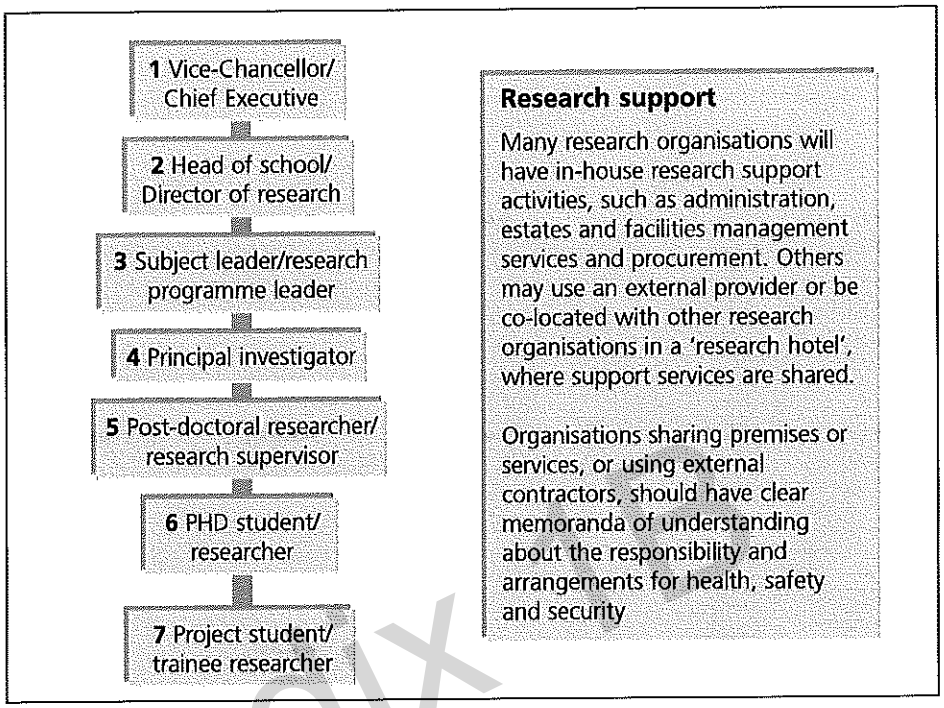

Figure 1: Typical line management structure in a college, university or research organisation

Vice Chancellor (VC), Chief Executive Officer (CEO) or board

The VC/CEO is ultimately responsible for:

- the health, safety and welfare of all those involved in research or providing research support
- the health and safety of visitors to establishments under their control or anyone who may be affected by the organisation's activities
- setting the organisation's health and safety policy, which should:
  - identify the organisation's intentions, responsibilities and arrangements for managing and monitoring health and safety
  - identify how competent health and safety advice will be obtained and show that health and safety will be adequately resourced
  - state how effective methods of consultation, co-operation and assurance of competence will be achieved for researchers, visiting workers, students etc.

Directors of research and heads of school

Directors and heads should ensure that:

- health and safety policies, guidance and arrangements relevant to the expected risks in the research or work area are in place – remember that directors are also employees and are owed the same duty of care as all research staff
- their school or directorate's health and safety objectives are planned
- comprehensive risk management, identification and control programmes are in place, indicating how higher risk activities such as research involving hazardous equipment or substances, lone working or fieldwork will be managed
- reports on health and safety performance are fed back to the VC/CEO at agreed intervals
- individual responsibilities for health and safety are allocated appropriately and performance is reviewed as part of the annual appraisal

- the composition of general or specific health and safety committees or special interest groups is established and trades union representatives are consulted on health and safety matters
- systems are in place for identifying training needs and providing appropriate training and supervision for research staff and others in the workplace
- the general and specific health and safety arrangements for contractors, visiting workers and visitors are explicit and communicated effectively
- appropriate permits and licences are obtained before the research, and records of authorisation, training, incidents and maintenance are kept
- appropriate planned, preventative maintenance regimes are in place
- policy and guidance details how health and safety management will be monitored using appraisal, reporting arrangements, inspection, health surveillance, incident and work-related ill health reports, incident type analysis and audit
- the sanctions for not following organisational and school or directorate policy or codes of practice are made clear to all.

Programme leader/research leader

The programme or research leader is responsible to the head of school or director of research for the safe and legal conduct of research under their remit. This responsibility cannot be delegated. As with all people working in the research environment, the programme leader is responsible for their own safety and the safety of others who may be affected by their unsafe acts or omissions. Programme leaders should ensure that:

- they employ competent researchers, training needs are assessed and training is available, both in general health and safety issues (such as risk assessment) and specific techniques or situations where there is significant risk (such as the use of lasers or conducting research in the community)
- special permission or licensing arrangements required for the work are in place
- appropriate supervision is available for researchers and research support workers, depending on the risk of the activity and the age and experience of the individual
- programmes of work have been risk-assessed and the health and safety of researchers and others will not adversely be affected by known or emerging risks
- individual responsibilities for health and safety are allocated appropriately and performance is reviewed as part of the annual appraisal. Only principal investigators meeting the required standards are allowed to supervise PhD students
- consideration is given to the health and safety management, training and communication arrangements for researchers with disabilities or for those whose first language isn't English
- robust emergency plans are in place for the workplace and research activities which pose high safety risks
- they are made aware of reported incidents and near misses and will ensure that appropriate actions are taken to prevent a recurrence
- they are informed about the outcome of safety performance measures such as inspections, safety tours, health surveillance, compliance with risk control systems and safe systems of work, training events attended, work-related injury and ill-health figures
- they take the appropriate actions recommended by audit findings of non-conformance
- they set an example by their own behaviour and are prepared to take action if health and safety is compromised by the things their researchers do or fail to do.

Principal investigators (PIs)

PIs are generally experts in their field of research and are expected to have up-to-date knowledge about the risks associated with their research area. They are responsible to the programme leader and the director or head of school for the health and safety of their researchers and others who may be affected by the research activities. PIs should:

- be aware of the legal requirements for their area of research and be able to identify and manage the risks in their field of work
- ensure that all people under their direction have adequate information about the risks and risk controls that apply to their work, and that relevant training and supervision arrangements are in place
- ensure their research supervisors and post-doctoral researchers are trained in risk assessment techniques and are competent to supervise others in their research activity
- monitor workplace safety compliance and draw their manager's attention to deficiencies in health and safety management, such as unsafe acts or conditions, failure to follow safe systems of work, a lack of planned maintenance or inadequate facilities
- enforce health and safety standards and codes of practice and set a good example to their research staff and others in the workplace.

Post-doctoral researchers/research supervisors

Post-doctoral researchers and research supervisors should be competent in the research area and aware of the risks inherent in the techniques, equipment and methods they use. They should be trained to:

- carry out risk assessments and communicate information on risks and control measures to their researchers and others affected by the research
- understand the institution's policies, procedures and committee structures
- be effective supervisors – supportive, good at coaching and mentoring, excellent role models and take appropriate actions when made aware of health and safety management failures
- contribute to the investigation of accidents and near misses that have affected their research teams
- use safe laboratory and work practices and safe systems of work and reinforce the importance of good housekeeping and occupational hygiene.

Although post-doctoral researchers may be given day-to-day responsibility for ensuring that research is carried out without causing unacceptable risks to health and safety, the overall health and safety responsibility flows through the line management chain and ultimately rests with the VC/CEO of the organisation.

Project students and trainee researchers

Trainee researchers can't be assumed to be aware of the health and safety risks of the research or workplace and must be trained and supervised until they are competent to work without direct supervision.

Research support workers

It's important to establish the risks the research poses to the health and safety of research support staff and others who may be affected in the organisation. As with researchers, responsibility for the health and safety of employees flows up the line management chain to the VC or CEO of the employing organisation. The risks the research activity could present to cleaners, maintenance staff, engineers, technicians and so on must be assessed and adequate risk control measures put in place before the research project starts. Research support workers must be informed about relevant risks, associated risk control measures and their personal responsibility for health and safety. They should also be competent to discharge their duties without causing harm to themselves or others.

Reasonable foreseeability

A reasonably foreseeable risk is one that, if realised, could result in injury or damage, and which could be predicted by a reasonable person with the necessary skills and knowledge.

Legal courts dealing with health and safety cases have to determine whether an unplanned incident was reasonably foreseeable. Employers must seek to identify and evaluate foreseeable risks.

This is not always as easy to judge as it first seems; issues of 'strict liability' can complicate some cases, and case law has evolved to help determine what is reasonably foreseeable. For instance, frivolous acts which result in injury or damage, by employees that have been appropriately trained and provided with the correct equipment, and where the employer has no expectation that the employee would act in this way, would not normally be considered foreseeable.

Health and safety legislation in the UK

The Health and Safety at Work etc Act 1974 (also referred to as HASAW or HSW) is the primary piece of legislation covering occupational health and safety in the United Kingdom.

Statutory instruments (generally regulations) are the secondary type of legislation made under specific Acts of Parliament. These include the requirement to address the risks posed by working with dangerous substances, equipment, noise, ionising radiation and so on. Most of this legislation is 'goal-setting' – it sets out the standard to be achieved and leaves it up to the duty holder to decide how to do this. Regulations are generally accompanied by codes of practice or guidance, which can be used to help direct the research organisation towards compliance.

The HSW Act and associated regulations are criminal laws. Therefore a breach of health and safety legislation is generally a criminal offence that carries penalties including fines, imprisonment and a range of 'orders' such as community, compensation, remedial action and disqualification.

The HSE is the independent regulator of occupational health and safety legislation in the UK. It initiates or recommends enforcement action against employers who breach their statutory health and safety duties.

Additionally, an employee who is harmed at work may make a civil claim for compensation against their employer. An employer has a legal duty to protect the health and safety of their employees at work (so far as is reasonably practicable) and to abide by the statutes governing occupational health and safety. If they fail in these duties they may be liable to a claim for damages by the person who has been harmed or suffered loss.

'Absolute', 'so far as is practicable' and 'so far as is reasonably practicable' responsibilities

The HSW Act and other safety legislation impose certain duties and responsibilities on employers and duty holders with respect to the health, safety and welfare of their employees and others who may be affected by their activity.

Some of these duties are 'absolute' and must be complied with, such as the duty of employers to "undertake a suitable and sufficient risk assessment" of work-related risks. But some are qualified by the phrases 'so far as is practicable' and 'so far as is reasonably practicable'. The meanings of these phrases have been established by case law.

To carry out a duty 'so far as is reasonably practicable' means that the degree of risk in a particular environment or activity can be balanced against the time, trouble, cost and physical difficulty of taking measures to avoid the risk. The greater the risk, the greater the rigour that may be expected to control it.

The duty to take reasonably practicable measures is one of the most widespread requirements in modern UK health and safety law. One example can be seen in Section 13 of the Workplace (Health, Safety and Welfare) Regulations 1992, where it states that reasonably practicable measures should be put in place to stop people falling or being struck by falling objects in the workplace.

'So far as is practicable', without the word 'reasonably', implies a stricter standard. This duty embraces whatever is technically possible in light of the knowledge that the duty holder had, should have had, or had access to at that time (ignorance is no defence). The cost, time and trouble involved must not be taken into account. Again referring to the risks of falls, Section 13 of the Workplace Regulations goes on to stipulate: "So far as is practicable, every tank, pit or structure where there is a risk of a person in the workplace falling into a dangerous substance in the tank, pit or structure, shall be securely covered or fenced."

For most research sectors, the risk control measures required from the employer are 'reasonably practicable'.

3 Using a management system approach to manage health and safety in research

The Management of Health and Safety at Work Regulations 1999 require employers to have suitable arrangements in place for "the effective planning, organisation, control, monitoring and review" of their risk identification and control systems. At the time of publication there is an approved code of practice and guidance supporting the Regulations, which recommends that these arrangements are incorporated into an overall organisational health and safety management system. This is also the approach recommended by the HSE document *Successful health and safety management* (HSG65).

The case studies in this guidance illustrate how to manage health and safety in various research environments, based on the 'Plan-do-check-review' management system framework.

In a system intended to manage the health and safety aspects of a research project, this means putting in place organisational health and safety policy and guidance and:

- Planning the health and safety arrangements for the activity – Plan
- Implementing the planned health and safety controls and carrying out the activity – Do
- Checking that the arrangements and controls put in place to stop injury, damage and ill health are working as planned – Check
- Reviewing the activity to ensure that the health and safety arrangements were adequate and proportionate and then feeding any changes into the next research activity – Review.

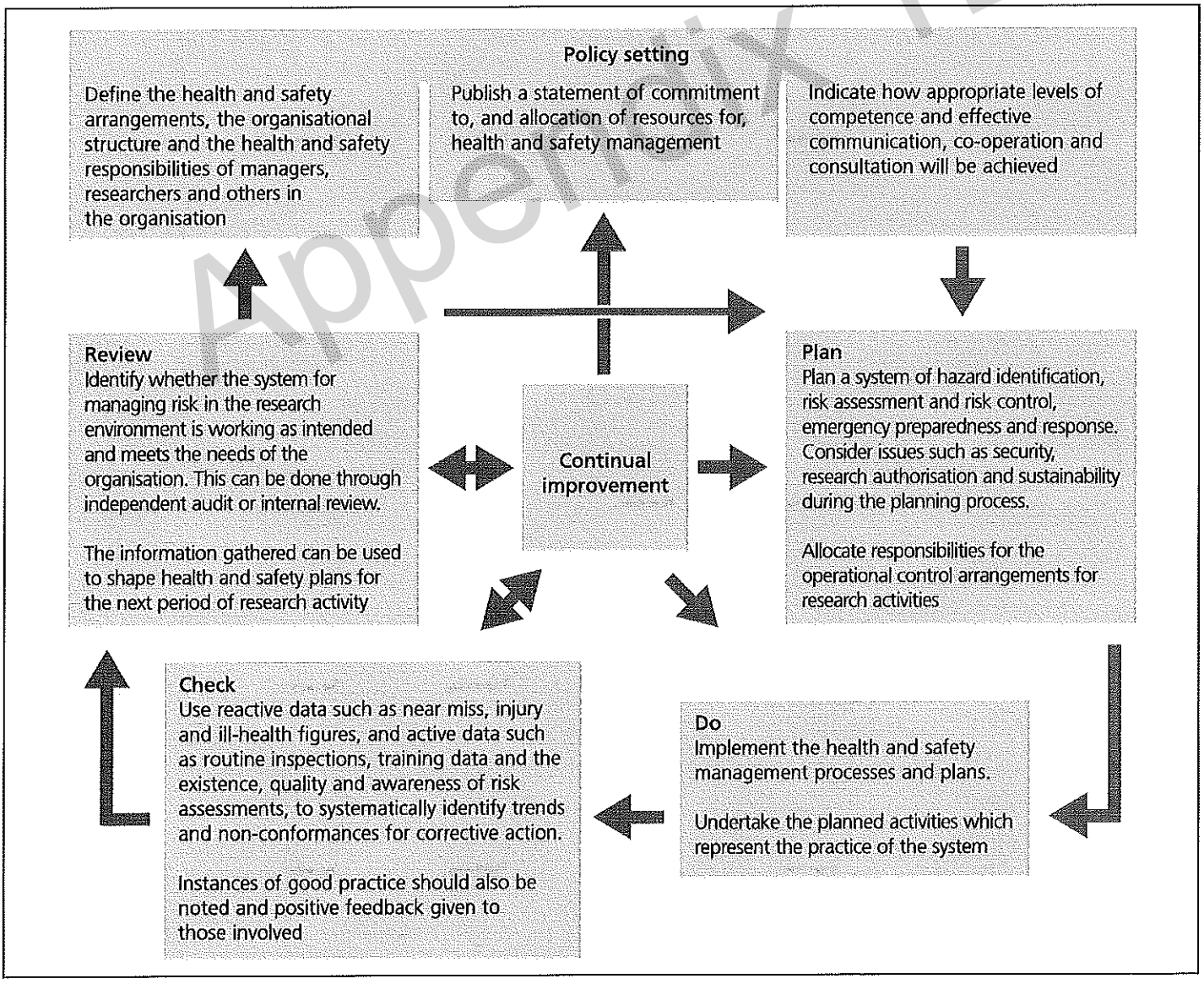

Figure 2: A health and safety management system based on the 'Plan-do-check-review' framework

Security

Research often involves the use of materials, equipment, data or processes which could be harmful to people or the environment if access to them was not controlled, or if the organisation did not have measures in place to prevent their escape or loss.

Organisations undertaking research must plan and deploy security arrangements that will prevent accidental access, loss or escape and the deliberate misappropriation of research materials etc.

Safety legislation and guidance may give direction on the security required for specific research activities and some research is governed by notification, authorisation, permitting or licensing schemes. For example, researchers are not allowed to buy drug precursors or chemical weapon precursors unless their organisation has the appropriate Home Office licence; counter-terrorism officers will visit organisations planning work with high risk biological or radioactive materials to make sure security is adequate before the research can proceed.

Security measures and the authorisation or permission required for the research project should be determined at the planning stage. The project risk assessment should consider whether the general security arrangements are enough or if more needs to be done.

The UK environment agencies*, the Department for Environment, Food and Rural Affairs (Defra: **www.defra.gov.uk**), the Home Office (**www.homeoffice.gov.uk**), the HSE (**www.hse.gov.uk**) and the National Counter Terrorism Security Office (NaCTSO: **www.nactso.gov.uk**) are all involved in various aspects of security in research, and the relevant agency should be contacted if the researcher needs security advice. The HSE's role is limited to advising on matters relating to restricting access to prevent inadvertent exposure or loss of sensitive materials.

Specialist advisors and safety committees

Many research projects need specific permits, approvals or authorisation before they can proceed. Specialist advisers in a range of disciplines can advise on how to meet the requirements of regulators and enforcing authorities, and how to conduct the research with the risks controlled so far as is reasonably practicable.

The requirement to have access to specialist advisers, as well as the responsibilities and duties of these advisers, may be detailed in safety guidance or regulation. For example, the guidance supporting the Genetically Modified Organisms Regulations states that organisations conducting research involving genetically modified organisms (GMOs) should appoint a competent person, such as a 'Biological safety officer' to advise on the notification requirements, containment and safe use of the organisms. Research organisations must consult with a 'Radiation protection adviser' if they need advice on complying with the Ionising Radiation Regulations 1999, or if the activity of the radioactive substances used exceeds certain levels.

In many research organisations, projects involving the use of GMOs or radioactive substances are approved by specialist safety committees, with the specialist adviser giving their expert opinion on the particular risks inherent in the project and what risk controls or authorisation, permits etc are required before the research can proceed.

In addition to radiation protection advisers and biological safety advisers, research organisations may employ or have access to the services of specialist advisers for research involving such things as lasers, chemicals, human tissues or the transport of dangerous goods.

*There are three environment agencies in the UK: the Environment Agency (**www.environment-agency.gov.uk**), the Northern Ireland Environment Agency (**www.doeni.gov.uk/niea**) and the Scottish Environment Protection Agency (**www.sepa.org.uk**).

Emergency planning and business continuity

By law, emergency plans must be put in place for research activities where failures or dangerous incidents present a significant risk to researchers, research support workers, maintenance workers and other building users, if not already addressed by the organisation's general emergency plans.

Some statutes contain an explicit requirement for a contingency plan. For example, the Ionising Radiation Regulations 1999 require the development of a contingency plan to secure, so far as is reasonably practicable, the restriction of exposure to ionising radiation and the health and safety of people who may be affected by such an incident. The plan should be documented within the local rules.

It's also good research practice to make sure contingency plans are in place to prevent emergencies or other unplanned events resulting in research sample or data loss. Several universities have experienced catastrophic events such as major fires and floods that have caused irrecoverable loss of data, samples, artefacts and materials, and signalled the end of particular research projects.

Contingency arrangements such as alarms, emergency generators and off site data and sample storage can help ameliorate potential loss.

Research involving nanotechnology

Nanotechnology is a term for the research, development or use of physical substances with at least one characteristic dimension of 1–100 nm. These can be defined as nanomaterials and their properties may differ from those of the same materials with micron- or mm-scale dimensions. Nanomaterials such as nanotubes, nanodevices, nanowires and nanoparticles can be physically and chemically manipulated for specific applications and are used in a variety of research environments.

Research into the properties of nanomaterials has indicated that some may cause hazardous physical effects when inhaled or ingested. However, the extent of the risk they pose to human health has not been fully established.

The HSE recommends a precautionary approach when working with nanomaterials, meeting the legislative requirements of the Control of Substances Hazardous to Health Regulations (human health risk assessment and control) and, where appropriate, the Dangerous and Explosive Atmospheres Regulations. Many approaches to identifying and controlling nanotechnology risks are presented in the HSE document, *Risk management of carbon nanotubes*, which is available on the HSE website.

The UK Nanotechnology Safety Forum has worked with the HSE, the Environment Agency and the Institute of Occupational Medicine to produce *Working safely with nanomaterials in research and development* (**www.safenano.org/UKNanosafetyPartnership.aspx**), which offers unified safety guidance.

Working with sources of optical radiation

The Control of Artificial Optical Radiation (AOR) at Work Regulations 2010 require employers to protect the eyes and skin of researchers and others in the research establishment from exposure to hazardous sources of artificial optical radiation.

AOR includes light emitted from all artificial sources in all its forms such as ultraviolet (UV), infrared and laser beams, but excludes sunlight.

Hazardous light sources likely to be present in research environments are UV transilluminators, fluorescence systems and Class 3B and Class 4 lasers, as defined in British Standard BS EN 60825-1. Many other artificial light sources can cause harm, and some sources which are not normally hazardous can cause eye and skin damage if not used properly.

The law requires that hazardous optical radiation risks to the skin and eyes of researchers is controlled to as low a level as is reasonably practicable.

Further guidance on the regulations, their requirements and practical control measures can be found in the *Guidance for employers on the Control of Artificial Optical Radiation at Work Regulations 2010*, available on the HSE website (**www.hse.gov.uk**).

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995

Under these Regulations, specified injuries, diseases and dangerous occurrences must be reported to the HSE within a defined time. The most common reports will be for anyone who is injured in connection with work and is absent from work or can't carry out their normal duties for more than seven days (not including the day of injury).

Certain occupationally-acquired diseases must also be notified – this does not include minor common infections that circulate in the community.

Dangerous occurrences that require reporting are rare in the research community but would include incidents which have – or could have – resulted in the release or escape of a substance such as a chemical or biological agent likely to cause severe human harm.

4 Safety culture

The safety culture of an organisation depends on the collective output of the health and safety related beliefs, attitudes and behaviours of the people within it. In a research organisation, the attitudes and behaviours of senior managers are particularly influential.

A positive safety culture expects and allows people to behave safely because it is the correct thing to do; it is the normal way of operating within the organisation. Safe behaviour is one visible output of such a culture. This is important in a research environment, since a lot of research is done outside normal working hours when daytime levels of supervision and support are unlikely to be available. Research supervisors need to be able to rely on their researchers to be mindful of their own safety, for example by following research protocols and safe systems of work, wearing personal protective equipment and using safety equipment properly, whether or not their supervisor is present.

A research report and guidance document published by IOSH (*Safety culture, advice and performance* and *Promoting a positive culture – a guide to health and safety culture*) identify some elements that underpin a positive safety culture. In a university or other research organisation, these include:

A comprehensive health and safety policy

This should be drawn up in consultation with staff representatives and endorsed by the executive body of the organisation, senior management, heads of school and research directors. The policy should include:

- allocated responsibilities and clear arrangements
- a high level of visibility from senior managers with respect to support for health and safety
- a health and safety committee chaired by a member of the executive group
- a 'just' reporting system
- a commitment to learn from incidents, audits and performance reviews and to make any changes required for the ongoing improvement of health and safety management.

Leading by example

- Principal investigators, team leaders and supervisors use safe work practices and take action when health and safety is compromised by researchers' actions or omissions.
- Good safety performance is recognised and rewarded.
- Project proposals consider health, safety and environmental requirements at the planning stage.
- Where necessary, specialist safety advisers are consulted and inform research project proposals.

Practicable guidance and work systems

In a positive culture, guidance and work systems set out how the research should be carried out and how to act in emergencies. In particular:

- researchers have the opportunity to contribute to the development of safe systems of work and appropriate risk control measures
- researchers are made aware of the importance of reporting accidents, near misses and dangerous occurrences
- reporting systems are easy to use and those reporting incidents are not punished for occasional slips and lapses
- it is recognised that accidents and near misses can be used as learning opportunities and can signpost that more training is required or that systems of work should be modified.

Supporting safe research

- Recruitment, selection, training and awareness processes and programmes employ and develop safe researchers.
- Researchers have the knowledge, skills, tools and equipment to work safely.
- Researchers appreciate why safe working is important and understand what sanctions are in place for those who work negligently and compromise health and safety.
- Researchers and their supervisors have access to specialist help and advice.

Researcher Development Framework

The Researcher Development Framework (RDF: **www.vitae.ac.uk/CMS/files/upload/Vitae-Researcher-Development-Framework.pdf**) is a tool for planning, promoting and supporting the personal, professional and career development of researchers in higher education. It articulates the knowledge, behaviours and attributes of researchers and encourages them to realise their potential.

The RDF is structured in four domains encompassing the knowledge, intellectual abilities, techniques and professional standards needed to do research. It includes the personal qualities, knowledge and skills required to work with others and ensure the research has a wider impact. Each domain contains three sub-domains with associated descriptions of different aspects of being a researcher.

The 'Research governance and organisation' domain details the knowledge of standards and professionalism needed to do effective research, including:

- health and safety
- ethics
- principles and sustainability
- legal requirements
- intellectual property rights and copyright
- respect and confidentiality
- attribution and co-authorship
- appropriate practice
- research strategy
- project planning
- delivery
- risk management.

Recognising the work pressures researchers are exposed to is an important feature of health and safety management in the research environment.

Researchers generally have to work irregular hours, often without the support of colleagues. Programme leaders and principal investigators also have to meet publication and research proposal deadlines and may spend a lot of time looking for funding for their research. Research grants are usually given for a specified amount of time, and this may cause anxiety to grant-funded researchers as they reach the end of a project. Researchers are more mobile than other staff, as they gain experience and qualifications and move to other research projects and organisations. High-quality research is usually international and this may involve extensive travel and work with researchers for whom English is not their first language. Additionally, research programmes are subject to external quality assessments which can determine future support or funding allocations.

Research organisations should have mechanisms in place to identify and manage cases of work-related stress. The culture of the organisation should also allow researchers who feel they are under too much pressure to access help and support without fearing detriment to their career.

5 Risk assessment

All research tasks and projects should be evaluated for foreseeable health and safety risks before the work starts. The employer must then ensure that significant risks are recorded and that reasonably practicable risk control measures have been put in place. These control measures should be built into systems of work and research protocols. Risk assessments should be carried out by competent people.

The process of risk assessment is no different in research than in any other job. For many social science research projects the risks will not be specialist in nature and general guidance on risk assessment, which can be found in HSE publications, will help identify sensible precautions.

However, in the case of practical research which might involve hazardous substances, equipment or processes, you might need to consider less well-known hazards, especially where new materials and processes are being used. Programme leaders, PIs, research supervisors and their teams might be the only people who know the work well enough to make valid judgments about risk, and should be prepared to justify their conclusions.

Where risk in a research project is unavoidable, a hierarchy of risk control solutions should be considered:

- Can less hazardous materials, equipment or processes be used?
- Can risks be mitigated at source using engineering controls such as equipment guards and interlocks? What collective protective measures can be put in place?
- Can suitable systems of work be designed, specifying what is required in terms of training, rules, procedures and supervision?
- What individual protective measures are required, such as personal protective equipment, prophylaxis or health surveillance?

Carrying out initial risk assessments before committing to the project will help determine whether existing resources and facilities are enough to provide any necessary safeguards. If essential systems or facilities such as interlocked access to rooms with lasers or a Class III microbiological safety cabinet are required to control risks, then the project can't start until these are in place. If existing resources can't provide essential safety features, then the project must be altered accordingly.

Risk assessments should also consider the skills and experience of project team members. If some team members are yet to be recruited, the desired skills and competences will help inform the recruitment process and any training needs. The risk assessment will also inform the development of research guidance and safe systems of work, and the risks and controls identified should be incorporated into research work protocols.

Information and training

The HSE defines training as "helping people to learn how to do something, telling people what they should or should not do, or simply giving them information".

Health and safety law requires that employers provide whatever information and training is needed to ensure, so far as is reasonably practicable, the health and safety of their employees. Research organisations have a duty to ensure that researchers, whether or not they are employees, have sufficient information and training to be able to do their research competently and without increasing risks to their own or others' health and safety.

The skills required for particular tasks or duties should be assessed before recruitment and efforts should be made to employ or contract suitable people. Once researchers have been appointed, their manager or supervisor should assess their capabilities, training, knowledge and experience, and ensure that the demands of the job don't exceed their ability to do their work without creating unacceptable risks to themselves and others.

Training needs analysis should be repeated at regular intervals and when new techniques or equipment are introduced. Refresher training should be provided where appropriate.

Where gaps in knowledge or competence are identified, training and awareness programmes should be put in place and, if training is identified as a risk control measure, it should be compulsory for the researcher to attend. Managers or supervisors should be informed if their researcher fails to attend training, and make sure those who have received training put it into practice in the workplace.

It's important to record all training and information given to researchers. The delivery and receipt of information, formal training and on-the-job training should be signed off by both trainer and trainee. Records of all training should be kept with the researcher's personal file and should be accessible to their manager.

PIs and supervisors need to take responsibility for all assessments associated with their projects, but they may occasionally need to ask research workers to risk-assess some aspects of the work. The research supervisor or PI should check that the researchers doing this have been trained in risk assessment practice and that the assessments have been done to a satisfactory standard.

In some fast-changing research environments, dynamic risk assessment and risk control solutions may be required. Dynamic risk assessment is a continuous process of identifying hazards and evaluating risks as they come up, taking appropriate actions to eliminate or reduce the risk. The researcher continually monitors and reviews the changing circumstances in the research environment. The actions taken should be documented to improve overall knowledge of risk and risk controls in similar projects.

The risk assessment will also help establish what sort of personal protective equipment is required, and whether specific occupational health arrangements should be in place, for example interventions such as vaccination, or health monitoring and surveillance, such as regular respiratory function tests.

An important part of risk control in research is that buildings, rooms, equipment etc used during the research should be designed and maintained to ensure they don't compromise health and safety. The planned, preventive maintenance of general plant and specialist equipment is an essential feature of a safe research environment and should be considered at the design and procurement stage of research planning and resourcing.

Occupational health (OH)

OH is about how work and the work environment can affect an employee's health, and how an employee's health can affect their ability to do the job.

An OH service can provide expert advice on the need for specific health controls in work that poses a risk to health – for example work in clinical environments, laboratories, workshops, with research animals or overseas fieldwork. These controls include health screening to assess fitness for work, vaccinations, and periodic health surveillance during work. An OH service will also provide advice on suitable methods for assessment and detection of health risks and can undertake any medical screening or surveillance required.

The OH provider should be able to advise on specific legal requirements for medical certification or health surveillance of staff engaged in certain work activities, such as researchers or other staff who are designated as 'classified workers' under the Ionising Radiation Regulations 1999.

Advice on health precautions for those with pre-existing conditions or disabilities that may make them unusually susceptible to work-related illness or injury can also be obtained from the OH provider.

Occupational hygiene

Occupational hygienists use science and engineering to assist in the prevention of ill health caused by the work environment, specialising in the assessment and control of risks to health from workplace exposure to hazards. Hygienists help employers and employees to understand these risks and minimise or eliminate them.

With good occupational hygiene science and practice, some occupational health risks can be eliminated and others brought under control. In certain instances, some level of exposure will remain and occupational hygiene techniques can be used to either verify that they are below a safe exposure level (ie that current control measures are adequate) or to indicate the level of exposure experienced.

Occupational hygienists may be able to advise on a range of health risks in the workplace, including chemical hazards, physical hazards such as heat, cold, noise or ergonomics, psychological hazards, and new and emerging technologies such as nano and green technologies.

Hazardous waste

Hazardous waste is defined and listed in the Waste Framework Directive 75/442/EEC, as amended by 91/156/EEC.

The list classifies wastes according to what they are and how they were produced, providing codes for all wastes including hazardous waste. Known as 'EWC codes', they can be found in the European Waste Catalogue, available on the Environment Agency's website. The UK environment agencies produce technical guidance, in a document called WM2, on the interpretation of the definition and classification of hazardous waste. WM2 (**www.environment-agency.gov.uk/business/topics/waste/32200.aspx**) puts waste into one of three categories:

- Always hazardous – absolute entry (red)
- Never hazardous
- May or may not be hazardous, depending on concentration – mirror entry (blue).

Any waste regarded as 'dangerous' (ie having a risk phrase and possessing any of the hazardous properties H1-H15) should be considered as potentially hazardous and the requirement for special arrangements for its disposal should be assessed.

For most chemical substances used in research, the available disposal routes will depend on the final concentration of the hazardous substance in the waste – which means that most are 'mirror entries' in WM2.

For waste consisting of substances with one or more of the hazardous properties H1-H15, the maximum concentration allowed to be disposed of through normal drains/routes is listed in the guidance document WM2. All waste that contains substances above the threshold concentration for each type of hazard must be disposed of by licensed waste contractors.

Research risk assessments should consider and specify what happens at the end of projects and procedures, such as arrangements for waste disposal and decommissioning equipment or controlled areas.

Once a risk assessment has been completed, its findings, and associated risk control systems, should be communicated to all those involved in the project. Researchers and research support workers should be informed about the hazards and risks they may be exposed to and how they can work safely. It's important to establish that the proposed control measures are practicable and don't increase risk elsewhere in the research or establishment. Risk assessments should be monitored, reviewed and revised at specified intervals or after an accident or near miss. They should also be revised to capture any new risks after significant changes to the research task, equipment, techniques etc.

The risk assessment process can be used to identify, evaluate and control more than health and safety risks. Research Councils UK has published its *Policy and code of conduct on the governance of good research conduct* (**www.rcuk.ac.uk/documents/reviews/grc/goodresearchconductcode.pdf**), which sets out the safety and other potential research risks that must be addressed such as conduct, ethics, integrity and data management.

Risk assessment records should be kept for at least three years after being superseded or after work has stopped.

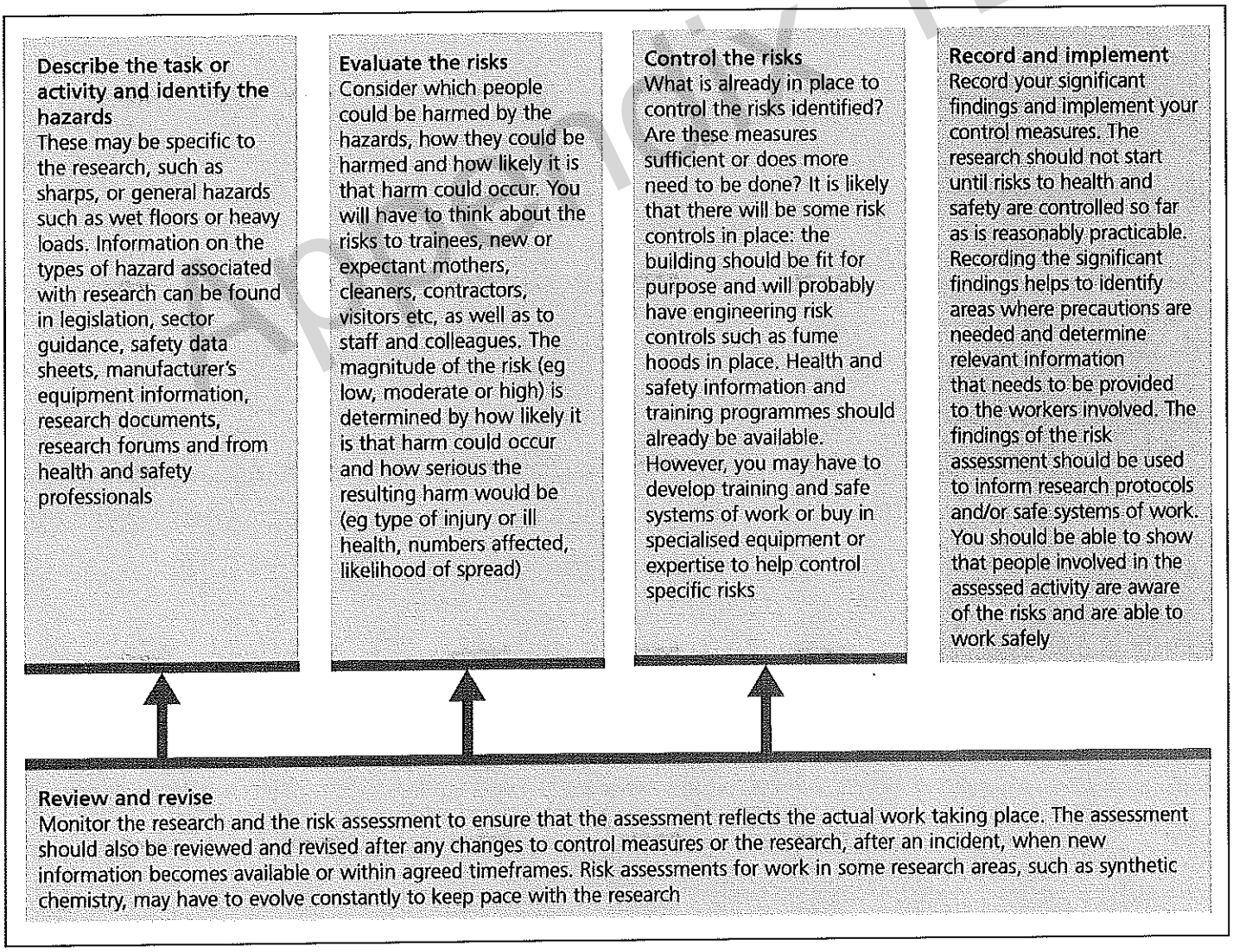

Figure 3: The risk assessment process

6 Case studies

These case studies are examples of 'good practice' currently adopted in research organisations and should help guide you through the management of health and safety and risk in a variety of research areas. For the purpose of the case studies it is assumed that the research organisation has a comprehensive suite of health and safety-related policy and guidance in place.

The first case study is a risk assessment of a social science research project, where researchers are gathering data out in the community. Risk assessments are part of the 'planning' stage of the research project. The rest are set out to follow the health and safety management framework described earlier.

Case study 1

A risk assessment of a social science research project

Research activity

The ALICE (Adolescent Lifestyles in Central England) study is part of a project comparing young people's lifestyles and health behaviours in different counties. Data collection will take place over a three month period and will be repeated after 12 months.

Pupils in S1–S3 in the first year of the study will complete a paper questionnaire in one study period describing their lifestyle and noting which of a random series of 50 films they have seen. Survey assistants will travel by pre-arranged transport to study locations from one of two pick-up points and will assist in taking consent and providing advice about the procedures around completing the questionnaire. In some instances, where the pupils need help, survey assistants will aid in the completion of questionnaires.

The hazards inherent in this research activity are associated with working out in the community, eg exposure to antisocial behaviour and lone working.

What are the risks?

The risks relevant to this research project are:

- travel-related incidents – low risk
- violence or aggression from subjects or others encountered during the data collection process – risk will vary with location and peer group interviewed
- psychological stress through exposure to verbal abuse, working in an unsafe environment, revelation of child protection issues – moderate risk (risk to researchers will be lower if they are experienced)
- fatigue as the result of travel, interview length, numbers interviewed at location – moderate risk
- musculoskeletal disorders from unsafe manual handling practices – low risk.

Who could be harmed?

The persons exposed to the risks are the interviewers and the adolescents interviewed (eg if they reveal child protection issues). With no risk controls in place this project would be moderate risk.

What risk controls are in place?

General controls

Training: defensive driving, lone working safety, dealing with violence and aggression, child protection issues and appropriate response, interview techniques and manual handling.

Emergency procedures are in place (via mobile phones and lone worker alarms and well-practiced procedures for lone-working emergencies) and the researchers will follow the health and safety emergency arrangements of the schools they visit.

Case study 1 continued...

Travel risk controls
Transport is arranged from the research unit but in the event of transport or other problems, assistants must be able to contact the day's team leader and must have a list of telephone numbers and their mobile phone.

Location risk controls
Fieldwork will be conducted in secondary schools during school hours. Out of hours the team members should wait in pairs at designated meeting points. Researchers are identified by uniforms and ID badges.

Study subject risk controls
The questionnaire asks questions about drinking and smoking among an under-age population. These are emotive topics and researchers must refer extremely emotional interviewees to the team leader. Interviewers should not visit schools attended by any subject known to them. Neither can they interview, nor access any information revealed by, such subjects. Researchers working with children and vulnerable adults have been trained in child protection issues and are CRB or equivalent checked.

Trauma risk controls
Instances or threats of violence and aggression will be reported to the team leader and to the head of the school.

Survey assistants are issued with lone worker alarms. Planned, rehearsed response measures are in place.

If any survey assistant has concerns about the child or their handling of the situation then it is their responsibility to discuss this with their team leader. The research group leader runs debrief sessions where researchers who have been exposed to traumatic or upsetting situations or information can discuss these issues with colleagues and the team leader.

Other identified risks
Manual handling risks – researchers are trained and use trolleys for shifting loads. Researchers with musculoskeletal problems are not allowed to lift or shift loads.

Residual risk
With these controls in place the project is assessed as low risk and no further risk controls are required for the research to proceed.

Record and implement controls
The risk assessment is recorded and the researchers are informed of the findings of the assessment. The training needs of the researchers are checked and relevant training is offered before the research study takes place.

Lone worker alarms are issued and researchers are reminded of the procedure for their use and the measures in place for responding to them.

Researchers are given the opportunity to clarify any of the issues raised by the risk assessment and the control measures associated with the research.

Risk assessment review
The risk assessment will be reviewed and revised:
- if the research project changes significantly
- following the occurrence of an unplanned incident during the project
- following the first set of data collection to ensure it has captured and mitigated all the significant risks attached to this project.

If there were any incidents, note what corrective actions were taken – if necessary, amend research protocols accordingly.

Planned review date: _____

Case study 2

Research involving novel chemical substances

Research activity

Synthesis of novel Ergot Alkaloid for use in pharmacology study (subject to licensing under Home Office regulation of precursor chemicals in UK).

Plan

Consider any licence requirements or restrictions on procurement as a result of legislation.

Undertake a comprehensive risk assessment including assessments considering the Control of Substances Hazardous to Health (COSHH) requirements:

- consider the chemistry and apply fundamental chemical properties (eg exothermic acid-base reactions). Also consider mixtures at intermediate steps as well as separately
- assess the planned processes in order to consider safer alternatives or removing steps, eg the procurement of intermediates. Also consider applying administrative constraints, eg restricting lone working and/or access control
- consider the risks to others who may be affected by the research, eg cleaners and maintenance engineers
- consider what equipment and level of local exhaust ventilation (LEV) will be necessary and that the equipment is properly serviced and maintained
- consider whether researchers are appropriately trained in the techniques and safety equipment to be used in the research project and are competent to conduct dynamic risk assessments
- consider storage of materials, particularly to reduce the quantity of hazardous or dangerous materials kept in the laboratory to a minimum, in line with COSHH and regulatory guidance on dangerous substances and explosive atmospheres
- plan the provision of emergency equipment, instruction and training for researchers and others who will work in the local area (eg fire fighting, first aid, spillages).

Do

Ensure that:

- the risk controls identified by the risk assessment are put in place before the work starts
- adequate information and supervision is provided, either through technician level or laboratory manager depending on team
- access to hazardous substances and equipment is controlled
- researchers work in accordance with the experimental protocols and safe systems of work
- new or emerging risks are identified, evaluated and controlled, so far as is reasonably practicable
- adequate provision is made for disposal – consider quantities and concentrations
- any incidents and spillages are reported through the appropriate internal means.

Check

- Ensure that exposure controls are adequate, for example using air sampling (instantaneous/continuous as appropriate) and engaging health surveillance (see EH40).
- Practise emergency procedures. Consider what will happen to LEV used in the event of an emergency – will it continue to operate as normal, or will it shut down, or have a reduced flow, or deploy its fire dampers? Is LEV or other critical safety equipment on an uninterrupted power supply?
- Check waste streams and ensure that necessary arrangements are being followed.
- Review risk assessment periodically, after an unplanned event or before implementation of a new process.

Review

- Were the competencies and resources identified at the outset appropriate or sufficient?
- Were there any incidents? If so, what actions were implemented and will these be required in future? If this is the case, they should be written into the research protocols and standard operating procedures.

The Control of Substances Hazardous to Health Regulations 2002 (as amended)

This legislation, known as the COSHH Regulations (**www.hse.gov.uk/coshh/index.htm**), requires employers to prevent or otherwise control the exposure of their employees (and others at risk) to hazardous substances used or present in the workplace. There are various sorts of hazardous substances:

- chemicals and products containing chemicals
- fumes and vapours
- dusts and mists
- nanomaterials
- gases and asphyxiating gases
- biological agents.

The employer or responsible person has a duty to identify what substances are involved in work or the workplace and what sort of health hazard they represent. They should then carry out a risk assessment to determine whether exposure could occur, what the effects of that exposure could be on the people in the workplace and how exposure can be prevented or controlled.

The Regulations also require employers etc to make sure:

- the control measures they've put in place are used and that they continue to be effective
- they provide information, instruction and training for employees and others
- monitoring is carried out for hazardous substances
- health surveillance is provided for employees at risk of exposure to some substances
- there are plans in place to deal with emergencies.

More guidance on COSHH is available on the HSE website (**www.hse.gov.uk**).

Case study 3

Research involving hazardous biological agents

Research activity

A PhD student, who has never worked with highly infectious agents or at containment level 3, wants to travel to Pakistan to collect blood samples and skin biopsies potentially containing Mycobacterium leprae as part of their research into Mycobacterium drug resistance. Mycobacterium leprae is categorised as Hazard Group 3 in the Advisory Committee on Dangerous Pathogens (ACDP) *Approved list of biological agents* (**www.hse.gov.uk/pubns/misc208.pdf**).

Plan

- Consider any licence and legislative requirements, such as ethics approval, Human Tissue Authority (HTA: **www.hta.gov.uk**). The HSE must be informed if this is the first time this biological agent has been used in the organisation. The Home Office must be informed if the biological agent is listed in Schedule 5 of the Anti Terrorism Crime and Security Act 2001. Defra must be informed if the organism is a specified animal pathogen.
- Undertake an overseas risk assessment prior to travel. Guidance on undertaking research activities overseas can be found in the document *Guidance on health and safety in fieldwork* (**www.ucea.ac.uk/en/publications/index.cfm/guidance-on-health-and-safety-in-fieldwork**).
- Arrange shipping of the biological samples back to the UK via your institute's recognised shipper.
- Consider the potential issues that could come up, eg if foetal calf serum is identified as being present in the sample media, then a Defra import licence may be required.
- Consider the laboratory and storage space requirements for the samples.
- Undertake comprehensive risk assessments for all techniques that are to be used.
- Seek occupational health advice prior to travel and before beginning work on these samples, eg Hepatitis B vaccination may be required.
- If samples are to be retained at the end of the study ensure that this requirement is included in the ethical approval application.
- Consider anonymised coding of samples if they are to be retained at the end of the study.
- Identify the health and safety information and level of training required by researchers involved in this project.

Do

Ensure that:

- the controls identified by the risk assessment are in place before the research project starts
- adequate training and supervision is provided for work in the containment level 2 or 3 laboratory
- clear protocols and/or standard operating procedures are provided for experimental work and that researchers are aware of these and know how to work safely
- samples are packaged according to International Air Travel Association guidelines and are registered under HTA as soon as they arrive
- the names of people working in the containment level 3 laboratory are recorded
- any incidents are reported through the appropriate internal means.

Check

- Practice emergency spill procedures for spills both inside and outside the microbiological safety cabinet (MSC).
- Make sure MSCs and other safety measures are working as planned each time they are used.
- For HTA check that appropriate records of disposal of samples are kept – number of samples disposed, disposal route used and the person responsible for the disposal.
- Check all project workers have appropriate knowledge of the code of practice for working at containment level 2 or 3.
- Check all project workers are aware of the procedures for decontaminating both the MSC and laboratory in the event of an emergency. If this is not contracted out then researchers should be competent to carry out the decontamination.

Review

- Review all risk assessments and codes of practice periodically, before any changes are made to experimental technique or following an unplanned event.
- Were there any incidents? If so, what actions were implemented and will these be required in the future? If this is the case, they should be written into the research protocols and standard operating procedures.

Biological agent hazard groups

The Control of Substances Hazardous to Health Regulations (**www.hse.gov.uk/coshh/index.htm**) set out the health and safety requirements for working with substances that are hazardous to health. Biological agents are classed as hazardous substances in the Regulations if they are capable of creating a human health risk.

The COSHH Regulations classify biological agents into one of four hazard groups (HGs) based on their ability to infect healthy humans, with HG1 agents being the least harmful and HG4 agents the most harmful.

The classification is based on whether:

- the agent is pathogenic for humans
- the agent is a hazard to employees
- the agent is transmissible to the community
- there is effective treatment or prophylaxis available.

More information on the classification of biological agents can be found in the Advisory Committee on Dangerous Pathogens publication *The approved list of biological agents* (**www.hse.gov.uk/pubns/misc208.pdf**). The relevant industry standard for managing the risks of work with biological agents is *Biological agents: managing the risks in laboratories and healthcare premises* (**www.hse.gov.uk/biosafety/biologagents.pdf**).

Guidance on using a management system approach to manage the risks of working with biological agents can be found in the CEN *Workshop agreement laboratory biorisk management standard* (**ftp://ftp.cenorm.be/PUBLIC/CWAs/wokrshop31/CWA15793.pdf**).

Notification of use of biological agents

The HSE expects all research establishments to notify it of their first use of any HG2, HG3 and HG4 biological agent. Notification of subsequent use of a few specific HG2 agents and all HG3 and HG4 biological agents is also required. Further information on notification to the HSE can be found at **www.hse.gov.uk/forms/notification/cba1notes.htm**.

Sites holding or intending to hold agents listed in Schedule 5 of the Anti Terrorism Crime and Security Act 2001 and the Security of Pathogens and Toxins (Exceptions to Dangerous Substances) Regulations 2002 must notify the Home Office. The Home Office will arrange, via the National Counter Terrorism Security Office (NaCTSO), a site visit by the relevant Counter Terrorism Security Adviser (CTSA) to conduct a survey and provide commensurate security advice and guidance. Qualifying sites must be able to demonstrate to the CTSA that they are operating securely before they are granted authority by NaCTSO on behalf of the Home Office. Further information on Home Office notification can be found at **www.nactso.gov.uk/AreaOfRisks/PathogensToxins.aspx**.

Defra must be informed if the organism is a specified animal pathogen. A Defra licence may be required for the importation of some animal-derived materials. Further information on notification and licensing is available at **www.defra.gov.uk/animal-diseases/pathogens**.

Case study 4

An engineering research project

Research activity

A request is made to investigate satellite propulsion systems using ionised gas. The project will entail working with a high vacuum chamber to simulate the space environment; high voltage equipment for ionisation and ion acceleration; and compressed gases including argon, xenon and hydrogen.

Plan

- Carry out a first pass high-level hazard analysis (preliminary hazard analysis) to identify the major hazard issues, eg:
  - high voltage equipment (if voltage potentials above 5 KV then ionising radiations regulations apply)
  - high vacuum systems (potential for vacuum chamber to become pressurised and become a pressure system)
  - asphyxiant gas
  - explosive gas
  - high noise levels.
- Assemble a team with appropriate cross-functional knowledge to scope an initial design concept and safety system. The safety system should follow the risk control hierarchy of elimination, substitution, engineering controls, procedural controls, PPE (see section 5 for more detail). This is considered good practice and is a requirement of the COSHH Regulations.
- Undertake a detailed hazard analysis on the proposed design – consider using formalised methodologies such as failure mode and effects analysis (see 'Hazard analysis techniques' box for more detail). Modify the design accordingly.
- If purchasing new equipment, does it carry the appropriate CE marking?
- If equipment is in-house or a bespoke design, does it meet the essential safety requirements of the relevant legislation (eg directives on machinery, low voltage, pressure equipment, ATEX)? Consider assessment against appropriate harmonised standards, eg EN61010-1.
- Undertake a comprehensive risk assessment as required by regulation and organisational policy and guidance, considering hazardous and dangerous substances, ionising radiations, noise levels, electrical safety, pressure systems, ongoing maintenance requirements etc:
  - consider storage of materials, particularly to reduce the quantity of hazardous or dangerous materials kept in the laboratory to a minimum, in line with COSHH and regulatory guidance on dangerous substances and explosive atmospheres
  - the outcome of risk assessment may indicate that occupational health involvement is required, eg health surveillance, audiometry. (Note: this would be unlikely for this particular research project.)
- Consider what level of training and supervision will be required, taking into account the experience and competency levels of the people involved.
- Ensure that adequate emergency equipment and instruction and training is given to researchers and others that will work in the local area or who will provide support during emergencies (eg fire fighting involving high voltage and pressure systems).

Case study 4 continued...

Do

Ensure that:

- risk controls identified by the risk assessment are in place before the work starts
- equipment is purchased, built, installed and commissioned to appropriate specifications
- adequate provision is made for maintenance
- access to hazardous equipment is controlled
- adequate information and training is given and that appropriate levels of supervision are provided
- any incidents are reported through the appropriate internal means.

Check

- Confirm at appropriate intervals that equipment safety systems operate correctly.
- Check project workers have appropriate knowledge of equipment and safety systems.
- Check work is being carried out in accordance with the risk assessment and agreed protocols.
- Check that required maintenance is being carried out.
- Practise emergency procedures.
- Check risk assessment periodically, after an unplanned event or before implementation of a change to experimental protocol or equipment design.

Review

- Were the competencies and resources identified at the outset appropriate or sufficient?
- Were there any incidents? If so, what actions were implemented and will these be required in future? If this is the case, they should be written into the research protocols and standard operating procedures.

Hazard analysis techniques

There are several available techniques for hazard/risk analysis. These can be complementary and it might be necessary to use more than one of them. The basic principle is that the chain of events is analysed step by step.

Preliminary hazard analysis (PHA) can be used early in the development process to identify the hazards, hazardous situations and events that can cause harm when few of the details of the design are known.

Fault tree analysis (FTA) is especially useful early in the development stages of safety engineering, to identify and prioritise hazards and hazardous situations, and to analyse adverse events.

Failure mode and effects analysis (FMEA) and **failure mode, effects and criticality analysis** (FMECA) are techniques for systematic identification of an effect or consequence of the failure of individual components. These techniques are more appropriate as the design matures.

Hazard and operability study (HAZOP) is typically used in the later stages of the development phase to verify and then optimise design concepts or changes.

For more detail see (**shop.bsigroup.com/en**):

- BS 8444-3, IEC 60300-3-9, *Guide to risk analysis of technological systems*
- BS EN 61025, *Fault tree analysis (FTA)*
- BS EN 60812, *Procedure for failure mode and effects analysis (FMEA)*
- BS IEC 61882, *Hazard and operability studies (HAZOP studies) – application guide.*

Case study 5

Research using unsealed radioactive sources

Research activity

In vitro assay for small molecule inhibition of recombinant viral RNA polymerase enzyme activity using a P33-labelled radioactive nucleotide triphosphate.

Plan

- Consider legislative requirements and their impact on how and where the procedure will be conducted.
- Conduct a comprehensive risk assessment – is use of radiation essential? Include COSHH and EA considerations:
  - measure the reaction kinetics including the enzyme Km in trial experiments; include measurements of waste stream partitioning
  - plan materials required – what format will be used; eg 12 well, 96 well or 384 well plates?
  - what equipment will be needed, eg centrifuge, multichannel pipettes, plate washer? (all have potential for contamination)
  - how many compounds will be tested with how many repeat readings per compound?
  - minimise reaction volumes compatible with reproducibility
  - add the radioisotope once and as the final step to a master reaction mix.
- Minimise exposure to radioactivity using the principles:
  - time
  - distance
  - shielding
  - containment
  - ensure awareness of local rules
  - use of best available techniques (BAT) to minimise waste
  - trial runs using dye label to determine any unexpected potential for spillages, aerosol generation etc
  - frequent monitoring of self and designated work area before, during and after the procedure
  - appropriate personal dosimetry.

Do

Ensure that:

- risk controls identified by the risk assessment are in place before the work starts
- researchers are competent and have had previous theoretical and practical instruction on correct and safe handling of radioisotopes, including minimising exposure, knowledge of waste streams and use of appropriate PPE
- proposed radioisotope usage and waste production is within the limits of the department/institute allowances laid down in the Environmental Permitting Regulations Permit for Open Sources
- radioisotope stock is stored securely in a locked fridge
- any spillages, accidents or incidents are dealt with according to the local rules.

Check

- Ensure that shielding is adequate and work is contained in trays.
- Rehearse emergency procedures in 'scenarios' to make sure contingency measures are adequate to deal with spillages.
- Check records of radioisotope use and contamination monitoring.

Review

- Are the protocols reproducible, can economies of scale be used?
- Do any aspects of the procedure require revision?
- Can the signal-to-noise ratio be maintained using less radioisotope?
- Review the risk assessment frequently, and revise following changes to the experimental protocol.
- If there were any incidents during the project, what actions were implemented? If they will be required in future, they should be written into the research protocols and standard operating procedures.

Radioactive substances: notification, registration and authorisation

If you intend to start work with radioactive substances for the first time, you will need to let the HSE know at least 28 days before you start work. Details on how to notify the HSE using Form IRR6 are on its website (**www.hse.gov.uk/radiation/ionising/notification.htm**). This is a requirement of the Ionising Radiation Regulations 1999 (IRR99).

Normally you will also need to have been granted certificates or permits of registration and/or authorisation under the Radioactive Substances Act 1993 or the Environmental Permitting (England and Wales) Regulations 2010 by the relevant UK environment agency. Your radiation protection adviser (RPA) will advise you on the planning, risk assessment and authorisation requirements of research involving radioactive substances.

For the purposes of work with ionising radiation, the regulators of radioactive substances are the Environment Agency (in England and Wales), the Scottish Environment Protection Agency and the Northern Ireland Environment Agency. EPR10 exemption orders apply in England, and in Scotland/Northern Ireland as stand-alone legislation. Otherwise RSA93 still applies in these two countries, where 'permits' are referred to as 'authorisations'.

The loss or theft of, or significant spills or releases of, radioactive materials must be reported to the relevant environment agency (and to the HSE if the amount of radioactive material released or spilled exceeds that in column 4 of Schedule 8 of IRR99). Your RPA will advise on what levels of contamination or escape must be reported and to whom. Emergency response information, as well as other detailed guidance for the safe use of radioactive substances, should be written into your local rules.

Local rules

Under IRR99, radiation employers must carry out a risk assessment before beginning any activity involving work with radioactive substances. For any areas designated as controlled, they must prepare written local rules summarising the arrangements for controlling work with ionising radiations. Local rules may also be considered appropriate for supervised areas, depending on the nature of the work carried out there. Where local rules apply, a radiation protection supervisor who is trained in the use of ionising radiation must be appointed to ensure that the arrangements set out in the rules are followed.

Case study 6

Research on genetically modified plants

Research activity

This project involves the development and application of transgenic technology to investigate the circadian clock in a cereal. Homologues of the well-characterised Arabidopsis circadian clock genes are present in the important cereal crop barley. The researchers propose to study and manipulate the circadian clock function in barley by the construction of transgenic plants with altered clock gene expression.

The project involves:

- transformation of barley embryos with Agrobacterium vectors
- tissue culture/regeneration of barley plants
- growth/characterisation/harvesting of plant tissue and seeds
- use of containment laboratories and glasshouse facilities.

Plan

- Conduct a comprehensive risk assessment to address all relevant issues concerning the construction and growth of transgenic plants.
- Consult organisational policies setting out the requirements of the Genetically Modified Organisms (Contained Use) Regulations 2000, as amended, the Environmental Protection Act 1990 and the Genetically Modified Organisms (Risk Assessment) (Records and Exemptions) Regulations 1996. The first two statutes give guidance on possible hazards, risks and risk control requirements. The last statute requires that a record of the project risk assessment is kept for 10 years.
- Ensure the assessment addresses the safe use of substances hazardous to health and the potential environmental harm from genetically modified (GM) bacteria used to create the GM plants.
- Submit the risk assessment findings to the genetic modification safety committee for review and approval. If the genetically modified plant is likely to be more hazardous than the parent then the HSE must be notified of the project and the notification fee paid.
- Identify suitable laboratory and greenhouse research work areas.
- Identify the knowledge and competences required by researchers to undertake this project safely. Ensure appropriate training is available if required.
- Identify safety-related information and levels of supervision required by researchers.
- Identify GM waste treatment requirements and disposal route.

Do

Ensure that:

- all appropriate controls and containment measures identified by the risk assessment to minimise the accidental release of transgenic seeds to the environment are in place before work starts:
  - the growth, drying and harvest of plants is carried out in the same facility
  - sticky mats are used to trap seeds
  - sealed containers are used to transport plant material and seeds
- supervisors are available if required by the risk assessment, after considering the researchers' experience
- the predicted lower fitness of the transgenic plants is observed in practice.

Check

Ensure that:

- containment measures for all stages of the project are in place and working
- researchers are familiar with the risk assessment, work procedures and incident reporting system, and emergency procedures
- incidents and near-misses are reported, including any accidental releases of plant material outside the greenhouse
- the sticky mats are changed at regular intervals
- the proposed waste disposal routes operate satisfactorily.

Review

- Review the risk assessment frequently and revise it if failures in health and safety management are observed or reported.
- Revise procedures and controls following any changes to the experimental protocols.
- Review contingency arrangements at regular intervals.
- Review the safety management of the project when work is finished and establish whether any lessons can be learned and applied to future projects. If there were any incidents, you may need to amend the research protocols and standard operating procedures.

Genetically modified organisms

The Genetically Modified Organisms (Contained Use) Regulations 2000 require:

- risk assessment of activities involving genetically modified micro-organisms (GMMs) and activities involving organisms other than micro-organisms. All activities must be assessed for risk to humans and those involving GMMs assessed for risk to the environment
- the establishment of a genetic modification safety committee to advise the researcher or research organisation in relation to GM risk assessments
- classification of a project based on the risk of the activity, independent of its purpose. The classification is based on the four levels of containment for microbiological laboratories
- notification of all premises to the HSE before they are used for genetic modification activities for the first time
- individual activities of Class 2 (low risk) to Class 4 (high risk) to be notified to the competent authority (which the HSE administers). Consents are issued for all Class 3 (medium risk) and Class 4 activities. Class 1 (no or negligible risk) activities don't need to be notified, although they are open to scrutiny by the HSE's specialist inspectors who enforce the regulations. Activities involving GM animals and plants which are more hazardous to humans than the parental non modified organism must also be notified
- fees paid for the notification of premises for:
  - first-time use
  - class 2, 3 and 4 activities
  - notified activities involving GM animals and plants
- the maintenance of a public register of GM premises and certain activities.

Further advice on research activities involving genetically modified organisms can be found in the SACGM *Compendium of guidance* (**www.hse.gov.uk/biosafety/gmo/acgm/acgmcomp/index.htm**).

7 Glossary

Here, you'll find explanations of some terms, acronyms, agencies and legislation used in research, followed by a list of the sources used in this document (section 8).

ACDP

The Advisory Committee on Dangerous Pathogens advises the Health and Safety Executive and government departments in England, Wales, Scotland and Northern Ireland on all aspects of the hazards and risks to workers and others from exposure to pathogens.

ATEX

ATEX is the name commonly given to the two European directives for controlling explosive atmospheres. The ATEX Workplace Directive specifies minimum requirements for improving the health and safety protection of workers potentially at risk from explosive atmospheres. The ATEX Equipment Directive sets standards for equipment and protective systems intended for use in potentially explosive atmospheres.

AURPO

The Association of University Radiation Protection Officers is a professional organisation. Its members come mainly from universities and similar establishments involved in training undergraduates and graduates in science, engineering and medicine. Its principal aim is to increase knowledge and understanding of radiation protection through the promotion and interchange of information. AURPO is consulted by a number of government and other organisations responsible for drafting new legislation on various matters relating to all aspects of radiation protection.

Best available techniques

Best available techniques (BAT) – known in Scotland and Northern Ireland as best practicable means (BPM) – entails using the best methods possible to reduce discharges of non-radioactive pollutants under Integrated Pollution Control (IPC) Regulations. Under Environment Agency Radioactive Substances Regulation, the application of BAT is key to the optimisation requirement in the management of the generation and disposal of radioactive waste, in order to keep radiological impacts on people 'as low as reasonably achievable'.

British Occupational Hygiene Society

The BOHS is both a learned society and the only professional society representing qualified occupational hygienists in the UK. Through the Faculty of Occupational Hygiene, it sets professional standards and is the UK examining board for qualifications in occupational hygiene.

CE marking

A CE mark is required for all new products that are subject to one or more of the European product safety directives. It is a visible sign that the product's manufacturer is declaring conformity with all of the directives relating to that product. Second-hand products to which the directives apply brought in from countries outside the EU, and existing products which have been so extensively modified as to seem as new, must also be marked before use.

Competent person

A 'competent person' is someone who has the necessary training, knowledge, experience, expertise and/or other qualities to complete their allotted task safely and effectively.

Containment

The containment of biological agents refers to the sum of the building/laboratory, procedural and management arrangements in place to minimise the risk of infection to people working with the agents or to others (within or outside the workplace) who could become exposed to them.

Containment level

The level of containment selected for working with various biological agents depends on risk, but the minimum should be directly related to the agent's hazard group (HG). For example, Level 2 containment measures would be the minimum requirements selected for work with HG2 biological agents.

COSHH

The Control of Substances Hazardous to Health Regulations 2002 set out the statutory requirements and responsibilities of employers and employees who either work with substances that are, or could be, hazardous to health; or who could be exposed to such substances in a work context. Duties are also placed on employers to ensure that members of the public and third parties are not exposed to harmful substances used in or generated by their work processes.

Criminal Records Bureau

The Criminal Records Bureau helps employers in England and Wales make safer recruitment decisions. A number of roles, especially those involving children or vulnerable adults, require a criminal record check.

CTSA

Counter-Terrorism Security Advisers (CTSAs) are located within police forces and are responsible for providing specialist advice about protective security measures to local organisations. Their work is co-ordinated by the National Security Counter-Terrorism Office (NaCTSO). CTSAs are responsible for undertaking security risk assessments of laboratories holding radioactive sources, precursor chemicals and stocks of specified biological agents and toxins. They have the power to demand improvements to security arrangements in these areas.

Defra

The Department for Environment, Food and Rural Affairs (Defra) is a government department in the UK. It

makes policy and legislation, and works with others to deliver policies in areas such as food, farming and fisheries; animal health and welfare; environmental protection and pollution control. Defra works directly in England and collaborates with the devolved administrations in Wales, Scotland and Northern Ireland.

Disclosure Scotland

Disclosure Scotland is an executive agency of the Scottish Government. A disclosure is a document containing impartial and confidential criminal history information held by the police and government departments which can be used by employers to make safer recruitment decisions. It is the Scottish equivalent of the CRB check. In Northern Ireland the process is called 'Access Northern Ireland'.

DSEAR

The Dangerous Substances and Explosive Atmospheres Regulations 2002 (DSEAR) require employers to control the risks to safety from fire and explosions associated with the use or holdings of certain 'dangerous' substances.

EN61010-1:2001

These are the safety requirements for electrical equipment for measurement, control and laboratory use. EN61010-1:2001 specifies general safety requirements for electrical equipment intended for professional, industrial process and educational use. It applies to four main groups of equipment: electrical test and measurement equipment; electrical control equipment; electrical laboratory equipment; and accessories for use with the above.

Genetic modification

According to the *SACGM Compendium of guidance*, a genetically modified organism is defined as an organism (with the exception of humans) in which "the genetic material has been altered in a way that does not occur naturally by mating and/or natural recombination" using "recombinant nucleic acid techniques involving the formation of new combinations of genetic material by the insertion of nucleic acid molecules, produced by whatever means outside an organism, into any virus, bacterial plasmid or other vector system and their incorporation into a host organism in which they do not naturally occur but in which they are capable of continued propagation".

Hazardous waste

Waste is classified as hazardous if it possesses one or more of the 15 hazardous properties listed in the UK environment agencies' publication *Interpretation of the definition and classification of hazardous waste* (technical guidance WM2). Organisations that produce, transport or receive hazardous waste are regulated by the Hazardous Waste Regulations.

Health and Safety Executive

The HSE is an independent regulator that acts in the public interest to reduce work-related death and serious injury across Great Britain's workplaces.

HTA

The Human Tissue Authority is a watchdog that supports public confidence by licensing organisations that store and use human tissue for purposes such as research, patient treatment, post-mortem examination, teaching and public exhibitions.

IATA

The International Air Transport Association is an international trade body that publishes a range of guidance relating to the transport of dangerous goods, animals and infectious substances.

Ionising radiations

Ionising radiations occur as either electromagnetic rays (such as X-rays and gamma rays) or particles (such as alpha and beta particles). Many areas of research use sealed and unsealed radioactive sources. The health and safety aspects of working with radioactive substances are addressed by the Ionising Radiations Regulations 1999 (enforced by the HSE). Legal requirements relating to the protection of the environment from radioactive substances are set out under the terms of the Radioactive Substances Act 1993 and in the Environmental Permitting (England and Wales) Regulations 2010. The protection of the environment from radioactive materials is enforced by the various UK environment agencies.

LEV

Local exhaust ventilation, often called dust or fume extraction, is used to protect employees and others from airborne contaminants at work.

Low Voltage Directive

The LVD 2006/95/EC covers electrical equipment between 50 and 1,000 volts for alternating current and equipment between 75 and 1,500 volts for direct current. For most electrical equipment, the health aspects of emissions of electromagnetic fields are also under the domain of the Low Voltage Directive.

Machinery Directive

Directive 2006/42/EC applies to machinery, lifting accessories such as slings and chains, and safety components. A machine is defined as "an assembly of linked parts or components, at least one of which moves". The associated Regulations are enforced by the HSE for machinery used in the workplace, and the Trading Standards Service for machinery used at home. Penalties for non-compliant machinery can be severe.

Microbiological safety cabinet

A microbiological safety cabinet (MSC) is a ventilated enclosure intended to protect the user and the environment from aerosols generated when handling biological agents or material that may contain such agents. MSCs are not

normally designed to contain radioactive, toxic or corrosive substances. There are three types of cabinet:

- class I: a cabinet with a front aperture through which the operator can carry out manipulations inside. It is constructed so that the operator is protected
- class II: a cabinet with a front aperture similar to the class I cabinet, but constructed so that both the worker and product are protected
- class III: a cabinet in which the working area is totally enclosed providing maximum protection for the operator, the work and the environment.

Noise at work

The Control of Noise at Work Regulations 2005 require employers to prevent or reduce risks to health and safety from exposure to noise at work. Employees have duties under the Regulations too.

Non-ionising radiation

Non-ionising radiation (NIR) is the term used to describe the part of the electromagnetic spectrum covering two main regions, namely optical radiation (ultraviolet (UV), visible and infrared) and electromagnetic fields (EMFs – power frequencies, microwaves and radio frequencies). UV lights and lasers can present optical radiation hazards in a research environment and their use is controlled by the Control of Artificial Optical Radiation at Work Regulations 2010.

PPE

Personal protective equipment (PPE) includes safety helmets, gloves, eye protection, high-visibility clothing, safety footwear and safety harnesses. The legal requirements relating to the use and provision of PPE in the workplace are set out in the Personal Protective Equipment at Work Regulations 1992, as amended.

Precursor chemical licensing

The effective control of chemicals used in the illicit manufacture of narcotic drugs and psychotropic substances is an important tool in combating drug trafficking. These chemicals, known as 'precursors', also have legitimate commercial uses as they are legally used in a wide variety of industrial processes and consumer products, such as medicines, flavourings and fragrances. Organisations which use precursor chemicals need to be licensed or registered with the Home Office. Applications are subject to fees. The Home Office produces a wall chart which lists the substances covered by licensing requirements.

Pressure equipment and systems

Pressure systems can range from steam-generating commercial coffee machines to large boilers. Legal requirements relating to the use of pressure systems and pressure equipment are set out in the Pressure Systems Safety Regulations 2000, the Pressure Equipment Regulations 1999 and the Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2009.

RCUK

Research Councils UK is the strategic partnership of the UK's seven research councils, which invest in research in a range of academic disciplines: medical and biological sciences, astronomy, physics, chemistry and engineering, social sciences, economics, environmental sciences and the arts and humanities.

Strict liability

Strict liability, sometimes called absolute liability, is the legal responsibility for damages or injury, even if the person found strictly liable was not at fault or negligent – ie they had no guilty intent. Strict liability has been applied to holding an employer liable for the wrongful acts of their employees.

UCEA

The Universities and Colleges Employers Association (UCEA) represents UK higher education institutions and provides advice and guidance to them on employment, reward and human resources practice.

UCSF

The University Chemical Safety Forum (UCSF) is a professional group of health and safety practitioners working in the higher education sector who advise on working with chemicals and hazardous materials. They have produced a *UCSF chemical security document*.

USHA

The Universities Safety and Health Association (USHA) is an organisation for the promotion of safety and health in higher education. Membership is primarily open to higher education institutions, both in the UK and from further afield. Membership is also available to research institutions and related organisations on request.

Vitae

Vitae is the UK organisation championing the personal, professional and career development of doctoral researchers and research staff in higher education institutions and research institutes.

WM2

Technical guidance document WM2 is a guide to the interpretation of the definition and classification of hazardous waste and is available on any of the UK's environmental agency websites.

8 Further reading and sources of information

Access Northern Ireland:
www.dojni.gov.uk/accessni

Approved list of biological agents:
www.hse.gov.uk/pubns/misc208.pdf

Biological agents: managing the risks in laboratories and healthcare premises
British Occupational Hygiene Society:
www.bohs.org

CEN workshop agreement – CWA 15793 Laboratory biorisk management standard:
ftp://ftp.cenorm.be/PUBLIC/CWAs/wokrshop31/CWA15793.pdf

Control of Substances Hazardous to Health:
www.hse.gov.uk/coshh/index.htm

Defra:
www.defra.gov.uk

Developing a safety culture – business for safety
Confederation of British Industry

Disclosure Scotland:
www.disclosurescotland.co.uk/what-is-disclosure

EH40/2005 Workplace exposure limits
HSE:
www.hse.gov.uk/pubns/priced/eh40.pdf

Environment Agency
www.environment-agency.gov.uk

European Commission:
ec.europa.eu/index_en.htm

European Committee for Electro-technical Standardisation:
www.cenelec.eu/index.html

Guidance for employers on the Control of Artificial Optical Radiation at Work Regulations (AOR) 2010:
www.hse.gov.uk/radiation/nonionising/employers-aor.pdf

Guidance on health and safety in fieldwork:
www.ucea.ac.uk/en/publications/index.cfm/guidance-on-health-and-safety-in-fieldwork

Home Office:
www.homeoffice.gov.uk

HSE:
www.hse.gov.uk

HSE Ionising Radiations Regulations notification page:
www.hse.gov.uk/radiation/ionising/notification.htm

Human Tissue Authority:
www.hta.gov.uk

International Air Transport Association:
www.iata.co.uk

National Counter Terrorism Security Office:
www.nactso.gov.uk/Default.aspx

Northern Ireland Environment Agency:
www.doeni.gov.uk/niea

Policy and code of conduct on the governance of good research conduct
RCUK:
www.rcuk.ac.uk/documents/reviews/grc/goodresearchconductcode.pdf

Promoting a positive culture – a guide to health and safety culture
Institution of Occupational Safety and Health:
www.iosh.co.uk/techguide

Researcher Development Framework
Vitae:
www.vitae.ac.uk/CMS/files/upload/Vitae-Researcher-Development-Framework.pdf

Risk management of carbon nanotubes:
www.hse.gov.uk/pubns/web38.pdf

SACGM Compendium of guidance:
www.hse.gov.uk/biosafety/gmo/acgm/acgmcomp/index.htm

Safety culture, advice and performance
Institution of Occupational Safety and Health:
www.iosh.co.uk/researchreports

Scottish Environment Protection Agency:
www.sepa.org.uk

Universities and Colleges Employers Association:
www.ucea.ac.uk

Universities Safety and Health Association:
usha.org.uk

University Chemical Safety Forum:
www.ucsf.soton.ac.uk

Working safely with nanomaterials in research and development:
www.safenano.org/UKNanosafetyPartnership.aspx

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IOSH is the Chartered body for health and safety professionals. With more than 40,000 members in 80 countries, we're the world's largest professional health and safety organisation.

We set standards, and support, develop and connect our members with resources, guidance, events and training. We're the voice of the profession, and campaign on issues that affect millions of working people.

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GMIT
GALWAY–MAYO INSTITUTE OF TECHNOLOGY
INSTITIÚID TEICNEOLAÍOCHTA NA GAILLIMHE–MAIGH EO

Lone Work/Out of Hours Procedure

1.0 This procedure is designed to guide all staff and postgraduate students of Galway Mayo Institute of Technology on the procedures required for lone or out of hours working.
NOTE: Unsupervised Out of Hours work by Undergraduate Students is strictly prohibited

1.1 Galway Mayo Institute of Technology strongly recommends that in the interest of health, safety and personal security, lone / out of hours work should only be undertaken when absolutely necessary and no other alternatives are available.

2.0 Definition

The term "Working Alone" might be defined as follows:
"A person is working alone when that person Works in any environment where there are no other workers present who have knowledge of the work or workplace, and who are available to respond effectively to unusual occurrences or emergencies." This means that such a worker is exposed to hazards associated primarily with suffering an accident or health problems (such as a heart attack) leading to loss of mobility and/or consciousness in a situation in which it may become some time before they are discovered and receive attention or may be subject to aggression or violence from a third party.

Lone workers can be anyone who works by themselves without close or direct supervision. Some common examples which can be found within the Institute are;

- A person working on their own in a workshop or laboratory.
- Home workers.
- Persons working in an office or classroom on their own.
- People working outside normal hours on their own.
- Mobile workers who work away from the Institute on their own.

3.0 Procedure and Controls
Certain jobs are too dangerous to allow working alone such as exposure to chemicals, laboratory work, live electrical work, working at heights etc. *Section 19 of the Safety, Health and Welfare at Work Act 2005 requires the employer to undertake a risk assessment, and so this shall determine whether or not an employee may work alone.*

3.1 Where Staff/Students/Contractors have to work alone hazard identification & Risk Assessment must be carried out by the Supervisor responsible, in conjunction with the employee/contractor/student involved. This assessment should be in the form of a Method Statement and must take into account the following:

- Identify all at risk personnel who work alone, define if they are isolated.
- Assess what hazards and risks their work involves.
- Assess their Working environment and any limitations imposed on the worker.
- Define and implement safe working arrangements to ensure the risks are eliminated or adequately controlled.
- Ensure the worker is suitably instructed and trained in the necessary procedures for lone Working.
- Where it is not possible to devise arrangements for a person to work alone in safety then alternative arrangements providing help or back up will be required.

3.2 When assessing the risks to the lone worker the following items should be taken into account:

- Access and egress to and from the work area
- Foreseeable emergency situations – i.e. fire, inhalation of fumes, illness interaction with machinery, etc.
- The process or work being done and the risks associated with it
- The fitness and medical history of the person working alone, for routine work and foreseeable emergencies
- The location the work is undertaken in i.e. at height, segregated areas, external, etc.
- The risk of violence and abuse from a third party
- The use of dangerous machinery or equipment
- The use of hazardous materials, which may be flammable, corrosive toxic or harmful etc.
- Possible confined spaces - lack of oxygen
- Weather conditions and time of day or night.
- Movement of equipment, can it be undertaken safely by one person.
- Exposure to dust, gases or other hazardous airborne contaminants.
- Training required for emergency or unusual situations
- Provision for special equipment – i.e. hand held radio, mobile phone, Lone Worker alarm (attack/injury) system, Personal Protective Equipment.
- First aid kit and basic training on its use for minor injuries

3.3 Monitoring and Supervision of people working alone, the following arrangements should be considered:

- Procedures whereby Supervisor visit regularly and monitor people working alone
- Spot check or periodic site visits covering all shifts where, staff are working alone.
- System requiring the lone worker to check in regularly by landline phone, mobile phone or by radio.
- Use of lone worker alarm, which would activate if there were no movement by the worker for 30 or 60 seconds or a personal attack button, which could be activated by the worker.
- Checks that a lone worker has clocked out on completion of the shift.

3.4 Action required

- Identify all persons who are lone workers.
- Identify the locations and the tasks carried out.
- As required by The Safety Health & Welfare at Work (General Applications) Regulations 2007 & section 19 of the Safety Health & Welfare at Work Act 2005- a suitable assessment should be carried out to identify the hazards and the level of risk that lone workers are exposed to.
- Suitable controls will be identified within the assessments.
- Depending on the level of risk there may be some higher risk activities/areas that due to the level of risk lone working will not be permitted e.g. mechanical equipment.
- Comprehensive risk assessments on all lone working activities/areas.
- Control measures to be identified, prioritised and implemented.
- Higher risk activities/areas identified and formal decisions made on authorisation/cessation of lone working.
- Emergency Arrangements clearly defined to all parties involved.
- Emergency Contact Details must be made available to any person who qualifies for lone working/out of hours working upon hazard identification & Risk assessment completion.
- Ensure the GMIT Approval form for out of Hours Working /Lone working is complete.

3.5 Reference Documents :

- Lone working Hazard Identification & Risk Assessment
- GMIT Approval Form for Out of Hours/Lone Working
- Emergency Details displayed prominently and all parties must be made aware of emergency procedures & contact details.
- Safety Health & Welfare at Work Act 2005-Section 19

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Approval Form for Out of Hours/Lone Working

This Form to be completed by Academic Supervisor / Head of School for each Postgraduate Student

Approved Name			
School/Unit			
Category of Staff member/Postgrad			
Locations where work will be conducted (room no's)		GMIT Ext No:	

Listing of Authorised Activities	Risk Category
Outline why lone/out of hours work is absolutely necessary:	
Outline what alternatives to lone/ out of hours working have been considered and exhausted:	

Type of Supervision	YES	NO	N/A
Competent 'buddy' present			
Periodic site visits			
Periodic telephone contact with security company			
Automatic warning device e.g. motion sensors			
Manual warning device e.g. panic alarms			

End of task/ end of shift contact			
Personal Proactive Equipment & Clothing (PPE) Identify what PPE is required			
Details of Approved Buddy System:	Name	Staff Member/Graduate	Contact Number
Emergency Details	Ambulance/Fire Brigade: 999/112 University College Hospital Galway: 091 Nurse:087 9971574 Student Health Unit: 09174 2228 First Aider: Buddy Contact Details: Supervisor Contact Details: Location of Nearest First Aid Kit:		

Signature of Supervisor		Date
Date of Induction Training		Date
Signature of staff member/ Postgrad student		Date
Signature of Department Head		Date

Task	Responsibility
Press Release drafted and shared with Heads of School and Marketing Dept.	Regina Daly
Marketing Dept. crafts Tweet(s) and Headline(s) and ensures the Press Release is SEO ready. Return to Regina with changes tracked. **Heads of School review and send back any changes.**	Karen Smyth / Móna Wise Relevant Heads of School
Regina drafts final release with the revisions from Heads of School and Marketing Dept. and shares with Fergal for approval.	Regina Daly
Fergal approves (or makes changes to) Press Release and returns it to Regina and Marketing Dept. for issue via: • **All Social Media channels (first) and** • **To members of the Press via email as soon as it has been uploaded to the website and shared on all social media platforms.**	Fergal Barry
Approved content uploaded to GMIT Press centre (on web)	Regina Daly (or Móna if Regina is not available)
Mktg. Dept issues Press Release on all social media platforms using #GMITnews etc.	Karen Smyth or Móna Wise
Press release issued via email to members of the press (later same day)	Regina Daly

GMIT POLICY ON DIGNITY AT WORK

1.0 INTRODUCTION:

All employees have the right to be treated with dignity and respect at work.

GMIT is committed to providing staff with an environment that is free from all forms of bullying and harassment, and where each individual is respected. Any staff member who experiences any form of bullying or harassment will be supported by the Institute in bringing such behaviour to a close in a speedy fashion.

While it is crucially important for both the complainant and the alleged perpetrator(s) that an effective process be put in place promptly upon a complaint being made, it is also very important that enough time be given to the process and to any mediation or monitoring that this involves. Therefore a time frame and speedy intervention is emphasised while not diminishing the fact that the intervention may carry on into the medium term in order to ensure it remedies the issues fully.

The purpose of this policy is to assure staff members who are subject to any form of bullying or harassment that action will be taken to end this. It outlines the procedures that will be followed and structures that are in place to lend support and assistance to staff in such cases.

This policy applies to bullying/harassment not only by fellow employees but also by a student, client, customer or other business contact with whom an employee might reasonably expect to come into contact with in the course of his or her employment. Where a staff member makes an allegation against a non-staff member, the complaint should be referred to the Human Resources Manager, who will ensure that the matter is dealt with.

This policy applies to employees in the workplace and at work-associated events such as meetings and conferences. It also applies when attending work-related social events, whether on the premises or off-site.

2.0 DEFINITIONS

2.1 DEFINITION OF BULLYING

Workplace bullying is defined as "repeated inappropriate behaviour, direct or indirect, whether verbal, physical or otherwise, conducted by one or more persons against another or others, at the place of work and/or in the course of employment which could reasonably be regarded as undermining the individual's right to dignity at work. An isolated incident of the behaviour described in this definition may be an affront to dignity at work but as a once-off incident is not considered to be bullying."[1]

2.2 DEFINITION OF HARASSMENT

Harassment on the grounds of gender, civil status, family status, sexual orientation, religious belief, age, disability, race or membership of the traveller community is defined in the Equality Act 2004 as any unwanted conduct that has the purpose or effect of violating a person's dignity and creating an intimidating, hostile, degrading, humiliating or offensive environment for a person. The unwanted conduct may consist of acts, requests, spoken words, gestures or the production, display or circulation of written words, pictures or other material.

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[1] "Code of Practice Detailing Procedures for Addressing Bullying in the Workplace", produced by the Department of Enterprise, Trade & Employment , 2002

Sexual harassment, as defined by the Equality Act 2004, is any form of verbal, non-verbal or physical conduct of a sexual nature that has the purpose or effect of violating a person's dignity and creating an intimidating, hostile, degrading, humiliating or offensive environment for a person. Such unwanted conduct may consist of acts, requests, spoken words, gestures or the production, display or circulation of written words, pictures or other material.

The legislation applies to incidents of a sexual nature between a male and a female, and between individuals of the same sex.

Harassment may consist of a single incident or repeated inappropriate behaviour.

3.0 COMPLAINTS PROCEDURE:

Where possible, complaints should initially be processed through the **Informal Procedure** set out below, unless the Complainant, Respondent or the Institute deem a formal investigation more appropriate. If, after the informal stage, the alleged bullying persists or if it is not appropriate to resolve the problem informally due to the severity of the bullying, the **Formal Procedure** should be invoked. The informal complaints procedure will only be initiated with the agreement of the Complainant.

Because of the serious implications of an allegation of bullying, the reputations of all concerned need to be protected from the very start. Absolute confidentiality must be maintained at all times.

3.1 INFORMAL PROCEDURE:

While in no way diminishing the issue or the effects on individuals, an informal approach can often resolve matters. As a general rule, therefore, an attempt should be made to address an allegation of bullying as informally as possible by means of an agreed informal procedure. The objective of this approach is to resolve the difficulty with the minimum of conflict and stress for the individuals involved.

Any employee who believes he or she is being bullied should explain clearly to the alleged perpetrator(s) that the behaviour in question is unacceptable. In circumstances where the complainant finds it difficult to approach the alleged perpetrator(s) directly, he or she should seek help and advice, on a strictly confidential basis, from a contact person. A contact person could, for example, be one of the following:

- a work colleague;
- a supervisor or line manager;
- any manager in the workplace;
- HR Manager
- Trade Union representative

In this situation the contact person should listen patiently, be supportive and discuss the various options open to the employee concerned.

Having consulted with the contact person, the complainant may request their assistance in raising the issue with the alleged perpetrator(s). In this situation the approach of the contact person should be by way of a confidential, non-confrontational discussion with a view to resolving the issue in an informal, low-key manner.

A complainant may decide, for whatever reason, to bypass the informal procedure. Choosing not to use the informal procedure will not reflect negatively on a complainant in the formal procedure.

3.2 FORMAL PROCEDURE:

If an informal approach is inappropriate or if after the informal stage the bullying persists, the following formal procedures should be invoked:

a) The complainant should make a formal complaint in writing to his/her immediate supervisor, or if preferred, any member of management. The complaint should be confined to precise details of actual incidents of bullying.

b) The alleged perpetrator(s) should be notified in writing that an allegation of bullying has been made against them. They should be given a copy of the complainant's statement and advised that they shall be afforded a fair opportunity to respond to the allegation(s).

c) The complaint should be subject to an initial examination by a designated member of management, who can be considered impartial, with a view to determining an appropriate course of action. An appropriate course of action at this stage, for example, could be exploring a mediated solution or a view that the issue can be resolved informally. Should either of these approaches be deemed inappropriate or inconclusive, a formal investigation of the complaint should take place with a view to determining the facts and the credibility or otherwise of the allegation(s).

Investigation

d) The investigation should be conducted by either a designated member or members of management or, if deemed appropriate, an agreed third party. The investigation should be conducted thoroughly, objectively, with sensitivity, utmost confidentiality, and with due respect for the rights of both the complainant and the alleged perpetrator(s).

e) The investigation should be governed by terms of reference, preferable agreed between the parties in advance.

f) The investigator(s) should meet with the complainant and alleged perpetrator(s) and any witnesses or relevant persons on an individual confidential basis with a view to establishing the facts surrounding the allegation(s). Both the complainant and alleged perpetrator(s) may be accompanied by a work colleague or employee/trade union representative if so desired.

g) Every effort should be made to carry out and complete the investigation as quickly as possible and preferably within an agreed timeframe. On completion of the investigation, the investigator(s) should submit a written report to management containing the findings of the investigation.

h) Both parties should be given the opportunity to comment on the findings before any action is decided upon by management.

i) The complainant and the alleged perpetrator(s) should be informed in writing of the findings of the investigation.

Outcome

j) Should management decide that the complaint is well founded, the alleged perpetrator(s) should be given a formal interview to determine an appropriate course of action. Such action could, for example, involve

counselling and/or monitoring or progressing the issue through the disciplinary and grievance procedure of the employment.

k) If either party is unhappy with the outcome of the investigation, the issue may be processed through the normal industrial relations mechanisms.

4.0 CONFIDENTIALITY

All individuals involved in the procedures referred to above should maintain absolute confidentiality on the subject.

5.0 TRAINING/AWARENESS

It is considered that all personnel who have a role in either the informal or formal procedure – e.g. designated members of management, worker representatives, union representatives etc. should be made aware of appropriate policies and procedures which should, if possible, include appropriate training.

6.0 MALICIOUS COMPLAINTS

A complainant's rights are protected under this policy, and he/she will not be penalised for making a complaint in good faith. If, however, the complaint is found to be vexatious, it will be treated as misconduct under the Disciplinary Procedure.

7.0 VICTIMISATION

Employees will not be penalised, treated less favourably or subject to other adverse treatment because of pursuing rights by way of taking action, supporting action or giving notice of intention to take or support action under equality legislation.

8.0 MONITORING

The Institute's Dignity at Work policy will be reviewed on a regular basis to assess the effectiveness of its implementation and operation in creating a truly integrated workplace.

FREQUENTLY ASKED QUESTIONS

What are some examples of bullying behaviour?

Bullying can include conduct offensive to a reasonable person, e.g. oral or written slurs, physical contact, gestures, jokes, displaying pictures, flags/emblems, graffiti or other materials that state/imply prejudicial attitudes that are offensive to fellow employees.

Other examples of bullying behaviour include (this list is not exhaustive):

- personal insults and name-calling;
- persistent unjustified criticism and sarcasm;
- shouting at staff in public and/or private;
- sneering;
- unfair delegation of duties and responsibilities;
- setting impossible deadlines;
- unnecessary work interference;
- aggression;
- not giving credit for work contribution;
- continuously refusing reasonable requests without good reason;
- intimidation and threats in general.

The following behaviour does not constitute bullying:

- the proper exercise of authority by management
- constructive and fair criticism of a staff member's conduct or work performance

Poor work performance and/or conduct is dealt with according to the operation of the appropriate (discipline and grievance) procedures.

What are some examples of sexual harassment?

Examples of sexual harassment include:

- sexual gestures;
- displaying sexually suggestive objects, pictures, calendars;
- sending suggestive and pornographic correspondence, including emails or text messages;
- unwelcome sexual comments and jokes;
- unwelcome physical conduct, such as pinching, unnecessary touching, etc.

The examples stated in this policy are not an exhaustive list and the Institute reserves the right to take action against these and other inappropriate behaviours.

What are the responsibilities of staff under this policy?

All staff members share a responsibility for ensuring that the work environment is free from any forms of bullying or harassment (including sexual harassment). This individual responsibility extends to an awareness of the potential impact of personal behaviour on others and how it may cause offence or make them feel uncomfortable or threatened.

All staff members must comply with the policy and ensure that their behaviour does not cause offence to fellow workers or anyone with whom they come into contact in the course of their work.

This policy applies to employees both in the workplace and at work-associated events such as meetings, conferences and work-related social events, whether on the premises or off-site.

Staff members should confidentially inform a manager or supervisor if they are concerned that a colleague is being bullied or harassed and be prepared to cooperate fully with any investigation set up under these procedures.

What are the responsibilities of managers & supervisors under this policy?

Management, others in positions of authority and workplace representatives have a particular responsibility to ensure that bullying at work does not occur and that complaints are addressed speedily. In particular, management should:

- familiarise themselves with this Institute policy;
- uphold it as an integral part of their work;
- promote awareness of the policy among staff;
- communicate policy to staff and non-staff members;
- be vigilant for signs of bullying and/or harassment;
- intervene in any instance where offensive behaviour is observed or brought to their attention;
- provide good example by treating all in the workplace with dignity and respect;
- deal sensitively and confidentially with employees involved in a bullying or harassment complaint, whether as complainant or alleged bully or harasser;
- respond promptly to requests from staff to intervene promptly and seek to resolve the matter informally where appropriate;
- explain the procedures to be followed if a complaint of bullying or harassment is made;
- ensure that an employee making a complaint is not victimised for doing so;
- monitor and follow up situations after a complaint is made to ensure that the bullying/harassment does not reoccur.

Research Student Progress Report Meeting

Student Name: _____ **Date:** _____

Department: _____ **Contact number:** _____

Email: _____

Submitted Progress Report: **Yes** **No**

Are you currently studying for a Masters or PhD?

When do you expect to submit your Thesis?

Are you satisfied with the progress of your project and the supervisory arrangements in place?

Are you satisfied with the facilities: Library / IT / Laboratory –

Do you have any questions or comments you would like to add?

Comments:

Areas to be discussed in progress meetings:

- **Are you currently studying for a Masters or PhD?**
- **When are you submitting your Thesis?**
- **Are you satisfied with the progress of your project and the supervisory arrangements in place?**
- **Are you satisfied with the facilities: Library / IT / Laboratory –**
- **Do you have any questions or comments you would like to add**

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GMIT INTERVIEW GUIDELINES (INCLUDING SELECTION PROCEDURES DETERMINED BY THE MINISTER FOR EDUCATION & SCIENCE)

IMPLICATIONS OF FREEDOM OF INFORMATION ON THE INTERVIEW PROCESS

ROLE OF SELECTION BOARD MEMBERS

JOB ADVERTISEMENT
SUMMARY SHEET
JOB DESCRIPTION

SHORTLISTING CRITERIA
RECRUITMENT SCREENING FORM

INTERVIEW TIMETABLE
LIST OF SELECTION BOARD MEMBERS

RECOMMENDATION SHEET
INTERVIEW ASSESSMENT FORMS
CRITERIA & RATING SCALE DEFINITIONS

APPLICATION FORMS FOR CANDIDATES SHORTLISTED FOR INTERVIEW

BLANK SHEETS FOR NOTETAKING

EXPENSES FORM

1. PRE INTERVIEW

1. (i) ***The Selection Procedures determined by the Minister for Education and Science are attached*** and detail the legal requirements in relation to short-listing/gender balance/selection board composition and other matters as appropriate. All Board members are required to familiarise themselves with these procedures and the legal requirements specified therein.

1. (ii) ***Screening and Shortlisting of Applicants***

The screening and short-listing procedures are detailed in Appendix 1 under paragraphs 2 and 3 and Annex – Note. 5.

The standard short-listing criteria will be agreed with members of the Selection Board prior to finalisation of the shortlist. Where this changes the Head of School/Function will formally advise the H.R. Manager on the criteria.

The short-listing form along with details of the short-listing criteria will be forwarded to the Selection Board Members as part of the Interview File for Selection Board Members.

Any disagreement with the short-listing criteria or proposed shortlist for the interview should be immediately discussed with the Head of School/Function and notified to the H.R. Manager.

In the event where a Selection Board Member does not notify the Head of School/Function or the H.R. Manager of any disagreement by return, it will be assumed that the Selection Board Member is in full agreement with the criteria and the application of the criteria in the short-listing process.

2. AIMS OF THE INTERVIEWS

The interviewers' prime objective is to be able at the end of the interview to make a valid assessment of the candidate by obtaining relevant information in order to assess a candidate's ability, experience, skills, potential and overall suitability for a specified post.

In doing this the interviewers should leave each participant with a good impression of the interview procedure (regardless of the outcome).

3. FRAMEWORK FOR INTERVIEWING

3. (i) All interviews should be carried out within a framework. The Interview Assessment Forms, which are attached at section 7, provide a broad framework for each grade of post. The aim of the interview is that the interview board measure (objectively) the criteria outlined on this assessment form at the end of each interview, based on the relevant information elicited during the interview. The criteria and rating scale are defined on the reverse side of each assessment form. The roles of each board member are outlined in section 3. Each board member should familiarise themselves with the requirements of the role they will play prior to the Selection Board Meeting.

3. (ii) There are four basic elements to any interview (the four C's):-

Contact: Establishing a rapport, a relationship with the interviewee. Ensuring by means of the interview arrangements, etc., that this is maintained throughout. This should include coverage of the following areas:

⇒ Introduction
⇒ Objective/aim of the interview
⇒ Agenda
⇒ Time Available

Content: Obtaining all the relevant information on which rating/marking decisions are to be based, i.e.

⇒ Probing each assessment heading through structured questioning
⇒ Being systematic
- Work related issues
- Leisure time, etc.
- Getting negative as well as positive responses
- Summarising

Control: Allowing the interview to develop as the interviewer intends.

Close: When closing the interview:

⇒ Summarise
⇒ Give the candidates the opportunity to ask questions
⇒ Outline future action

4. INTERVIEWING SKILLS

It is possible to increase success at interview by:-

⇒ Adopting a systematic approach
⇒ Practising a few basic techniques

4. (i) *Questioning Skills*

An open ended non-directive questioning approach should be used – questioning approach should invite a reply, rather than be capable of being answered "yes" or "no". Closed type questions should generally be avoided except where you require clarification on a particular point.

Good	**Poor**
Why?	Do you have?
What was?	Presumably?
Did you – how?	Don't you agree?

4. (ii) ***Types of Questions***

Questions	Examples	Advantages	Disadvantages
Statements	The interview will focus on …	Give structure	Can disrupt the talking/listening balance.
Open	What does your work involve	Open area for discussion without bias.	Invitation to the over talkative.
Closed	Does your work involve managing people	Check facts	Can introduce bias. Don't allow the interviewee to expand on their ideas.
Leading	I presume you have to manage people in your job	None	Learn nothing, signal own biases.
Multiple	In your job do you manage people or do you not and if you don't do you feel you should and if not why not	None	Confuse, provide choice of question to answer.
Reflecting back	You have said that a major part of your work involves people management	Prepare to probe more deeply into answers	Takes up time and you may lose thread of previous discussion.
Probing	What was the most difficult situation you've met in managing your staff	Obtain deeper meaningful information	If not done in appropriate style, e.g., too aggressive, they can be overly threatening to the interviewee.
Comments	I see	Reinforce, encourage	Can interrupt interviewees thinking. Can be leading. Should not be used just to fill silence. Should not show disapproval.
Transitional	We have covered the people management aspect of your work can you tell me what else is involved in your job.	Move smoothly to new area	Can be abrupt – appear not interested. Signal rejection.

4. (iii) ***Active Listening***

Active listening requires the ability to maintain a high level of concentration and awareness. You should allow the interviewee to reveal their views and their thinking as the interview unfolds. At times this can mean living with silences to see what develops. It is important also that the interviewers try to be aware of what is not being said and to use probing questions to try to get information on this.

4. (iv) ***Notetaking***

An internal member of the Board will be delegated (in advance of the Selection Board Meeting) to take notes, for the purpose of record keeping, of each interview.

This person will record the interview process with as much detail as is reasonably practicable, in particular:

(a) **during the interview**
the questions posed to the applicants
the candidates' responses

(b) **after the interview**
the agreed rating of the Selection Board under each category, and supporting comments for each rating.
the recommendation of the Selection Board.

These notes/ratings will be held on file by the H.R. Office for a period of 18 months following the closing date of the competition.

5. EQUAL OPPORTUNITIES IN INTERVIEWING

The Institute as an employer is committed to providing equal opportunities regardless of gender, marital status, family status, sexual orientation, age, disability, race, religion or membership of the traveller community. Discrimination can take two forms:

1. **Direct Discrimination**
2. **Indirect**

Direct:
No individual can be treated less favourably because of membership of any of the nine groups detailed above and covered by the Employment Equality Act 1998.

Indirect:
There are two different definitions of indirect discrimination contained in the Employment Equality Act 1998. One relates to gender discrimination and the other definition of indirect discrimination relates to the other eight categories covered by the Act.

Indirect Discrimination (Gender)
This occurs where an employer sets down a provision which is unnecessary and the number of persons of one gender disadvantaged by the provision is substantially higher and this provision cannot be justified by objective factors.

Indirect Discrimination (Non-Gender)
This occurs where an employer sets down a provision and where significantly more of one of the eight groups is adversely affected and is disadvantaged by the provision and this provision cannot be justified as being reasonable in all the circumstances of the case.

It is possible to discriminate an individual without intending to do so. Good intentions are not an acceptable defence where discrimination occurs.

6. SUMMARY

The value of any interview process is only a result of the quality and skills of the interviewer and the key to a successful interview is:

1. To know exactly what to look for;
2. To observe and record only what is seen or heard;
3. To base one's judgement solely on the evidence and against clear and coherent criteria.

APPENDIX 1

REGIONAL TECHNICAL COLLEGES ACT, 1992

SECTION II (1) (b)

SELECTION PROCEDURES DETERMINED BY THE MINISTER FOR EDUCATION & SCIENCE

Regional Technical Colleges shall select staff (other than the President, Heads of Schools and Heads of Departments) in accordance with the following selection procedures.

1. Advertisements

All vacancies shall be advertised in at least one national morning daily newspaper. The advertisement, job description and requirements for each post shall be determined by the President in consultation with the relevant Head of Function.

2. Screening

The President, in consultation with the appropriate Head of Function, shall be responsible for the screening of all applications to ensure that only candidates who appear to meet the requirements for the post are considered by the Selection Board. The screening procedure shall provide detailed information to the Selection Board on the basis for acceptance or rejection of each application.

3. Short listing

The Selection Board shall where it is deemed practical, shortlist for interview some only of the candidates, who have been accepted in the screening process. (See Annex).

4. Selection Board

4.1. The Selection Board shall be constituted in accordance with Annex.

4.2. Members of the Selection Board (other than nominees of the Chairperson) shall be nominated by the President in consultation with the relevant Head of Function.

4.3. Staff and student members of the Governing Body shall not be eligible for membership of a Selection Board unless such person is a holder of an office mentioned in the Annex.

4.4. Members of the Selection Boards shall not, pending the filling of the vacancy, disclose the fact of their membership to any person.

4.5. The President shall cause appropriate arrangements to be made for the operation of the Selection Board.

4.6. Selection Boards shall operate on the basis of unanimity. Only persons deemed fully qualified and suitable shall be recommended for appointment. The Selection Board may establish a panel in order of merit. This panel shall not exceed three persons in the case of Senior Management and Academic Staff. The names of the three most meritorious candidates shall be transmitted, in order of merit, to the President. The Selection Board shall recommend for appointment the most meritorious candidate.

4.7. The Selection Board shall disqualify any candidate who canvasses or seeks to canvass (by himself/herself or through any third party) any member of the Selection Board in support of his/her candidature.

4.8. The deliberations of the Selection Board shall be confidential and membership of the Selection Board shall not, without the prior approval of the Governing Body, save as provided for in these procedures, disclose to any person or otherwise make available any information or document relating to any candidate for appointment or the deliberations of the Selection Board.

5. The President shall cause the documentary evidence of qualifications, references and other necessary criteria of the recommended candidate to be verified. The recommended candidate shall, if approved by the President, be proposed by the President for appointment by the Governing Body.

REGIONAL TECHNICAL COLLEGES ACT, 1992

SECTION II (1) (b)

SELECTION PROCEDURES DETERMINED BY THE MINISTER FOR EDUCATION

ANNEX

COMPOSITION OF SELECTION BOARDS

The composition of Selection Boards shall be dependent upon the type of post concerned and shall be as follows:

CATEGORY A – FIRST FILLING OF POST OF REGISTRAR (FIVE PERSON SELECTION BOARD)

⇒ The Chairperson or a member of Governing Body nominated by the Chairperson.
⇒ The President or a nominee of the President.
⇒ Two appropriate Function Heads drawn from Universities, other Institutes of Technologies or the Dublin Institute of Technology.
⇒ One appropriate person drawn from business/industry other than a member of the Institute.

CATEGORY B – FIRST FILLING OF POST OF SECRETARY, FINANCIAL CONTROLLER AND HEAD OF DEVELOPMENT (FIVE PERSON SELECTION BOARD)

⇒ The Chairperson or a member of Governing Body nominated by the Chairperson.
⇒ The President or a nominee of the President.

⇒ Two appropriate Function Heads drawn from Universities, other Institutes of Technologies or the Dublin Institute of Technology.

⇒ One appropriate person drawn from business/industry other than a member of the Institute.

CATEGORY C – POST AT LECTURER AND COLLEGE TEACHER LEVEL

⇒ A member of Governing Body nominated by the Chairperson in consultation with the President.

⇒ The President or a nominee of the President.

⇒ The Head of School in respect of which the vacancy exists and/or the Head of Department in respect of which the vacancy exists.

⇒ One appropriately qualified academic drawn from a University, another Institute of Technology or the Dublin Institute of Technology.

⇒ One appropriate person drawn from business/industry other than a member of the Institute.

CATEGORY D – NON-ACADEMIC STAFF (FOUR PERSON SELECTION BOARD)

⇒ A member of Governing Body nominated by the Chairperson in consultation with the President.

⇒ The President or a nominee of the President.

⇒ The appropriate Head of Department/Head of Function.

⇒ An appropriate external specialist.

NOTES:

1. **Technical Advisers**
Non-voting technical advisers may attend all interviews and the deliberations of the Selection Board if considered necessary by the President, in consultation with the relevant Head of Function.

2. **Secretarial Services**
A representative of the Institute personnel function shall provide secretarial services to the Selection Board. Pending the establishment of the personnel function, such services will be provided by the President.

3. **Gender Balance**
Both sexes shall be represented on the Selection Board. If both sexes are not represented the President shall nominate a suitable additional person.

4. **Academic Structures**
Where an Institute operates a Department rather than a School structure, the Head of Department replaces the Head of School in the above and the Assistant Head of Department replaces the Head of Department.

5. **Short listing Process**
It is not considered practical, to have each member of the Selection Board involved in this detailed process. It is therefore recommended that:

   (a) the short-listing criteria are agreed by the Selection Board in advance of the short-listing taking place;

   (b) the Head of School/Function should carry out the detailed examination in consultation with the Personnel office;

   (c) the short-listing form should be circulated to all members of the Selection Board and any disagreement with the shortlist for interview should be discussed with the Head of School/Function.

   (d) all application forms received should be fully available to all members of the Selection Board, if requested.

Freedom of Information Act 1997 - 2003

The Freedom of Information Act 1997-2003 provides that from 21 April 1998, every person has the following legal rights:

- access official records held by Government Departments or other public bodies listed in the Act
- have personal information held on them corrected or updated where such information is incomplete, incorrect or misleading
- be given reasons for decisions taken by public bodies that affect them

These rights mean that from 21 April 1998, people can seek access to personal information held on them no matter when the information was created and to other records created after 21 April, 1998.

What are the main objectives of the Act?
The main objective of the Freedom of Information Act, 1997-2003 is to foster and develop a culture of openness, transparency and accountability in public bodies.

The Act asserts the right of members of the public to obtain access to official information to the greatest extent possible, consistent with the public interest and the right to privacy of individuals.

It also establishes three new statutory rights:

- The right to obtain information held by the Institute
- The right to have official information relating to oneself amended where it is inaccurate, incomplete or misleading
- The right to obtain reasons for decisions made by management affecting to oneself

This applies to Institute staff as well as the general public.

GMIT routinely makes information available to the public through various channels. This will continue.

What is a record?

According to the Act, a record can include:

- Paper records; books files, letters, loose papers, diaries, post-it notes and computer printouts
- Electromagnetic records – disks, servers, emails, databases
- Audio-visual records- films, tapes, videos, CDs
- Photographs – maps, plans, X-rays, microfiche, microfilm
- Voicemail is a record
- If a piece of artwork has been paid for by public money it is a record

Recruitment

The Institute's policy, where at all possible, is to reduce the number of freedom of information requests, by facilitating access to records which exist. It also wishes to provide meaningful feedback to applicants. It is important to note that even your personal notes scribbled on a page form a record. This has implications for the selection process. However, if the record does not exist, the Institute is not obliged to create one. Best practice dictates that proper notes are kept from interviews. The President's nominee will be assigned the responsibility for note taking on each interview board.

Impact of freedom of information on the interview process:

- Write objectively, support your opinion with facts
- Ensure what you write is relevant to the issue
- Record the context of the report/file note
- Document reasons for decisions generally

ROLE OF SELECTION BOARD MEMBERS

3.1 CHAIRPERSON

3.2 PRESIDENT

3.3 HEAD OF SCHOOL/FUNCTION AND/OR HEAD OF DEPARTMENT

3.4 EXTERNAL ACADEMIC DRAWN FROM A UNIVERSITY/ANOTHER I.T./D.I.T.

3.5 EXTERNAL PERSON DRAWN FROM INDUSTRIAL/BUSINESS

ROLE OF CHAIRPERSON OR MEMBER OF THE GOVERNING BODY NOMINATED BY THE CHAIRPERSON

The primary function of the Chairperson is to manage the Selection Board Meeting. In doing this effectively the Chairperson will:

Before Interview Commences

- welcome other Board members
- ask the Head of Function to detail the requirements of the post and the qualities, etc., required in the successful candidate (in terms of education/training, work experience/interpersonal skills/interest and motivation).
- formally confirm the approval of the Selection Criteria
- ask the board members to declare any potential conflict of interest in respect of any of the applicants
- agree the structure for the interview amongst Board members
- stress the need for confidentiality
- stress any legal requirements in relation to interviews e.g. Dept. of Education procedures/Equality issues etc.
- briefly outlining the marking structure
- confirm which internal board member is acting as notetaker

During Interview

- welcome candidate (apologise for delays where appropriate)
- introduce the interview board by name and job title
- outline briefly the structure of the interview to the candidate
- hand over to various board members as appropriate

At the end of the Interview

- ask the candidate if they are happy that they had an opportunity to discuss all matters which are relevant to their application
- give the candidate an opportunity to add any thing further
- give the candidate an opportunity to ask questions of the Board

- thank the candidate for attending the interview
- advise them of when they will hear from the Institute

After each Interview

- chair a brief discussion (max 5 minutes) on the candidate, specifically under the criteria headings on the assessment sheet
- confirm the agreed rating and summary comments of the group
- advise the Board that these ratings are to facilitate discussion at the end of meeting and can be reviewed at that point

At the end of all Interviews

- chair the post interview discussions
- seek summary information from the person delegated to take notes to facilitate this
- chair board discussions to a consensus decision on whether to appoint/who to appoint/why/panels etc.
- reaffirm that the proceedings are absolutely confidential
- ask all Board members to return their complete information pack including signed expenses form to the H.R. Manager or the designated HR Officer.
- thank all Board members for their time/efforts etc.

ROLE OF PRESIDENT OR NOMINEE OF THE PRESIDENT

The primary role of the President or Nominee of the President will be to

Before Interview Commences

- Detail the Institute's requirements for the appointment and to outline the specification as appropriate

During the Interview

- Review candidates under the criteria:

  ⇒ Knowledge of I.T. Sector/G.M.I.T./Function/School
  ⇒ Motivation for/interest in post

- Outline facts in relation to appointment process and procedures to candidates

- Advise the Board of the selection procedures/legal matters

The President /Nominee will have approx. 5-10 minutes in which to do same.

ROLE OF HEAD OF SCHOOL/FUNCTION AND/OR HEAD OF DEPARTMENT

(A) ROLE OF HEAD OF SCHOOL/FUNCTION

The primary function of the Head of School/Function will be to review each candidate under the criteria:

⇒ Teaching experience
⇒ Communication and Interpersonal Skills
⇒ Innovation/Ideas/Attitude to change/Development

He/she will also act as a "sweeper" on issues which other interview board members have not had an opportunity to raise.

The Head of School/Function will have approx 5-10 minutes in which to review a candidate by means of establishing

- The candidates attitude to and understanding of the need for change
- Evidence of innovation/development/management of change as appropriate
- How the candidate establishes rapport during the interview and/or presentation process
- Evidence of team working/supervision/management as appropriate

(B) ROLE OF HEAD OF DEPARTMENT/SECTION

The primary function of the role of the Head of Department will be to review the presentation content/structure. As this person often is the President's nominee in such cases they will also adopt the role as outlined above, in addition.

Note 1: Where both Head of Department/Section and School are represented the roles at interview will be structured as above. Where one or other is represented the Head of School/Department will assume responsibilities under both A&B above.

Note 2: Where one or other of the above have been delegated to take notes it is recommended that questioning in areas relevant under (a) and (b) should be covered by the member who is not taking notes.

ROLE OF EXTERNAL ACADEMIC DRAWN FROM A UNIVERSITY/ANOTHER I.T. / D.I.T.

- THIS APPLIES TO TEACHING POSTS ONLY -

The primary function of the role of the external academic is to review candidates under the criteria:

⇒ Relevant Educational Qualifications
⇒ Relevant Research and Publications

The interviewer will have approx. ten minutes in which to do this by means of:

- Establishing grades, duration of programmes, specialisms, etc., where this is not clear from the application.
- Discussing any research undertaken by the candidate and in particular establishing clearly the role of the candidate in same.
- Identifying any planned future research plans of the candidate
- Establishing, in the case of foreign applicants, sufficient detail to benchmark qualifications against Irish standards
- Identifying the duration and level of any teaching experience
- Explaining responsibilities other than teaching e.g. course design, examinations.etc.

ROLE OF EXTERNAL PERSON DRAWN FROM INDUSTRY/BUSINESS

The primary function of the role of the external board member drawn from industry/commerce will be to review each candidate under the criteria:

⇒ Industrial/business/public sector experience
⇒ Professional Expertise/Knowledge

The interviewer will have approximately ten minutes in which to do this by means of

(a) Reviewing the candidates work experience

(b) Identifying any "gaps" and reasons for same in a candidates experience

(c) Establishing the nature of the roles undertaken by the candidate in various posts, e.g.

- the level of the post within the organisation structure
- responsibilities and level of authority
- the level of autonomy within various roles
- details on actual experience gained in various roles
- work method/approach taken
- the level of professional competence of the candidate in the areas listed on the job specification

Note: Where candidates have little/no experience in industry/business their knowledge of industry/business should be examined and a number of situations put to them to establish their general understanding of industry/business requirements.

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Shortlisting Criteria for Interviews

To Appoint: XXXXXXX

_____

_____

_____

_____

I can confirm that all candidates have been short-listed in accordance with the above criteria and attached screening form.

Signed: _____ **Date:** _____
Head of School/Head of Function

Signature of Selection Board on the day of the interview:

Please sign below if you are in agreement with the above criteria.

_____ _____

_____ _____

_____ _____

_____ _____

Countersigned: _____ **Date:** _____
President/President's Nominee

Shortlisting Scoring Criteria Guidelines

Qualifications: 25 Marks

If you assume the maximum qualification to be a PhD, which then gets 25, you then award marks on a decreasing basis for various levels of qualification.

Relevant Work Experience: 40 Marks

This category carries the highest marks and has the potential to cause the most difficulty. Factors that need to be taken into account are:
1. Length of work experience
2. Relevance as defined by the criteria in the job description
3. Academic Experience

Professional Body Membership: 5 Marks

Some professional body memberships are by exam and others simply by applying. Applicants can also have a number of memberships.

Research: 15 Marks

Again the meeting identified various types of research from publicly funded research down to theses as part of a Masters and Primary Degree.

Publications: 5 Marks

The marks awarded are small but a useful distinction may be between refereed publications and non-refereed and the quantity of research.

Additional Information: 10 Marks

We introduced this page in the application form to see how applicants match their experience to the post. As a possible marking scheme could I suggest using the desirable criteria in the job description and see how they relate to it.

We will not be able to accept shortlisting figures unless there are documented criteria, which show how the marks will be allocated. I know this puts additional work on you but trust me it has changed how we do things as well.

We will also need the signatures of both the Head of Department and the Head of School doing the shortlisting on the form.

INTERVIEW ASSESSMENT FORMS

- A separate Interview Assessment Form must be fully completed for each candidate.
- In the event where there is only one candidate or where no appointment is made, Assessment Forms must still be fully completed.
- The Chairperson must sign each copy of the official Interview Assessment Form.

INTERVIEW ASSESSMENT FORM – ASSISTANT LECTURER/LECTURER/SENIOR LECTURER 1 TEACHING

Post:_____ Candidate Name: _____ Date: _____ Signature: _____ (Chair)

	Area to be Assessed	Weighting	Score (1-10)	Candidate Score (Weighting x score)	Supporting Comments
1.	Relevant Educational Qualifications	1.5			
2.	Relevant Research/Publications	.5			
3.	Relevant Work Experience (a) Teaching (b) Industry/business/public sector	(a) 1 (b) 1			
4.	Professional Expertise/Knowledge	1			
5.	Communication & Interpersonal Skills (a) Interview (b) Presentation	(a) 1.5 (b) 1			
6.	Presentation Content & Structure	.5			
7.	Innovation/Ideas/Attitude to Change and Development	.5			
8.	Motivation for/Interest in Job	1			
9.	Knowledge of Institute of Technology Sector/GMIT/Function/School	.5			
	Total Score:		100		

SCORING GUIDE – ASSISTANT LECTURER/LECTURER/SENIOR LECTURER 1 TEACHING

Educational Qualifications

1→2	3→4	5→6	7→8	9→10
Meets the minimum requirement	Quals. of a slightly higher standard than min. requirement	Well qualified, has quals. additional to the min. required.	Very well qualified with relevant post grad qualifications.	Exceptionally well qualified in terms of level, breadth and relevance of qualification

Other Criteria

1→2	3→4	5→6	7→8	9→10
No evidence of meeting criteria	Some but minimal evidence of meeting criteria	Adequate evidence of meeting criteria	Good evidence of meeting criteria	Excellent evidence of meeting criteria
Poor	Approaching average requires significant development and training	Average requires some training and development	Good	Excellent

Criteria

Relevant Research/Publications	Relevant Work Experience	Professional Expertise and Knowledge	Communication & Interpersonal Skills	Presentation Content & Structure	Innovation/Ideas/ Attitude to Change and Development	Motivation for/Interest in Job	Knowledge of Institute of Technology Sector/GMIT/Function/ School
Has engaged actively in research which is relevant and topical. Has published in recognised journals.	(a) Teaching Relevant teaching experience in higher education across all levels cert/diploma/ degree/postgrade. (b) Industry/Business/ Public Sector – Relevant professional experience in industry/business/ public sector.	Highly competent in all areas listed on the job description. Has developed expertise through the application of knowledge in a range of situations. Professionally competent.	(a) Excellent communication skills, builds a rapport with the selection board. Listens well and clearly explains points. Committed to team approach. Demonstrates a good understanding of the importance of team working. (b)Builds a rapport during the presentation. Clear, concise in explaining/presenting points. Good voice projection. Good consistent eye contact. Composed, strong delivery. Demonstrates capacity to delivery lectures competently and professionally.	Content of presentation addresses the topic in a structured way. Content highly relevant and addresses all key issues.	In addition to clearly understanding the need for change and the need to welcome change positively. Innovative and forward thinking. Demonstrates the capacity to generate ideas which are creative yet practical / implementable. Personal development evident.	High level of motivation for this job, clear understanding of the role. Demonstrates high levels of enthusiasm for the job. Has a clear and convincing rationale for seeking the position.	Has fully researched the Institute Sector/Function/School. Has a comprehensive overview of the issues facing the sector. Has a comprehensive knowledge of the structures operating within the Institute/School/Function. Comprehensive knowledge of Institute and key issues/objectives.

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Signed: _____ **Date:** _____
Head of School/Head of Function

Signature of Selection Board on the day of the interview:

Please sign below if you are in agreement with the above criteria.

_____ _____

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Countersigned: _____ **Date:** _____
President/President's Nominee

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6.	Presentation Content & Structure	.5			
7.	Innovation/Ideas/Attitude to Change and Development	.5			
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	Total Score:		100		

SCORING GUIDE – ASSISTANT LECTURER/LECTURER/SENIOR LECTURER 1 TEACHING

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Criteria

Relevant Research/Publications	Relevant Work Experience	Professional Expertise and Knowledge	Communication & Interpersonal Skills	Presentation Content & Structure	Innovation/Ideas/ Attitude to Change and Development	Motivation for/Interest in Job	Knowledge of Institute of Technology Sector/GMIT/Function/ School
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DRAFT prepared by DL Jan15-Jan 30 – 2016
DRAFT amended Feb 2016 following presentation and comments of EB 2-2-16

Assessment template :to be completed by <u>any</u> Department/Functional area(FA) <u>(either academic or non academic)</u> of GMIT which wishes to propose a project to the Executive campus development committee for assessment and implementation with regard to: refurbishment, upgrade, new build, new office accommodation, new lecture Hall accommodation, new laboratories, new stores new technical offices, meeting rooms, fixed equipment, IT etc. Completed template to be approved/ signed off by Relevant Head of School/ Function /Department/CSM

Guidance.

Any Department/FA proposing a project should fully respond to the queries set out hereunder. These responses will be assessed by the campus development committee and thereafter an interview/ clarification session may take place between the development committee and the Department involved to clarify any aspects of the submission.
On the basis of the submission and on the information clarification/ interview session a recommendation will be made as to whether the project will be approved to proceed or otherwise.

General items.

Item 1. Background information on the Department/ functional area to include details of:

1.1-Current student numbers enrolled in the academic Department (full-time equivalents, and part-time full-time equivalents to be detailed)and detail of the agreed academic plan for that department

1.2- The historic trends on student numbers starting with the last academic year and going back for four previous academic years to show the trends as to whether full-time students are increasing or decreasing (inc part-time day full-time equivalents).

1.3- A brief statement providing reasons why student numbers have been changing and any measures to arrest student numbers in decline if any.

1.4 Forecasted student growth for the next three academic years with the basis for that growth projection included.

1.5 Retention percentages for the last 3 yrs

1.6 If an admin functional area detail the constituency served , giving numbers served , sections 1.3-1.5 would not be required

Item 2. Overview of Department/functional area view of existing accommodation within the Department/ functional area.

2.1-An outline of the existing accommodation of that Department /FA to include the following

2.2 The total area provided for the Dept/FA involved.

Broken down into dedicated laboratories, dedicated offices, meeting rooms, stores, technician spaces, etc but excluding classrooms shared across the Institute .

2.3 The ratio of accommodation to students/ constituents within that Department/FA

2.4 Description of the age and condition of each part of the Department/FA particularly that in involved in the request for upgrade .

3. Specific project proposal.

3.1 provide a clear statement on the objectives of the proposed project.

3.2 to show how the proposed project will satisfy the objectives identified in 3.1.

3.3 show how the proposed project will improve retention figures within academic Departments referring to existing retention percentages and how those percentages will improve if the proposed project is approved by the executive campus development committee.

Item 3.4 detail all realistic options considered before requesting funding for the project:
this includes the option of no new project but examining other options for example extending the timetable to maximise the use of existing resources.

For example if laboratory is being used for 36 hours a week by extending the use of that laboratory by an additional 6 hours. This has the effect of a 15% increase in capacity without any new construction, ie more efficient use of physical resources .
If request for additional office space show that all potential shared office space within the department is fully utilised

Therefore all measures of this nature to be described as to why they were not feasible solutions

3.5 Detail why the preferred option was proposed and whether its benefits with regard to increasing student numbers, increasing retention performance, increasing academic delivery, adding positively to the overall student experience are sufficient to warrant investment requested, including supporting data such as photos, quotes, plans, mins of meetings etc

3.6 Equipment – Detail reasons why new or replacement equipment is being requested ,eg if obsolescence is the reason , support documentation to be supplied to verify this, etc

3.*7 Safety and Health* – detail any safety reasons as to why a project is being proposed , supported by a robust argument for same , ditto for health , include photos, references(if relevant) to sections of legislation, previous near misses, or accidents , mins of safety committee and other meetings if relevant to project being proposed

4.0-Programme. Provide an indicative programme preferred by the Department/FA for the design and construction of the works requested, and how that department/FA will facilitate that programme

5.0- Costs. Provide a preliminary estimate of the total costs involved including an estimate on construction cost and design team fees, if possible,(if not possible the buildings and estates department will complete this element),loose furniture and equipment, required supported by quotations, outline estimates where practicable, infrastructure and other costs.

5.1 Outline any additional recurrent costs that might be associated with the project : eg: any additional technical support required, will the project involve additional overtime, any maintenance contracts entered into for any the equipment purchased which will have an ongoing recurrent cost implication.

6.0 Identify the risks associated with the proposed project: the potential impact on the proposed project of those risks and outline a strategy from within the Department/FA for dealing with those risks.

7.0 Any other information of relevance

Please include <u>any other information</u> which the Department/FA considers is relevant to this proposal which the executive campus development committee should consider during its deliberations.

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Policy to Deal With Outstanding Annual Leave Balances & Annual Leave Not Taken In The Leave Year for Non Academic Staff

1. Introduction

1.1 The Organisation of Working Time Act, 1997, states that Annual Leave is to be administered in the following manner

"the times at which annual leave is granted to an employee shall be determined by his or her employer and having regard to work requirements and subject –

(a) to the employer taking into account -
(i) the need for the employee to reconcile work and family responsibilities
(ii) the opportunities for rest and recreation available to the employee

(b) to the employer having consulted the employee or trade union (if any) of which he or she is a member, not later than 1 month before the day on which the annual leave or, as the case may be, the portion thereof concerned is due to commence, and

(c) to the leave been granted within the leave year to which it relates or, with the consent of the employee, within the 6 months thereafter".

It is therefore the responsibility of the Head of Function/Supervisor to manage the leave following appropriate consultation with their staff having regard to the Working Time Act and Institute policy.

2. PROCEDURE

2.1 Staff must take their annual leave entitlement each year by 31st August.

2.2 If a staff member, due to work commitments or exceptional circumstances cannot take their annual leave entitlement by 31st August, they may carry some annual leave into the following leave year.
To carry some annual leave into the following leave year, it must be agreed in advance and in writing with the Head of Function/Supervisor and notified to HR.

2.3 If an extension is not approved by the Head of Function/Supervisor, the staff member can appeal the decision to the HR Manager.

2.4 **Upon retirement or resignation as per Organisation of Working Time Act, 1997;**

2.4.1 If an employee retires or resigns between September to February in any given year, they will be paid their Annual Leave entitlement accrued from September up to their resignation/retirement date plus their carried forward balance from the previous leave year, subject to a maximum of their annual leave entitlement.
Any remaining carried forward balance will not be paid.

2.4.2 If an employee retires or resigns between March to August in any given year, they will only be paid their Annual Leave entitlement accrued from September up to their resignation/retirement date.
Any remaining carried forward balance will not be paid.

2.4.3 Heads of Function/Supervisors who have staff (including those planning to retire) with a carried forward annual leave balance in excess of 30 days must consult with them to plan the reduction in their balance.

2.5 Any outstanding annual leave accrued by staff who die in service, will be paid to the estate

Document Location

S:\PERS\HUMAN RESOURCES SHARED FILE\Annual Leave\Annual Leave Policy

Revision History

Date of this revision: November 2014	**Date of next review:** March 2017

Version Number/Revision Number	Revision Date	Summary of Changes	Changes marked
0.1	May 2011	Initial GMIT Policy	Yes
0.2	November 2014	Removed date of 01/09/2016 in relation to taking carried forward balances.	Yes

Consultation History

Version Number/Revision Number	Consultation Date	Names of Parties in Consultation	Summary of Changes
0.1			
0.2	17/12/2014 20/03/2015	Discussed at Common Partnership Forum Approved at Executive Board	

Approval

This document requires the following approvals:

Name	Title	Date
Tony McDonogh	HR Manager	20/03/2015
Jim Fennell	Secretary/Financial Controller	20/03/2015

This policy shall be reviewed in March 2017
Policy No. HR/Annual Leave 001/2015

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INSTITIÚID TEICNEOLAÍOCHTA NA GAILLIMHE-MAIGH EO
GALWAY-MAYO INSTITUTE OF TECHNOLOGY

Parental Leave Act 1998 & (Amendment) Act 2006 & 2013

Notice to Employer of Intention to take Parental Leave

This form must be completed by the employee concerned not later than 6 weeks before the commencement of the leave, under Section 8(1) of the Act.
The employer may request evidence in relation to the date of birth of the child, parentage or adoption order, under Section 8(6)(a)(b).

Name of Employee: _____

Address of Employee: _____
_____
_____
_____

Commencement Date of Employment: _____/____ /_____
Day/Month/Year

Department: _____ PPS Number: _____

Is this form to request changes to existing Parental Leave? ☐ Yes ☐ No

Proposed Date of Commencement of Parental Leave: _____/____ /_____
(If making changes to existing leave, enter the date changes will take effect) Day/Month/Year

Proposed Date of Return to Work: _____/____ /_____
Day/Month/Year

Manner in which to be taken:

Enter number of hours to be taken each day

Mon	Tues	Wed	Thurs	Fri

NOTE: If employee wishes to change the number of hours or day(s) to be used each week, a new form must be submitted

Name of Child: _____ Date of Birth of Child: _____

Please attach with this form a copy of the Birth Certificate/Adoption Order.

An employee is not entitled to any more than 18 weeks parental leave per child. A maximum of 18 weeks unpaid parental leave may be taken in any 12 month period, unless otherwise agreed with the employer. Parental leave is granted solely for the purpose of taking care of the above named child. This leave may be terminated if it is not used for this purpose. Any employee abusing this leave may be subject to serious disciplinary action up to and including dismissal. Please note that this break in service will impact on your superannuation entitlements. Therefore, please contact the Pensions Officer pensions@gmit.ie PRIOR to you taking up this leave.

By signing this document, the employee declares that the information given above is accurate and complete.

Signature of Employee _____ Date: _____

Confirmation of Parental Leave

This form must be completed by the Employer, pursuant to Section 9(1) of the Act, not later than 6 weeks before the commencement of the parental leave concerned.

By signing, the Employer declares that the proposed leave is approved as entered above.

Signature of Head of School/Function: _____ **Date:** _____

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Parental Leave
General Information & Frequently Asked Questions

Note: **This document is intended as a guide only.**

Query: What is Parental Leave?

Answer: Parental Leave is unpaid leave from work taken by parents to look after their children. The Parental Leave Act enables men and women to avail of a continuous block of 18 weeks *unpaid* leave from employment. There is also provision for limited paid leave, (*force majeure* leave), to enable employees to deal with family emergencies.

Query: Who is entitled to Parental Leave?

Answer: Parents of children born on or after 3rd June, 1996, or adopted on or after that date, are entitled to parental leave. Each parent is entitled to 18 weeks parental leave for each child born or adopted on or after that date.
NOTE: An employee must have at least one year's continuous service with the employer before being entitled to take parental leave. However, where the employee has more than three months' but less than one year's service, and where the child is approaching the age threshold, the employee will be entitled to one week's leave for every month of continuous employment completed with the employer.

Query: Is there a restriction on when the leave must be taken / what is the "age threshold?"

Answer: Yes, The leave must be taken before the child reaches 13 years of age, except, in certain circumstances, in the case of an adopted child. If a child is under 6 years at the time of the adoption, the leave must be taken before the child reaches 13 years of age. However, if the child is aged between 11 and 13 years at the time of the adoption, the leave must be taken within 2 years of the adoption order.

In the case of a child with a disability the age limit is 16 years.

Query: How can I take the leave – do I have to take full weeks at a time?

Answer: The leave may be taken as a continuous block of 18 weeks, or, by **agreement** with the employer, may be broken up over a period of time, into individual days, weeks or hours.

Query: What if I am sick during my Parental Leave?

Answer: If the parent becomes ill while on parental leave and is unable to care for the child the leave can be suspended for the duration of the illness. The parental leave resumes after the illness. During the illness the parent is treated as an employee who is sick.

Query: Does Parental Leave impact on my Superannuation entitlements?

Answer: This break on service will impact on your superannuation entitlements. Therefore, please contact the Pensions Officer pensions@gmit.ie PRIOR to you taking up this leave.

This document is not meant to be comprehensive. For further details or enquiries, please refer to the Parental Leave Act or contact the Human Resources Department

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Parental Leave
General Information & Frequently Asked Queries, continued

Note: **This document is intended as a guide only.**

Query: What if a Public Holiday falls during my Parental Leave?

Answer: If a Public falls during your Parental Leave, you will be paid for the Public Holiday and it will not affect your Parental Leave balance.

Query: What if I wish to take Annual Leave during my Parental Leave (for Non-Academic Staff)?

Answer: In order for the time to be counted as Annual Leave and not be applied toward your 18 weeks of Parental Leave, please specify clearly on the Annual Leave form that you wish the time to be Annual Leave and not Parental Leave.

Query: What if I wish to make changes to my leave – for example, a change to which day(s) I take the leave each week, or a change to the amount of hours/days used each week?

Answer: Please submit a new form to Human Resources, complete with your signature and the signature of your Head of Department. On the form, you will tick the box noting that it is an amendment to existing Parental Leave and the Date of Commencement will be the date you wish the changes to take effect. A minimum of 4 weeks notice is required for any changes to your parental leave.

Query: What if I wish to terminate my Parental Leave before the date listed on my leave form?

Answer: If you wish to return to work prior to the date stated on your Parental Leave form, please submit a new form to Human Resources, complete with your signature and the signature of your Head of Department. On the form, enter the new date for return to work and also tick the box noting that it is an amendment to existing Parental Leave. A minimum of 4 weeks notice is required for any changes to your parental leave.

Query: What if I have decided not to take Parental Leave (the leave has not yet begun)?

Answer: If you have decided not to take Parental Leave after you submitted the form requesting the leave, you must submit notification in writing of your intention not to take the leave, which must be approved by your Head of Department. A minimum of 4 weeks notice is required for any changes to your parental leave.

Query. Can I qualify for Parental Leave Credits?

Answer. Yes, if you are in the **Category A1 PRSI Class**, (not available to those on Category D PRSI Class), if you take parental leave in a block period, you will get a credit for each week you take. This will ensure that your existing cover for social welfare payments is maintained. Payroll will write to Department of Social Protection confirming the duration, number of weeks and exact dates of your parental leave.

This document is not meant to be comprehensive. For further details or enquiries, please refer to the Parental Leave Act or contact the Human Resources Department

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GUIDELINES ON MATERNITY LEAVE ENTITLEMENTS

The maternity leave schemes operating for female staff in the Galway Mayo Institute of Technology are governed by various circular letters issued by the Department of Education and Science and the current maternity legislation. Entitlements vary depending on the status of your employment e.g. temporary or permanent, teaching or administrative etc. so the following information should be examined carefully to see which applies to you.

GENERAL PROCEDURES APPLYING TO MATERNITY LEAVE:

1. All female staff are entitled to 26 consecutive weeks maternity leave (applies to anyone commencing maternity leave on/after 1st March 2007). A minimum period of maternity leave must be taken beginning not later than two weeks before the end of the expected week of confinement.

2. If you wish to apply for maternity leave you should submit, through your Head of Department, a medical certificate confirming the pregnancy and stating the expected week of confinement along with a covering letter indicating when you wish to commence your maternity leave. These details must be submitted at least two weeks before the date on which you intend to commence your maternity leave.

3. On receipt of your application for maternity leave, you will receive confirmation in writing of the exact dates of your leave.

4. At the end of the 26 weeks maternity leave, all female staff are entitled to additional unpaid maternity leave up to a maximum period of a further sixteen consecutive weeks. Notice of your intention to apply for this additional leave should be forwarded in writing through the management authority of your faculty/centre a minimum of six weeks prior to the date you were due to re-commence duty.

5. All staff must notify the Human Resources Department in writing of their intention to resume work at least six weeks before they are due to resume work. This is an essential requirement and also helps to facilitate finalising any cover arrangements, which may be made to cover your absence.

6. Staff who pay A1 insurance and are on maternity leave should notify Payroll of the amount of maternity benefit received from Social Welfare. They should also forward a copy of the letter from Social Welfare to Payroll which details this amount.

7. Time off may be allowed for attendance at antenatal and post-natal clinics. Evidence of appointment or attendance at the clinic may be required by the Head of Department.

8. Adoptive leave – twenty-four weeks adoptive leave is available to female staff when adopting a baby.

ELIGIBILITY OF TEMPORARY WHOLETIME LECTURERS, AND PRO-RATA PART-TIME LECTURERS FOR MATERNITY LEAVE:

(A) With 26 weeks or more to run in your contract:

The scheme of maternity leave as applied to permanent wholetime lecturers above, also applies to temporary wholetime lecturers and pro-rata part-time assistant lecturers with **26 weeks or more of their contracts to run from the dates of commencement of maternity leave**. In other words staff with more than 26 weeks left to run in their contract will be allowed maternity leave on full pay less any social welfare allowance payable on foot of a lecturers social insurance.

(B) With less than 26 weeks to run in your contract:

Where a temporary wholetime lecturer or a pro-rata part-time assistant lecturer has less than 26 weeks to run in their contract from the date of commencement of maternity leave, they will receive paid maternity leave until their contract expires.

Temporary wholetime lecturers and pro-rata part-time assistant lecturers who have less than 18 weeks to run in their contract, who are subsequently re-employed from the start of the following year, will be paid for the whole duration of their maternity leave, subject to the following conditions:

i) That the lecturer's contract follows without interruption, i.e. where one contract ends on the last day of a college year the second must begin on the first day of the following college year.

ii) That the two contracts together will leave a period of at least 26 weeks to run from the date of commencement of maternity leave to the end of the second contract period.

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Notification of Intention to Take Maternity Leave

1. ***If you intend to take unpaid maternity leave (up to maximum of 16 weeks), it must be taken immediately after the end of (26 weeks) maternity leave. Please let us know, in writing at least 6 weeks before end of maternity leave if you plan to take any unpaid leave.***
2. ***If you intend to take unpaid maternity leave, the break in service will impact on your superannuation entitlements. Therefore, please contact the Pensions Officer pensions@gmit.ie PRIOR to you taking up this leave.***
3. ***Please note that any Public/Institute holidays, which fall during the period of Maternity Leave, both paid and unpaid, will be added on to the end of the period.***
4. ***If you intend taking Annual Leave following Maternity Leave, this must be agreed in advance with the Head of Department/Function, and then written notification must be forwarded to the HR Office.***
5. ***This form should be completed and returned to the HR Office. Please also fill in the Social Welfare Form MB10 and return it to us also forward a copy of the amount of Maternity Benefit awarded to you.***
6. ***If you avail of unpaid leave, please contact the Payroll Dept. to complete the Application Form for Maternity Leave Credits after you return to work. (Up to a maximum of 8*** weeks)

Under the Maternity Leave Act, 1994, I hereby notify the Institute of my intention to take Maternity Leave and attach a medical certificate, as requested.

Name: _____ **Staff No:** _____

Address: _____

_____

Tel No: _____ **Dept:** _____ **Ext** _____

My Maternity Leave will commence on : _____

My Expected Date to give Birth is: _____

My Maternity Leave (26 Weeks) is due to end on _____

Additional Unpaid Maternity Leave commences on _____ **and ends on** _____
(Maximum of 16 Weeks)

Plus ____ days in lieu of Public/Institute holidays occurring during the period of Maternity Leave.

_____ _____ _____ _____
(Please List)
_____ _____ _____ _____

Plus _____ days in lieu of Public/Institute holidays occurring during the period of Unpaid Leave.

_____ _____ _____ _____
(Please List)
_____ _____ _____ _____

Parental Leave
If you wish to take Parental Leave please request a form from your HR Department.

PROPOSED DATE OF RETURN TO WORK: _____

Other Notification Requirements:
If I intend to take an additional 16 weeks unpaid leave (Additional Maternity Leave), I understand that I must notify the HR Office, in writing at least 6 weeks before the end of my (26 weeks) Maternity Leave.

I understand that no later than four weeks before the end of my Maternity Leave, that is, no later than

_____ ***I must notify the HR Office, in writing, of my intention to return to work.***

Signed: _____ **Date:** _____

Authorship conventions

Questions often arise regarding the authorship of manuscripts. Use of established authorship conventions can help ensure that research outputs are published in a manner that fosters effective collaboration and maintains collegiality. Academic consideration of this topic has generated the accepted convention (e.g.: www.icmje.org/icmje-recommendations.pdf) that contributors become authors when they contribute to:

1. Conception and design, acquisition of data, or analysis and interpretation of data, **AND;**
2. Drafting the manuscript or revising it critically for important intellectual content, **AND;**
3. Final approval of the version to be published, **AND;**
4. Agree to be accountable for the work thus ensuring its accuracy or integrity.

Determination of the authorship of manuscript submissions should ensure that all authors meet all of these criteria. Authorship confers responsibility and should not be gifted to non-contributing individuals or institutions. Long and inclusive lists of authors are fine as long as all satisfy these criteria.

Deciding the authorship order is a further consideration after determining the authorship. The only uniform convention is that the first author contributed most. The position of subsequent authors can be decided by alphabetical order, seniority, or contribution. Alphabetical assignment is arbitrary, and can lead to misconceptions by readers of the relative contributions of each author. Last author is often assigned to a senior researcher or research group leader. However, much research is now undertaken in multi-organisation, co-supervised studies - no single senior researcher will exist in such collaborations. Deciding on authorship order by contribution in a sequence-determines-credit approach is therefore becoming common practice. Objective methods are available to determine the relative contributions of each author (e.g. www.ncbi.nlm.nih.gov/pmc/articles/PMC4033822/).

To ensure transparency it is good practice to explicitly state within manuscripts the method used to assign authorship, and to indicate the contributions of each author (see www.ncbi.nlm.nih.gov/pmc/articles/PMC1769438/). This can be described efficiently in a few sentences within the acknowledgments section of manuscript submissions.

INSTITUTES OF TECHNOLOGY
DISCIPLINARY PROCEDURE

1. INTRODUCTION

1.1 This Disciplinary Procedure for all employees of the Institute of Technology sector was developed and agreed following discussions in a partnership manner between Management representatives from Institutes of Technology Ireland (representing all Institutes other than Dublin Institute of Technology), Dublin Institute of Technology and the Trade Unions SIPTU, IMPACT, UNITE and TUI representing employees in the Institute sector. The procedure was prepared taking account of the Labour Relations Commission's Code of Practice on Disciplinary Procedures and was formally agreed between the parties at national level on 21 November 2008. This Disciplinary Procedure supersedes all existing local and national procedures.

2. SCOPE

2.1 This procedure shall apply to all employees of the Institute except as outlined in this section.

2.2 Employees on probation will be dealt with in accordance with an Institute's policy on probation. The procedures set out below shall not apply to dismissals due to some substantial reason which is not attributable to fault on part of the employee.

2.3 All members of Institute management, including supervisory personnel, will be made aware of and be made fully conversant with this Procedure and adhere to its terms.

2.4 Isolated issues or omissions of a minor nature will where possible be dealt with informally.

3. PROCEDURE FOR DEALING WITH PERFORMANCE AND CONDUCT ISSUES

3.1 The Institute is committed to encouraging appropriate behaviour and work performance from all staff. The purpose of the disciplinary procedure is to ensure that the Institute acts reasonably and fairly towards employees in investigating and dealing with alleged instances of unacceptable conduct or performance. Although disciplinary action will normally follow the

progressive stages, the procedure may be implemented by the Institute at *any* stage of the process if the alleged misconduct warrants such action.

4. PRINCIPLES OF THE DISCIPLINARY PROCEDURE

4.1 Each employee is personally accountable for their own behaviour and work performance. Early intervention at the appropriate level to address perceived negative behaviour and/or underperformance is desirable for all parties so as to minimise the risk of the Institute having to escalate sanctions as provided for in these procedures.

4.2 Every effort will be made by the employee's immediate manager[1] in appropriate cases to address alleged or perceived shortcomings in work standards, conduct or attendance through informal means without invoking the formal disciplinary procedure.

4.3 The procedure is intended to comply with the general principles of natural justice, which are included in the following guidelines.

4.4 There will be a presumption of innocence. No decision regarding disciplinary action can be made until a formal disciplinary meeting has been convened and the employee has been afforded ~~an~~ the opportunity to respond to the allegations raised.

4.5 The employee will be advised in writing in advance of a disciplinary meeting of the precise nature of the matters concerned and will be given copies of any relevant documentation[2]. In the case of a complaint, this detail will include the source and text of the complaint as received. A complaint should be in writing.

4.6 Anonymous complaints, of themselves, may not be used as the only evidence in a disciplinary procedure. Where an anonymous complaint(s) has been substantiated by further investigation, that complaint(s) may be introduced as supporting evidence in the disciplinary process.

[1] The appropriate manager will be defined by the reporting and supervisory structures of the individual Institute appropriate to the different categories of staff

[2] "any relevant documentation" means documentation which would have been made available following a request under the Freedom of Information Act

4.7 The employee will be advised of his/her right to be accompanied by a work colleague or trade union representative(s)[3] at any meeting under the formal disciplinary procedures.

4.8 The employee concerned will be given the opportunity, including reasonable time, to consider and to respond fully to any complaints, allegations or issues of concern. This includes the right and opportunity to avail of appropriate representation at all times during the procedure.

4.9 Employees will be entitled to examine all evidence available, to call any witnesses or persons providing such evidence for questioning, or to call such other persons as they deem appropriate in their support. The employee may challenge any evidence that may be relied upon when reaching a decision.

4.10 In the event of there being relevant information or records in the possession of the Institute then such information will be provided to the employee concerned in advance of any decision being taken in regard to the issue and in such time (having regard to the circumstances of the case) as to allow the employee to use it in his/her defence.

4.11 The right of an employee concerned to have access to and to view her/his personnel file (to include all records in relation to the employee, in hardcopy or electronic format, held by the Institute) will be fully respected.

4.12 If there are any mitigating circumstances that the employee wishes to be taken into account, the employee will be afforded an opportunity to make these known at the disciplinary meeting(s).

4.13 The employee concerned has the right to a fair and impartial examination of the issues being investigated, taking into account the allegations or complaints themselves, the response of the employee concerned to them, any representations made by or on behalf of the employee concerned and any other relevant or appropriate evidence, factors or circumstance.

4.14 In order to facilitate the disciplinary process, the manager and/or investigator where applicable, will not prejudge the outcome of the meeting and will take into account any mitigating circumstances before deciding on appropriate action.

[3] For the purposes of this procedure "representative" includes a colleague of the employee's choice or a recognised trade union which holds the negotiating rights for the grade of the employee but not any other person/body unconnected with the enterprise.

4.15 Where circumstances warrant, an employee may be placed on administrative leave with full pay pending an investigation, or pending the outcome of an investigation, a disciplinary hearing/meeting or the outcome of a disciplinary hearing/meeting.

4.16 It will be considered a disciplinary offence for any person to intimidate or exert inappropriate pressure on any person who may be required to attend as a witness.

4.17 Where ill health may have affected the employee's performance or conduct, this matter should be referred to the Human Resources Manager where a confidential independent medical assessment may be organised and appropriate supports, e.g. Employee Assistance Programme, may be arranged.

4.18 Academic staff members shall have the freedom, within the law, in their teaching, research and any other activity, either in or outside the Institute, to question and test received wisdom, to put forward new ideas and to state controversial or unpopular opinions and shall not be disadvantaged, or subject to less favourable treatment by the Institute, for the exercise of that freedom.

4.19 All matters relating to the disciplinary procedure are strictly confidential to the parties and their representatives involved and breach of this confidentially may in itself result in disciplinary action.

4.20 Where a decision is taken to impose a disciplinary sanction, the sanction imposed will be in proportion to the nature of the conduct/behaviour/performance that has resulted in the sanction being imposed.

5. INFORMAL DISCIPLINARY PROCEDURE

5.1 If an employees' standard of job performance, conduct, or attendance falls below an acceptable level they will in appropriate cases be made aware informally, by their manager, that this is unacceptable and informed of the required improvements. If the employee concerned continues to fail to achieve the required work/conduct standards, the disciplinary procedure outlined below may be invoked.

5.2 Issues of professional competence will be dealt with by the provision of appropriate support. Disciplinary action in cases of underperformance will be taken only when the employee has been advised of his/her shortcomings

and given the opportunity to improve his or her performance. Reasonable and appropriate support, training and development measures will normally be provided. Where these have failed to result in specified improvement in performance of the employee or have no reasonable prospect of resulting in an improvement in performance, disciplinary action will normally follow.

6. FORMAL DISCIPLINARY PROCEDURE

6.1 Where an employee's job performance, conduct or attendance does not meet the required standards despite informal intervention as per section 5 above, the matter will be dealt with under the formal disciplinary procedure.

6.2 Disciplinary warnings should specify the standards required and/or the extent to which job performance or conduct falls short of the standards required. Where possible they should also detail the required remedies such as the changes in behaviour necessary (and/or training or counselling if appropriate) to rectify the situation and detail the likely consequences if the required improvement is not forthcoming.

6.3 Generally, the steps in the procedure will be progressive; however, as pointed out in Section 3.1, depending on the gravity of the situation, a verbal warning, a written warning or a final written warning may be issued at the first stage of the procedure. In the case of gross misconduct, dismissal without notice or dismissal with payment in lieu of notice may be decided upon.

6.4 Warnings will cease to have effect following the specified period of satisfactory conduct/performance and will be removed from the record. Where the record(s) of verbal and written warnings are removed from files Institutes will need to make arrangements for the preservation of these records for the purposes of the Freedom of Information Acts.

6.5 There may however be occasions where an employee's conduct/performance is satisfactory throughout the period the warning is in force only to lapse very soon thereafter. Where a pattern of such conduct/performance emerges and there is evidence of an undermining of the disciplinary process, the employee's previous conduct and pattern of behaviour may be considered as a whole in a future disciplinary procedure.

7. STAGE 1 OF THE DISCIPLINARY PROCEDURE

Formal Verbal Warning:

7.1 The first step in any formal process is to let the employee know in writing the issue that has given rise to the invoking of the disciplinary procedure. The employee will be advised of the precise nature of the complaint, the reasons why this is not acceptable, details of previous meetings, the standards not achieved, the improvements required and the timescale for improvement. The letter will also invite the employee to a formal disciplinary meeting at which the issue will be discussed and it will also inform them of their right to be accompanied at the meeting. An employee who fails to respond to earlier informal discipline or whose job performance/conduct/attendance does not meet the required standards will normally be invited to a formal disciplinary meeting by their manager.

7.2 Adequate notice of meetings under this stage will be given in writing to the employee.

7.3 At each disciplinary meeting all facts and details, and any investigation report will be presented to the employee by their Manager or relevant Management respondee.

7.4 The employee will be afforded an opportunity and adequate time to respond and state his/her case fully and to challenge any evidence that is being relied upon for a decision.

7.5 Following the meeting(s), the Manager or relevant Management respondee must decide whether disciplinary action is justified or not. Where it is decided that no action is justified, the employee will be so informed as soon as possible and, thereafter, in writing.

7.6 Where it is decided that disciplinary action at this stage is justified the Manager or relevant Management respondee will inform the employee that he/she is giving a formal verbal warning. Disciplinary action may be taken notwithstanding an employee's failure to attend the disciplinary meeting, in the absence of good reason.

7.7 The employee will be advised that the warning is a formal sanction and constitutes the first stage of the formal disciplinary procedure and failure to improve will result in further action.

7.8 The employee will be advised of his/her right to appeal against the disciplinary action being taken and the appeal process.

7.9 A record of the verbal warning will be retained on the employees personnel file and a copy will be issued to the employee. Subject to satisfactory service, the verbal warning will cease to have effect following the expiry of six months.

7.10 If the timescale set out for improvement is not met, the matter may be progressed to the next stage of the process without the formal warning having expired.

7.11 Stage 1 is normally carried out by the immediate Manager of the staff member, as defined in paragraph 4.2 above. On occasion it may be necessary for the disciplinary process to be carried out by another member of management.

8. STAGE 2 OF THE DISCIPLINARY PROCEDURE

Written Warning.

8.1 If it is alleged that the employee fails to make the necessary improvements or if the poor performance/conduct/attendance continues or is more serious, he or she will be invited in writing to a formal disciplinary meeting by a Senior Line Manager or President/Director[4]'s nominee.

8.2 A letter will be sent to invite the employee to a formal disciplinary meeting at which the matters of concern will be discussed. The employee will be advised of the precise nature of the complaint, details of previous meetings and the standards not achieved or maintained. The employee will be informed of their right to be accompanied at the meeting.

8.2 Adequate notice of meetings under this stage will be given in writing to the employee.

8.3 At each disciplinary meeting all facts and details, and any investigation report will be presented to the employee by the Senior Line Manager or President/Director's nominee.

[4] References to "President/Director" throughout this document refer to the Director of the Institute as defined in Section 9 of the Regional Technical Colleges Act, 1992, as amended or the President of the Institute as defined in Section 9 of the Dublin Institute of Technology Act, 1992, as amended, as appropriate

8.4 The employee will be afforded an opportunity and adequate time to respond and state his/her case fully and to challenge any evidence that is being relied upon for a decision.

8.5 Following the meeting(s), the Senior Line Manager or President/Director's nominee must decide whether disciplinary action is justified or not. Where it is decided that no action is justified, the employee will be so informed as soon as possible and, thereafter, in writing.

8.6 Where it is decided that disciplinary action at this stage is justified the Senior Line Manager or President/Director's nominee will inform the employee that he/she is giving a formal written warning. Disciplinary action may be taken notwithstanding an employee's failure to attend the disciplinary meeting in the absence of good reason.

8.7 The formal written warning will give details of the complaint, details of previous meetings, the standards not achieved, the improvements required, the timescale for improvement and details of the appeals procedure and the appeals process.

8.8 The employee will also be advised that the warning is a formal sanction and constitutes the second stage of the formal disciplinary procedure and failure to improve will result in further action.

8.9 The employee will also be advised of his/her right to appeal against the disciplinary action being taken and the appeal process.

8.10 A record of the written warning will be retained on the employees personnel file and a copy will be issued to the employee. Subject to satisfactory service, the written warning will cease to have effect following the expiry of 9 months.

8.11 If the timescale set out for improvement is not met, the matter may be progressed to the next stage of the process without the formal warning having expired.

8.12 Stage 2 is normally carried out at Senior Line Manager level (or President/Director's nominee). A representative from Human Resources will also be involved in an advisory capacity.

9. STAGE 3 OF THE DISCIPLINARY PROCEDURE

Final Written Warning

9.1 If it is alleged that the employee fails to make the necessary improvements or if the poor performance/conduct/attendance continues or is more serious, he or she will be invited in writing to a formal disciplinary meeting by a Senior Manager or President/Director's nominee to review the increasingly serious nature of the situation.

9.2 A letter will be sent to invite the employee to a formal disciplinary meeting at which the matters of concern will be discussed. The employee will be advised of the precise nature of the complaint, details of previous meetings and the standards not achieved or maintained. The employee will be informed of their right to be accompanied at the meeting.

9.3 Adequate notice of meetings under this stage will be given in writing to the employee.

9.4 At each disciplinary meeting all facts and details, and any investigation report will be presented to the employee by the Senior Manager or President/Director's nominee.

9.5 The employee will be afforded an opportunity and adequate time to respond and state his/her case fully and to challenge any evidence that is being relied upon for a decision.

9.6 Following the meeting(s), the Senior Manager or President/Director's nominee must decide whether disciplinary action is justified or not. Where it is decided that no action is justified, the employee will be so informed as soon as possible and, thereafter, in writing.

9.7 Where it is decided that disciplinary action at this stage is justified the Senior Manager or President/Director's nominee will inform the employee that he/she is giving a final written warning. Disciplinary action may be taken notwithstanding an employee's failure to attend the disciplinary meeting in the absence of good reason.

9.8 The final written warning will give details of the complaint, details of previous meetings, the standards not achieved, the improvements required, the timescale for improvement and details of the appeal procedure and the appeal process. The employee will be advised that failure to improve may lead to Stage 4 of the procedure.

9.9 The employee will be advised of his/her right to appeal against the disciplinary action being taken and the appeals process.

9.10 A record of the final written warning will be retained on the employees personnel file and a copy will be issued to the staff member. Subject to satisfactory service, the final written warning will cease to have effect following the expiry of 12 months.

9.11 If the timescale set out for improvement is not met, the matter may be progressed to the next stage of the process without the formal warning having expired.

9.12 Stage 3 is carried out by a senior member of management or President/Director's nominee. A representative from Human Resources will also be involved in an advisory capacity.

10. STAGE 4 OF THE DISCIPLINARY PROCEDURE

Disciplinary Sanction up to and including dismissal

10.1 Where it is alleged that

- the employee has failed to meet the necessary improvements or
- the poor performance/conduct/attendance has continued following a final written warning, or
- the performance/conduct/attendance issue is more serious,

the Stage 4 disciplinary procedure which provides for disciplinary sanctions, up to and including dismissal, may be invoked.

10.2 A letter will be sent to invite the employee to a formal disciplinary meeting at which the matters of concern will be discussed with a Senior Manager or President/Director's nominee. The employee will be advised of the precise nature of the complaint, details of previous meetings and the standards not achieved or maintained. The employee will be informed of their right to be accompanied at the meeting.

10.3 Adequate notice of meetings under this stage will be given in writing to the employee.

10.4 At each disciplinary meeting all facts and details, and any investigation report will be presented to the employee by the Senior Manager or President/Director's nominee.

10.5 The employee will be afforded an opportunity and adequate time to respond and state his/her case fully and to challenge any evidence that is being relied upon for a decision.

10.6 Following the meeting(s), the Senior Manager or President/Director's nominee must decide whether a disciplinary sanction is justified or not. Where it is decided that no action is justified, the employee will be so informed as soon as possible and thereafter in writing.

10.7 Where it is decided that disciplinary sanction short of dismissal is justified, the Senior Manager or President/Director's nominee will inform the employee of the nature of the disciplinary sanction. Paragraphs 10.10, 10.11 and 10.12 set out details of these sanctions. Where it is decided that dismissal should be recommended, the procedures set out in paragraph 10.13 and 10.14 below will apply.

10.8 Disciplinary action may be taken notwithstanding an employee's failure to attend the disciplinary meeting(s) in the absence of good reason.

10.9 Stage 4 is carried out by a senior member of management or President/Director nominee not previously involved in the matter. A representative from Human Resources will also be involved in an advisory capacity. The Senior Manager or President/Director nominee concerned will act reasonably in all cases when deciding on appropriate disciplinary action.

10.10 In cases of less serious offences, or where the Institute is of the view that there is a realistic prospect of improvement in performance/conduct/attendance, the following disciplinary sanctions may be applied singly or in combination by the relevant Senior Manager or President/Director nominee, in consultation with the Human Resources Department. These sanctions include, in no particular order:

- Removal from certain duties or transfer
- Suspension[5] with pay
- Deferral/Denial of Access to Progression
- Deferral/Denial of Access to Promotion
- Deferral of Increment(s)
- Removal of Increment(s)

[5] Suspension, by its nature, means a sanction limited in time

- Demotion and Consequent Reduction in Pay
- Suspension without Pay[6]

10.11 Depending on the nature of the offence, these sanctions can be limited in time or unlimited in time and/or linked to improvements in performance/conduct/attendance. A record of the disciplinary sanction(s) applied at this stage will be retained on the employee's personnel file and a copy will be issued to the employee.

10.12 A period of suspension without pay or demotion may arise at the end of an investigation that concludes that the employee has been guilty of a breach of his/her employment contract, amounting to misconduct but not gross misconduct. Similar action may be taken in cases of gross misconduct where there are mitigating circumstances. Any deduction of pay will be in accordance with the Payment of Wages Act, 1991

10.13 Failure to meet the required standard of performance, conduct or attendance following the issuing of a final written warning or suspension/demotion may result in a recommendation being made to dismiss the employee. In respect of such recommendations, dismissal with notice may be imposed as a disciplinary sanction in cases where the employee has been found to have committed a serious offence, or where there has not been an improvement in performance/conduct/attendance despite written warnings,. In cases of gross misconduct, dismissal without notice or dismissal with payment in lieu of notice may apply.

10.14 A decision to dismiss an employee is taken by the President/Director or his/her nominee as appropriate.

In the case of officers appointed to the Institute prior to 1 February 2007, the following procedure shall apply in relation to dismissal.

The President/Director may, having first considered any representations that may be made by the officer concerned and provided that the statutory grounds exist, decide to suspend the officer under section 7 of the Vocational Education (Amendment) Act, 1944 as extended to Institutes of Technology by the Institutes of Technology Acts 1992 to 2006 and thereafter report the suspension and the reasons therefor to the Minister for Education and Science. It will then be for the Minister for Education and Science to deal with the matter under the 1944 Act.

[6] Where relevant, Section 14 of the Institutes of Technology Act may apply

Alternatively, in accordance with relevant legislation, the President/Director may himself or herself having satisfied himself/herself that dismissal/removal from office is appropriate request the consent of the Minister for Education and Science so as to remove the person concerned from office. It will be a matter for the Minister for Education and Science to withhold or grant his/her consent.

In the case of all non officer employees regardless of when appointed, and officer grade employees appointed to the Institute after 1 February, 2007, the following procedure shall apply in relation to dismissal.

The President/Director, together with the Human Resources Manager, will meet with the staff member and their representative, and will inform them of the decision to dismiss, and the basis for this decision. The staff member will be informed of the appropriate notice arrangements, and his/her right to appeal.

10.15 The employee will be advised of the procedure for appealing and the appeals process.

11. MISCONDUCT AND GROSS MISCONDUCT

11.1 Offences connected with the disciplinary procedure as set out in paragraphs 4.16 or 4.19 can be considered as misconduct or gross misconduct depending on the circumstances.

11.2 Findings of bullying will be considered as either misconduct or gross misconduct depending on the seriousness of the offence.

Misconduct

11.3 The following definitions are designed to assist in the operation of these disciplinary procedures and in identifying the types of behaviour that are considered unacceptable. The definitions are examples only, and each case must be considered on its merits.

11.4 Misconduct occurs when an employee fails to adhere to either acceptable or appropriate levels of conduct or work performance. It will result in the earlier stages of the disciplinary procedures being followed. Examples include:

- Repeated poor performance

- Unauthorised absence(s)
- Regular or persistent lateness
- Unsatisfactory attendance
- Refusal to obey a legitimate instruction
- Disregard of safety and/or security regulations
- Deliberate minor damage to or misuse/abuse of Institute property
- Wilful neglect of duties including incapability due to abuse of alcohol or non-prescribed drugs
- Inappropriate workplace behaviour

The above examples are only intended as illustrative of misconduct which would not be considered as gross misconduct. They are not intended to define the full range of conduct, behaviour, performance or other issues which may give rise to the taking of disciplinary action.

Gross Misconduct

11.5 Gross misconduct is any act or omission which is so serious as to require the Institute to consider terminating the employee's contract of employment without having to go through all the steps in the disciplinary process. The following are some examples of offences which constitute gross misconduct where the progressive stages of the disciplinary procedure may not apply and which may result in dismissal without notice.

- Theft
- Serious act of dishonesty in relation to one's employment
- Deliberate and serious damage to Institute property
- Fraud or deliberate falsification of documents which includes unauthorised removal and destruction of document(s) and Institute record(s). This includes but is not limited to paper records, any information kept on computer disks/memory cards and any other form of record.
- Gross negligence or dereliction of duties
- Refusal to comply with a legitimate instruction(s) resulting in serious consequences
- Serious or persistent incapacity to perform duties brought on by alcohol, illegal drugs, by use of unprescribed drugs or by deliberate misuse of prescribed medication
- Having illegal drugs, substances or materials on one's person or in one's possession, custody, or control on Institute premises, except in cases where approval has been granted to hold such material for research and the said possession, custody and control is consistent with that approval
- Serious breach of health & safety regulations

- Serious abuse/misuse of the organisations property/equipment
- Serious and deliberate breaches of confidentiality
- Unlawful discrimination, sexual harassment or harassment of a serious nature against an employee or customer, including students.
- Physical violence
- Deliberately accessing and/or downloading pornographic or obscene material from the internet and/or email.
- Circulation, dissemination or display of offensive, obscene or indecent e-mails, text messages or other material, including material downloaded from the internet.
- Bringing the Institute's name into serious disrepute
- Serious and deliberate failure to comply with a legitimate instruction.
- Serious and significant non-compliance with the requirements of any formal Institute policy or procedure
- Conviction of any criminal offence which may render the employee unsuitable for employment or which will adversely affect the Institute's interests

Note: the above list is not exhaustive.

11.6 The employment of an employee might also terminate in cases of frustration of contract[7] or job abandonment[8].

12. PROCEDURE IN CASES OF ALLEGED GROSS MISCONDUCT

Investigation

12.1 In all cases of alleged gross misconduct, a full investigation will immediately be carried out to establish the facts in accordance with the following principles

- This investigation will be carried out by the President/Director or his/her nominee(s) as appropriate.

[7] Frustration of contract does not include appropriate use of an Institute's sick leave policy or policies in respect of other approved leave

[8] Job abandonment might include a failure to return to employment on completion of career break or other leave having been communicated with and having failed to respond to the Institute within a reasonable period of time

- The investigation will be conducted thoroughly and objectively and with due respect for the rights of the employee to natural justice.
- The Investigation will be governed by clear terms of reference.
- The Investigator(s) will be (a) senior manager(s) not previously involved in the case or in some instances a suitable third party.
- Every effort will be made to carry out the investigation without undue delay and to adhere to the agreed timescales. However, the timescales may be extended in exceptional circumstances.
- The employee will be advised of the right to be accompanied by a union representative(s) or work colleague throughout the investigation.
- The provisions of paragraphs 4.16, 4.19 and 11.1 will apply to this investigative process

12.2 The employee may be placed on administrative leave pending the processing or outcome of an investigation. This is a protection for all involved and not a disciplinary sanction.

12.3 On completion of the investigation, the investigator(s) will submit a written report of their findings to senior management and to the employee. If the outcome of the investigation is that disciplinary action is warranted in respect of the alleged misconduct, a disciplinary meeting will be convened by the President/Director nominee and invoked at the appropriate stage of the disciplinary process.

13. APPEAL

13.1 An employee on whom a disciplinary sanction (including warnings) has been imposed at any stage of the procedure has the right of appeal. The employee should inform Human Resources in writing of his/her intention to appeal and the initial grounds for the appeal. The notice of appeal should be submitted by close of business on the tenth working day following the employee being notified of the disciplinary sanction.

13.2 The appeal will be conducted as soon as possible thereafter. The employee will be given an opportunity to state his/her case and will be entitled to be accompanied/represented by a fellow employee, of his/her choice or by his/her Union representative(s) being the Union holding recognition

rights for that grade but not any other person/body unconnected with the enterprise.

13.3 At Stages 1, 2 and 3 the appeal will be heard by another Manager at or above the level of the Manager taking the action and who had no other previous involvement with the case. The person/persons hearing the appeal will not have been involved in the original disciplinary meetings or any investigative process.

13.4 At Stage 4 or in cases of gross misconduct the appeal will be heard by a Disciplinary Panel comprising of up to two Institute senior managers (not previously involved in the process) nominated by the President/Director and an external third party Chair agreed between the Institute and the employee or Union acting on behalf of the employee concerned.

13.5 Where the grounds of the appeal relate to

- an overly severe sanction, or
- correct procedures not having been applied, or
- mitigating circumstances,

it is accepted that a *de novo* appeal is not appropriate. A decision on whether an appeal on any other ground will proceed by way of a *de novo* hearing will be made by the person hearing the appeal (under Stages 1 to 3) or by the Chairman of the Panel (under Stage 4).

13.6 The person/Panel hearing the appeal is entitled to overturn, modify or uphold the decision.

13.7 The person/Panel may withdraw, reduce, vary or increase the sanction appealed against.

13.8 The decision on appeal is the final stage of the Institute procedure and is binding subject to any external appeal that may be brought.

13.9 In the case only of dismissal of staff at officer grade, only appointed to the Institute prior to 1 February 2007, the case, where appropriate, will be dealt with under section 7 and section 8 of the Vocational Education (Amendment) Act, 1944 as extended to Institutes of Technology by the Institutes of Technology Acts 1992 to 2006

14. REVIEW

14.1 This Procedure will be open to review at the request of either IOT management nationally or of one or more of the unions, including with a view to periodic up-dating so that it complies with developments in employment legislation, case law, guidelines issued by the LRC or other appropriate body and with good practice generally.