

Finally, one of the key events of 1999 was the Joint Consensus Congress on Misconduct in Biomedical Research held in October 1999 at the Royal College of Physicians in Edinburgh. Experts presented position papers on all aspects of research misconduct and additional evidence was provided by other invited speakers on definitions, epidemiology, diagnosis, management and prevention.

The Consensus Panel, chaired by Lord Robert Kilpatrick, considered the evidence and produced a final consensus statement under three headings: The

Definition of Research Misconduct; How do we Promote Good Research?; and What should happen next? We have reprinted the consensus statement here but it is now more than a year since the meeting and it is difficult to be certain whether any of the recommendations in this report have been taken forward. Two steps forward and one step back?

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Who will lead on research and publication misconduct in the UK?

The General Medical Council continues to hold jurisdiction over medical practitioners who are alleged to have committed research misconduct. There is a steady trickle of major cases that make the headlines, but all the evidence suggests that the GMC is totally overwhelmed. The GMC has made an important contribution in the publication of its report *Good Practice in Medical Research* (1999), but is increasingly under the spotlight regarding its ability to deliver on the professional conduct agenda.

COPE has always strongly believed that the cases that finally reach the GMC are merely the tip of an unmeasured iceberg. The personal experience of many COPE members suggests that possible cases of publication and research misconduct are dealt with inadequately. At talks or seminars on research and publication dishonesty, asking the audience how many of them have been aware of possible research dishonesty or misconduct in their department or institution illustrates the problem. Within this admittedly selected and probably biased group, the response is generally 10–30 per cent. But when challenged with What did you do about it? the response is usually nothing.

Despite new legislation few individuals feel that the current climate is conducive to “blowing the whistle.” Editors similarly feel impotent to deal with many of the cases that cross their desks, although the COPE guidelines on *Good Publication Practice* have gone some way to providing practical advice, which, we believe, will ultimately increase the referrals of concerns about authors and their papers to the heads of their organisations.

Nevertheless, our experience indicates that this is not a panacea. A vice chancellor or dean of a medical school may be understandably reluctant to investigate a senior colleague who, in some instances, may be a life-long friend.

Debate continues as to who should take responsibility for investigating alleged research misconduct by non-clinical scientists. Currently it seems to be the role of the employing institution to investigate and to instigate appropriate disciplinary measures which, of

course, might ultimately lead to involuntary severance. But there seems little to stop such an individual seeking re-employment in another institution, particularly if the conditions of severance are disguised, or from moving overseas. Recent events have shown how a clinician can be struck off in one country and then move to another to take up employment without any communication between regulatory agencies.

COPE members had great hopes of the Joint Consensus Conference on Misconduct in Biomedical Research held at the Royal College of Physicians of Edinburgh in October 1999. The Consensus Panel chose to use a broad definition of research misconduct: “Behaviour by a researcher, intentional or not, that falls short of good ethical and scientific standard.” Eminently sensible recommendations were made on how to promote good research, which centred around changing the culture, education, training and vigilance.

The Consensus Panel also saw fit to pronounce on “what should happen next?” Although many COPE members would have preferred a recommendation for the development of an external agency to deal with all aspects of research misconduct such as those in place in the USA and the Nordic countries, this was not to be. However, the panel did suggest that a national panel should be established to develop and promote models of good practice for local implementation, provide assistance with the investigation of alleged research misconduct, and collect, collate and publish information on the incidence of research misconduct. As yet we have seen no signs of this panel and no individual or sponsoring body has emerged.

There needs to be a real commitment to take this forward. COPE has written formally to the president of the Royal College of Physicians and the General Medical Council on the issue. A reply has been received to the effect that discussions have been held. We wait to see what action ensues.

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