Research Integrity & Misconduct Procedure

Policy Code: RS1502

Table of Contents

Purpose ......................................................................................................................................................... 1
Scope ............................................................................................................................................................ 1
Definitions ...................................................................................................................................................... 1
Actions ........................................................................................................................................................... 2
  Prior to Lodgement of a formal allegation ................................................................................................. 3
  Formal allegation of Research Misconduct ............................................................................................... 5
Responsibilities .............................................................................................................................................. 7
Policy Base .................................................................................................................................................... 8
Associated Documents ................................................................................................................................... 8
Forms/Record Keeping ................................................................................................................................... 8
Implementation ............................................................................................................................................... 8

Purpose

This procedure outlines the processes involved in addressing breaches of the Australian Code for the Responsible Conduct of Research, breaches of University policies and with misconduct associated with or arising during research conducted under the auspices of Federation University Australia and/or by University staff.

Scope

This procedure covers all research and research training activities and applies to all research carried out by University staff and students, including:

- All staff, including sessional staff, currently employed by the University (including those involved in research external to the University);
- Former staff members who conducted research while employed by the University;
- All Honorary staff, Adjunct staff and volunteers associated with the University;
- All students, including past students of the University who engage or have engaged in research and / or research related activities.

Definitions

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Collaboration</td>
<td>Collaborative research is an umbrella term applied to researchers and or research institutions working together for a specified goal.</td>
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<tr>
<td>Conflict of Interest</td>
<td>Exists where there is a divergence between the individual interests of a person and their professional responsibilities such that an independent</td>
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<td>Term</td>
<td>Definition</td>
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<tr>
<td>observer might reasonably conclude that the professional actions of that person are unduly influenced by their own interests (The Code, Section 7).</td>
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<tr>
<td>Controlled Entity</td>
<td>A company over which the University has control within the meaning of section 3 of the Audit Act 1994 (Vic) and which has adopted this Policy</td>
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<tr>
<td>ERA</td>
<td>Excellence in Research for Australia</td>
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<tr>
<td>Peer Review</td>
<td>The impartial and independent assessment of research by others working in the same or a related field.</td>
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<tr>
<td>Research Breach</td>
<td>Minor deviation from The Code or University Policy and Procedures</td>
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<tr>
<td>Research Integrity</td>
<td>Integrity in research includes a commitment to the search for knowledge and understanding, to the recognised principles of research conduct, to the honest and ethical conduct of research, and to the honest and open dissemination of results.</td>
</tr>
<tr>
<td>Research Integrity Advisor</td>
<td>An experienced senior staff member appointed by the Vice-Chancellor or delegate to provide independent and informed guidance to university staff regarding research integrity and associated courses of action.</td>
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<tr>
<td></td>
<td>An Advisor in Research Integrity will have research experience, maturity, analytical skills, empathy, knowledge of the University's policies and management structure and a familiarity with accepted practice in research.</td>
</tr>
<tr>
<td>Research Misconduct</td>
<td>Serious or deliberate deviation from The Code and / or University Policies including negligent or intentional (i) fabrication or falsification of data; (ii) plagiarism; (iii) misleading or inadequate ascription of authorship; (iv) violations of the university's Research Integrity Policy.</td>
</tr>
<tr>
<td>Research Trainees</td>
<td>An individual who is enhancing their research skills through formal study and/or who works under the formal supervision of an independent researcher, including:</td>
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<tr>
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<td>• A coursework student engaged in research activities</td>
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<td></td>
<td>• A Higher Degree by Research candidate</td>
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<tr>
<td></td>
<td>• An early career researcher, such as a postdoctoral fellow or newly appointed member of academic staff</td>
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<tr>
<td>The Code</td>
<td>Australian Code for the Responsible Conduct of Research</td>
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**Actions**

As specified in The Code, the University has in place a framework for dealing with complaints and allegations regarding research breaches and research misconduct.

The University recognises that complaints and allegations will differ in their severity, and distinguishes between minor issues (research breaches) that can be remedied within the University and more serious matters (research misconduct) where the involvement of independent parties is required.

All staff involved in dealing with research breaches and research misconduct are required to ensure procedural fairness to all concerned and to be mindful of the impact of the penalties and associated consequences inside and outside of the University. The University requires all staff involved in dealing with research breaches and research misconduct consult The Code to ensure compliance.

A research breach denotes a less serious deviation from The Code and/or University policy and is appropriately remedied within the institution. Ignorance, poor judgement or inexperience may lead some researchers to breach...
inadvertently. Provided the alleged breaches do not constitute research misconduct (as defined below), that the researcher acknowledges the breach, the consequence of the breach are remedied and appropriate steps are taken to prevent reoccurrence, the matter can rest at the Departmental/Faculty/Centre level.

Research misconduct denotes serious or deliberate deviations from The Code and/or University policy. Examples of research misconduct include, but are not limited to:

• Fabrication of results
• Falsification or misrepresentation of results
• Plagiarism
• Misleading ascription of authorship
• Failure to declare and manage serious conflicts of interest
• Falsification or misrepresentation to obtain funding
• Conducting research without ethics approval
• Risking the safety of human participants or the wellbeing or animals or environment
• Deviations from The Code that occur through gross or persistent negligence
• Willful concealment or falsification of research misconduct by others

The University has assigned the following roles and responsibilities to operate within the framework for dealing with complaints and allegations:

• **All staff** hold the responsibility that if concerned that a researcher has not acted in accordance with the Code, to take action in a timely manner, in accordance with The Code and the [Research Integrity Policy](#).

• **Designated Person** undertakes the role of advising the Vice Chancellor or delegate throughout the complaint or allegation process. They must maintain full records of all matters that relate to allegations. Refer to Section 10 of The Code for a complete listing of responsibilities

• **Advisors in Research Integrity** provide guidance to staff regarding research integrity and possible courses of action. Advisors should be appointed on the basis of their: research experience, wisdom, analytical skills, empathy, knowledge of University policy and management structures, and research protocols.

### Prior to Lodgement of a formal allegation

<table>
<thead>
<tr>
<th>STEPS</th>
<th>WHO IS RESPONSIBLE?</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Complainant may discuss complaint with their supervisor or Dean before lodging a formal allegation.</td>
<td>Complainant</td>
<td>If a conflict of interest exists or is perceived to exist, an Advisor in Research Integrity may be the point of contact. Contacting a supervisor or Head/s of Department does not limit or preclude the Complainant from lodging a formal allegation.</td>
</tr>
<tr>
<td>2. If approached, Advisor in Research Integrity provides advice on the process.</td>
<td>Advisor in Research Integrity</td>
<td>The Advisor in Research Integrity must explain to the Complainant the options available to them, including: • referring the matter directly to the person against whom the allegation is made</td>
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<tr>
<td>STEPS</td>
<td>WHO IS RESPONSIBLE?</td>
<td>COMMENTS</td>
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</table>
|       |                     | • not proceeding with or withdrawing an allegation if discussion resolves the concerns  
|       |                     | • referring the matter to a supervisory level or Head of Department level  
|       |                     | • making a formal allegation to the Deputy Vice Chancellor (Research and Innovation)  
|       |                     | The Advisor in Research Integrity must not:  
|       |                     | • have a conflict of interest  
|       |                     | • be involved in investigating or assessing the merits of the allegation  
|       |                     | • make contact with the person who is the subject of the proposed allegation  
|       |                     | • be involved in any subsequent inquiry |
| 3.    | The person receiving the concern assesses the complaint. | Supervisor  
|       |                     | Dean  
|       |                     | Advisor of Research Integrity | The person receiving the concern, working with the Dean, must assess whether:  
|       |                     | • the matter is not serious and can be resolved informally,  
|       |                     | • the matter may be serious, or  
|       |                     | • the matter requires further inquiry.  
|       |                     | This decision must be documented. |
| 4.    | DVC (R&I) informed of informal outcome | Dean | The DVC (R&I) must be advised if any informal action is taken to resolve the matter at a local level.  
|       |                     | | The DVC (R&I) must confidentially record the outcome of any informal allegation. |
| 5.    | Decision not to lodge a formal allegation | DVC (R&I)  
|       |                     | Complainant  
|       |                     | Dean  
|       |                     | Advisory in Research Integrity | In the event that the complainant decides not to proceed with the matter but the Advisor in Research Integrity, the Supervisor, Dean or DVC (R&I) believes the allegation to be sufficiently serious to constitute a protected disclosure, a determination must be made as to |
### Formal allegation of Research Misconduct

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<tr>
<th>STEPS</th>
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<th>COMMENTS</th>
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</table>
| 1.    | Complainant         | This document must:  
|       |                     | • clearly identify each allegation, including the place or places and date or dates on which the conduct in question is alleged to have occurred  
|       |                     | • state the identity of the person/s alleged to have engaged in the relevant misconduct or the policy, procedure or practice, the subject of the allegation, and  
|       |                     | • identify and attach (in as much detail as possible) any supporting evidence  
|       |                     | • The Designated Person, DVC (R&I) discusses the allegation with the Director, Human Resources. |
| 2.    | DDVC (R&I)          | The Designated Person (DVC R&I) will advise the staff member against whom the allegations have been made, in writing, of the following:  
|       |                     | • that they are the subject of allegations of research misconduct,  
|       |                     | • the nature of the allegations and,  
<p>|       |                     | • where the DVC&amp;R I deems appropriate, the identity of the person who made the allegations. |
| 3.    | DVC (R&amp;I)           | The Designated Person (DVC R&amp;I), or nominee, will conduct a preliminary investigation to determine the existence, or not, of a prima facie case. |</p>
<table>
<thead>
<tr>
<th>STEPS</th>
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<th>COMMENTS</th>
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</table>
| 4.    | Determination of appropriate course of action | The Designated Person (DVC R&I) will determine an appropriate course of action, such as:  
• dismissal of allegation  
• instruction to Department/Faculty/Centre on handling of allegation  
• referral of allegation to alternate path of address  
• initiation of misconduct inquiry |
| 5.    | Vice Chancellor is notified | The Designated Person (DVC R&I) will advise the Vice Chancellor or delegate, in writing, of recommended course of action  
The Vice Chancellor or delegate will accept or amend the recommendation. Any amendments must be documented. |
| 6.    | Vice Chancellor assesses initial findings | If the Vice Chancellor or nominee determines that a research misconduct inquiry is needed, the Vice Chancellor or delegate must decide whether to initiate an:  
• internal institutional inquiry or  
• independent external inquiry  
This decision and the reasons supporting it must be documented |
| 7.    | Internal institutional inquiry | For an internal institutional inquiry, The Code requires the appointment of appropriate members who must be free from bias or conflicts of interest.  
The inquiry membership may be drawn from internal or external sources to ensure the inclusion of:  
• at least one member with knowledge and experience in the relevant field of research and  
• at least one member who is familiar with the responsible conduct of research and  
• at least one member with experience on similar panels or relevant experience or expertise.  
Legal representation of parties should not be allowed, but a person appearing before the research misconduct inquiry may be accompanied by a support person. |
| 8.    | Independent external inquiry | For an independent external inquiry, panel members must not:  
• be employed by the institution,  
• have had other current or recent dealings with the institution  
• otherwise be subject to a reasonable perception of bias.  
The panel should be constituted with a minimum membership of three people with:  
• at least one member who is legally qualified or has extensive experience as a member of a tribunal or similar body |
Responsibilities

Research Integrity

The Deputy Vice-Chancellor (Research and Innovation) has overall responsibility for ensuring that research is carried out in accordance with The Code, this Policy and accompanying Procedures.

Others who have responsibility for ensuring research integrity compliance include:

- Federation University Australia Research Committee
- Deans
- Associate Deans of Research
- Research discipline leaders and Research Directors
- Research Services

Breach or Research Misconduct
The Vice Chancellor has overall responsibility for any investigations undertaken following an allegation of a breach of The Code or of research misconduct.

**Policy Base**

*Research Integrity Policy*

**Associated Documents**

Australian Code for the Responsible Conduct of Research

*Research Integrity Policy*

*Authorship Procedure*

**Forms/Record Keeping**

<table>
<thead>
<tr>
<th>Title</th>
<th>Location</th>
<th>Responsible Officer</th>
<th>Minimum Retention Period</th>
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<tbody>
<tr>
<td>Formal Allegation of a Breach or Research Misconduct</td>
<td></td>
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<tr>
<td>Records documenting misconduct or complaints resulting in a reprimand being given</td>
<td>Office of the DVC (R&amp;I)</td>
<td>DVC (R&amp;I)</td>
<td>Destroy 7 years after date of decision</td>
</tr>
<tr>
<td>Records documenting misconduct or complaints resulting in discipline or other penalties being incurred</td>
<td>Office of the DVC (R&amp;I)</td>
<td>DVC (R&amp;I)</td>
<td>Destroy 15 years after date of decision</td>
</tr>
<tr>
<td>Breach or Misconduct Investigation File</td>
<td></td>
<td></td>
<td></td>
</tr>
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**Implementation**

The Responsible Conduct of Research Procedure will be implemented throughout the University via:

1. an Announcement Notice under ‘FedNews' and through the University Policy - ‘Recently Approved Documents’ and ‘Policy Search’ webpages to alert the University-wide community of the approved Procedure,
2. inclusion on the University's online Policy Library; and
3. training sessions held for higher degree by research students, higher degree by research supervisors and early career researchers.

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Warning - Uncontrolled when printed! The current version of this document is kept on the FedUni website.