

# Research Integrity and Misconduct Procedure

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## 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. This Procedure should be used in conjunction with The *Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research*.

## 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

Term	Definition
Assessment Officer (AO)	A person or persons appointed by an institution to conduct a preliminary assessment of a complaint about research.
Breach	A failure to meet the principles and responsibilities of the Code. May refer to a single breach or multiple breaches.
Collaboration	Collaborative research is an umbrella term applied to researchers and or research institutions working together for a specified goal.
Conflict of Interest	A conflict of interest exists in a situation where an independent observer might reasonably conclude that the professional actions of a person are or may be unduly influenced by other interests. This refers to a financial or non-financial interest which may be a perceived, potential or actual conflict of interest.
Controlled Entity	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 Procedure.
Designated Officer (DO)	A senior professional or academic institutional officer or officers appointed to receive complaints about the conduct of research or potential breaches of the Code and to oversee their management and investigation where required.
ERA	Excellence in Research for Australia
The Guide	<i>Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research.</i>
Panel	Refers to the person or persons appointed by an institution to investigate a potential breach of the Code.
Peer Review	The impartial and independent assessment of research by others working in the same or a related field.
Procedural Fairness	Use of fair and proper procedures in decision making.
Responsible Executive Officer (REO)	The senior officer in an institution who has final responsibility for receiving reports of the outcomes of processes of assessment or investigation of potential or found breaches of the Code and deciding on the course of actions to be taken.
Research	The concept of research is broad and includes the creation of new knowledge and/or the use of existing knowledge in a new and creative way so as to generate new concepts, methodologies, inventions and understandings. This could include synthesis and analysis of previous research to the extent that it is new and creative.
Researcher	Person (or persons) who conducts, or assists with the conduct of, research.
Research Breach	A breach is defined as a failure to meet the principles and responsibilities of The Code (or University Policy and Procedures) and may refer to a single breach or multiple breaches.

Research Integrity	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.
Research Misconduct	A serious breach of The Code which is also intentional or reckless or negligent.
Research Trainees	An individual who is enhancing their research skills through formal study and/or who works under the formal supervision of an independent researcher, including: <ul style="list-style-type: none"> <li>• A coursework student engaged in research activities</li> <li>• A Higher Degree by Research candidate</li> <li>• An early career researcher, such as a postdoctoral fellow or newly appointed member of academic staff</li> </ul>
Research Integrity Advisor (RIA)	A person or persons with knowledge of the Code and institutional processes nominated by an institution to promote the responsible conduct of research and provide advice to those with concerns or complaints about potential breaches of the Code.
RIO	Research Integrity Office
Review Officer (RO)	A senior officer with responsibility for receiving a request for a procedural review of an investigation of a breach of the Code.
Supervisor	Centre Director, Dean or other person in a supervisory role of either complainant or respondent, as appropriate.
The Code	Australian Code for the Responsible Conduct of Research
VCST	Vice-Chancellor's Senior Team

## Actions

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 and Research Training Policy](#).
- **Responsible Executive Officer (REO)** – This role will be undertaken by the Provost or nominee. The REO will have the final responsibility for receiving reports of the outcomes of processes of assessment or investigation of potential or found breaches of the Code and deciding on the course of action to be taken.
- **Designated Officer (DO)** – This role will be undertaken by the VCST Lead, Research. In the case that the VCST Lead, Research has a conflict of interest, another VCST Lead will undertake the role of Designated Officer. The DO will be responsible for receiving complaints about the conduct of research or potential breaches of the Code and will oversee their management and investigation where required.
- **Assessment Officer (AO)** – This role will be undertaken by a senior University staff member appointed by the DO to conduct a preliminary assessment of a complaint about research. This may be a senior member of the Research Integrity Office or a senior Researcher. To avoid conflict of interest, in some cases it may be deemed appropriate to appoint a non-Federation University staff member as Assessment Officer.
- **Research Integrity Advisor (RIA)** - An RIA is appointed within each Research Centre. In Institutes, the Research Advisor fulfils the role of the RIA. An RIA must be a person with knowledge of the Code and University

processes who will promote the responsible conduct of research and provide advice to those with concerns or complaints about potential breaches of the Code.

- **Research Integrity Office RIO** – Research Services staff with responsibility for management of research integrity at the University.
- **Review Officer (RO)** – This role must be undertaken by a senior officer of the University not fulfilling any of the roles described above. The Review Officer will have responsibility for receiving requests for a procedural review of an investigation of a breach of the Code. The Review Officer will be appointed by the REO. To avoid conflict of interest, in some cases it may be deemed appropriate to appoint a non-Federation University staff member as Review Officer.

The management and investigation of potential breaches of The Code will be conducted in adherence to principles of procedural fairness. Investigations will be proportional, fair, impartial, timely, transparent and confidential.

All steps will be fully documented by the Research Integrity Office.

## Making and receiving a complaint

	ACTIVITY	RESPONSIBILITY	STEPS
1.	Complainant may discuss complaint with their supervisor or Dean before lodging a formal allegation.	Complainant	<p>If a conflict of interest exists or is perceived to exist, an RIA may be the point of contact.</p> <p>Contacting a supervisor or Head/s of Department does not limit or preclude the Complainant from lodging a formal allegation.</p>
2.	If approached, RIA provides advice on the process to the complainant/ respondent.	RIA	<p>The RIA must explain to the Complainant the options available to them, including:</p> <ul style="list-style-type: none"> <li>• referring the matter directly to the person against whom the allegation is made</li> <li>• not proceeding with or withdrawing an allegation if discussion resolves the concerns</li> <li>• referring the matter to a supervisory level or Head of Department level</li> <li>• making a formal allegation to the RIO or DO.</li> </ul> <p>The RIA must not:</p> <ul style="list-style-type: none"> <li>• have a conflict of interest</li> <li>• be involved in investigating or assessing the merits of the allegation</li> </ul>

			<ul style="list-style-type: none"> <li>• make contact with the person who is the subject of the proposed allegation</li> <li>• be involved in any subsequent inquiry</li> </ul>
3.	The person receiving the concern assesses the complaint.	Supervisor RIA RIO	<p>The person receiving the concern, working with the Research Integrity Office, must assess whether:</p> <ul style="list-style-type: none"> <li>• the matter is not serious and can be resolved informally,</li> <li>• the matter may be serious, or</li> <li>• the matter requires further inquiry.</li> </ul> <p>This decision must be documented.</p>
4.	Designated Officer informed of informal outcome	DO RIO	<p>The Designated Officer must be advised if any informal action is taken to resolve the matter at a local level.</p> <p>The Research Integrity Office must confidentially record the outcome of any informal allegation.</p>
5.	Decision not to lodge a formal allegation	DO Supervisor RIA	<p>In the event that the complainant decides not to proceed with the matter but the RIA, Supervisor, or DO believes the allegation to be sufficiently serious to constitute a protected disclosure, a determination must be made as to whether the allegation warrants further investigation.</p> <p>Should a protected disclosure be decided as an appropriate course of action, all reasonable efforts must be made to avoid identifying the source of the information.</p>
6.	Referral of a serious matter	DO Supervisor RIA	<p>Where the matter may be serious and requires further inquiry, the matter must be referred to the Designated Officer via the Research Integrity Office, and the matter will be pursued in accordance with this procedure.</p>

## Formal allegation of Research Misconduct

### Initial Stage

	ACTIVITY	RESPONSIBILITY	STEPS
1.	Complainant must lodge an allegation with the Research Integrity Office.	Complainant RIO	<p>The Complainant should:</p> <ul style="list-style-type: none"> <li>clearly identify each allegation, including the place or places and date or dates on which the conduct in question is alleged to have occurred;</li> <li>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</li> <li>identify and attach (in as much detail as possible) any supporting evidence.</li> </ul>
2.	The Research Office informs the Responsible Executive Officer and appropriate Designated Officer is appointed.	RIO REO	<p>The RIO must inform the REO who makes a determination whether the VCST Lead, Research is able to oversee the management and investigation of the allegation. If the VCST Lead, Research has a conflict of interest, the REO will appoint another VCST Lead as DO.</p>
3.	The Designated Officer receives an allegation	DO	<ul style="list-style-type: none"> <li>DO determines whether the complaint relates to a potential breach of the Code and, if so, the matter proceeds to preliminary assessment. If not, then it may be dismissed or referred to another institutional process.</li> <li>Ensures appropriate communication with the complainant occurs.</li> </ul>
4.	Designated Officer consults with relevant expertise if appropriate	DO	<p>The Designated Officer may discuss the allegation with the Director, People and Culture if appropriate.</p> <p>If the context of the allegation or persons involved requires, the DO will consult with relevant expertise on appropriate management of</p>

			<p>the allegation and communication with complainant and respondent.</p> <p>If the allegation involves an Indigenous researcher, Indigenous research participants, or Indigenous Knowledges, the DO will consult with the Associate Deputy Vice-Chancellor Reconciliation / Associate Deputy Vice-Chancellor Indigenous, in their respective roles of leading reconciliation and Indigenous matters across the university as appropriate, provided such consultation is not precluded due to real or perceived conflict of interest(s).</p> <p>To the extent requirements for confidentiality and other protections of the respondent and any other parties allows, such advice seeking will continue, as appropriate and required, throughout management/ investigation of the case.</p>
5.	The Designated Officer advises relevant staff of the allegations against them.	DO	<p>The Designated Officer will advise the staff member against whom the allegations have been made, in writing.</p> <p>The welfare of the complainant and respondent is a key concern for the institution and support should be offered where available.</p>

## Preliminary Assessment Stage

	ACTIVITY	RESPONSIBILITY	STEPS
1.	Establishment of preliminary assessment	DO	<p>The DO will:</p> <ul style="list-style-type: none"> <li>Assign a suitably qualified AO</li> <li>Oversee the preliminary assessment</li> </ul>
2.	Preliminary assessment	Assessment Officer	<p>The AO will:</p> <ul style="list-style-type: none"> <li>Conduct a preliminary assessment</li> </ul>

			<ul style="list-style-type: none"> <li>Consult with DO, others in the institution and external experts where necessary</li> </ul>
3.	Determination of appropriate course of action	DO	The Designated Officer will decide whether a complaint is referred to an investigation, resolved without need for investigation, referred elsewhere.
4.	REO is notified	DO	The Designated Officer will advise the REO or delegate, in writing, of recommended course of action.
5.	REO assesses initial findings	REO	<p>If the REO or delegate determines that a research misconduct inquiry is needed, the REO or delegate must decide whether to initiate an</p> <ul style="list-style-type: none"> <li>internal institutional investigation or</li> <li>independent external investigation</li> </ul> <p>This decision and the reasons supporting it must be documented.</p>

## Investigation Stage

The purpose of the investigation is to make findings of fact to allow the REO to assess whether a breach of the Code has occurred, the extent of the breach and the recommended actions. This is done by examining the facts and information from the preliminary assessment, and gathering and examining further relevant evidence if required. The Investigation stage will be conducted as advised by The Guide.

	<b>ACTIVITY</b>	<b>RESPONSIBILITY</b>	<b>STEPS</b>
1.	Investigation preparation	DO	<p>After the DO determines an investigation is required, they will:</p> <ul style="list-style-type: none"> <li>Prepare a clear statement of allegation(s)</li> <li>Establish terms of reference for the investigation (as per The Guide)</li> <li>Nominate the investigation Panel Panel and Chair when the Panel is more than one person. The DO should consider the expertise and skills required, the appropriate number of members, the need for members to be free from conflicts of interest or bias and</li> </ul>



			<p>the gender/diversity of members. Where an investigation involves Indigenous researchers, Indigenous research participants, or Indigenous Knowledges, an Indigenous person (or Indigenous people) with relevant experience and expertise will be appointed to the Investigation Panel.</p> <ul style="list-style-type: none"> <li>• Seek legal advice on matters of process where appropriate.</li> </ul>
2.	Notification of panel composition	DO	<p>Once potential panel members have been selected and agreed to be involved, the DO will advise the respondent of the Panel's composition and provide an opportunity for the respondent to raise concerns.</p>
3.	Conduct of investigation	Panel	<p>During the investigation, the Panel must:</p> <ul style="list-style-type: none"> <li>• Follow the principles of procedural fairness</li> <li>• Ensure that relevant interests are disclosed and managed</li> </ul> <p>Where the Panel is of the view that a party may be unable to represent themselves adequately due to the complexity of the matter, the Panel may need to take extra steps to ensure a fair investigation.</p> <p>Where the process includes a support person, their role is to provide personal support, within reasonable limits, to the respondent and/or complainant. Their role is not to advocate, represent or speak on the other person's behalf.</p> <p>The RIO will support the Panel throughout the process, as per The Guide.</p>
4.	Outcome of investigation	Panel Chair DO	<ul style="list-style-type: none"> <li>• Panel prepares draft written report of investigation for the DO. Panel may request secretariat from the RIO.</li> </ul>

			<ul style="list-style-type: none"> <li>• DO and RIO provide respondent with the draft report for comment. The draft report, or a summary of the information, may also need to be provided to the complainant if they will be affected by the outcome.</li> <li>• Following consideration of any additional feedback, the report is finalised.</li> <li>• The DO considers the extent of the breach, the appropriate corrective actions and if referral to disciplinary procedures is required.</li> <li>• The DO provides the final report to the REO with recommendations.</li> </ul>
5.	Further action	REO	<p>Finding no breach of the Code</p> <p>The REO should consider the following:</p> <ul style="list-style-type: none"> <li>• If the allegation has no basis in fact then efforts must be taken to restore the reputations of those alleged to have engaged in improper conduct</li> <li>• If an allegation is considered to have been frivolous or vexatious, action to address this with the complainant should be taken under appropriate institutional processes</li> <li>• The mechanism for communication with, and support for, the respondent and complainant.</li> </ul> <p>Finding a breach of the Code</p> <p>The REO:</p> <ul style="list-style-type: none"> <li>• Decides the institution's response, in consideration of the submitted findings. These determinations must be documented and may include referral to disciplinary procedures in accordance with relevant employment/ engagement agreement(s)</li> </ul>

			<p>and/or Academic or Student Integrity and Misconduct Procedures.</p> <ul style="list-style-type: none"> <li>• Communicates with the respondent and the complainant.</li> <li>• Informs relevant parties, such as other institutions and funding bodies (as per NHRMC and ARC policies).</li> <li>• All efforts should be taken to correct the public record of the research, including publications if a breach of the Code has affected the accuracy or trustworthiness of research findings and their dissemination.</li> </ul>
6.	Review of Investigation	REO	<p>Only requests for a review of a Code investigation on the grounds of procedural fairness should be considered.</p> <p>The REO will determine how a review will be conducted and advise the DO, RIO, respondent and complainant.</p>

## Review of a Code Investigation

In keeping with the Code, requests for a review of an investigation will only be considered on the grounds of procedural fairness. This is, the review will consider the procedures and processes used by the Panel in conducting the investigation.

	<b>ACTIVITY</b>	<b>RESPONSIBILITY</b>	<b>STEPS</b>
1.	Request for review of an investigation.	Respondent or complainant.  RIO	<p>Requests for review of an investigation can be made via email to the Research Integrity Officer by any individual impacted by the outcome of an investigation.</p> <p>Requests for review will be directed by the RIO to the REO and DO within one week of the request being made.</p>
2.	Appointment of a Review Officer	RIO	The RIO will determine how a review will be conducted, including appointment of a Review

			Officer (RO) and advise the REO, respondent and complainant.
3.	Review of the investigation	Review Officer	<p>The RO will undertake a review in accordance with the Code and institutional processes and procedures including:</p> <ul style="list-style-type: none"> <li>• a thorough examination of procedures followed by the Panel in conducting the investigation</li> <li>• further clarification of these procedures, as relevant or required.</li> </ul>
4.	Outcome determined	Review Officer	<p>Upon completion of the review, the RO will determine an outcome, as follows:</p> <ul style="list-style-type: none"> <li>• The conduct of the investigation aligns with institutional processes, the Guide and the Code, and the principles of procedural fairness; OR</li> <li>• The conduct of the investigation does not align with institutional processes, the Guide and the Code, and the principles of procedural fairness.</li> </ul>
5.	Communication of outcome	DO RIO	The outcome of the review will be communicated to relevant parties.

Respondents and complainants may additionally seek review by other appropriate external bodies or agencies, which may include without limitation the Australian Research Integrity Committee (ARIC).

## Responsibilities

### Research Integrity

The Provost has overall responsibility for ensuring that research is carried out in accordance with The Code, this Document and accompanying Procedures.

Others who have responsibility for ensuring research integrity compliance include:

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

## Breach or Research Misconduct

The REO has overall responsibility for any investigations undertaken following an allegation of a breach of The Code or of research misconduct.

## Supporting Documents

- [Australian Code for the Responsible Conduct of Research - and all supporting Guides](#)
- [NHMRC Research Integrity and Misconduct Policy](#)
- [ARC Research Integrity Policy](#)
- [Research and Research Training Policy](#)
- [Research Data Management Procedure](#)
- [Authorship Procedure](#)
- [Research Ethics and Institutional Biosafety Procedure](#)

## Forms/Record Keeping

Title	Location	Responsible Officer	Minimum Retention Period
<b>Formal Allegation of a Breach or Research Misconduct</b>			
Records documenting misconduct or complaints resulting in a reprimand being given	Research Services	Research Integrity Officer	Destroy 7 years after date of decision
Records documenting misconduct or complaints resulting in discipline or other penalties being incurred	Research Services	Research Integrity Officer	Destroy 15 years after date of decision
<b>Breach or Misconduct Investigation File</b>			
Records documenting misconduct or complaints resulting in a reprimand being given	Research Services	Research Integrity Officer	Destroy 7 years after date of decision
Records documenting misconduct or complaints resulting in discipline or other penalties being incurred	Research Services	Research Integrity Officer	Destroy 7 years after date of decision

## Implementation

The [Research Integrity and Misconduct 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.