

Procedures for Dealing with Complaints about Breaches of the Responsible Conduct of Research

1 PURPOSE

1.1 This document sets out the University's procedures for managing, investigating and resolving potential breaches of the responsible conduct of research (hereafter research conduct breaches), as detailed in the *Australian Code for the Responsible Conduct of Research 2018* (the Code) and the *University of Canberra Responsible Conduct of Research Policy*.

2 SCOPE

2.1 The procedure applies to all members of the University research community, comprising staff and affiliates undertaking, supervising or supporting research activity at, or under the auspices of, the University.

2.2 The procedure also applies to Higher Degree by Research (HDR) students, noting that HDR students must also comply with the University's Student Conduct Rules in relation to a breach of the Code, which may also be considered academic or serious misconduct under the Rules.

2.3 For complaints about breaches involving undergraduate, Honours and Master by Coursework students, the procedures outlined in the University's Student Conduct Rules apply.

3 PROCEDURE

Procedural Fairness

3.1 The principles of procedural fairness, as articulated in Section 3 of the [Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research 2018](#), (the Guide) underpin any processes described in this document.

Understanding Breaches

3.2 A research conduct breach is a failure to meet the principles and responsibilities detailed in the [the Code](#) and *University of Canberra Responsible Conduct of Research Policy*.

3.3 Research conduct breaches fall on a broad spectrum, ranging from minor (less serious) to major (more serious, including intentional, reckless or negligent behaviour). Examples, which are detailed in Appendix A, fall into the following categories: failure to meet required research standards; fabrication, falsification, misrepresentation; plagiarism; research data management; supervision; authorship; conflicts of interest; peer review.

3.4 In determining the seriousness of a research conduct breach, the following factors must always be considered:

- the extent of the departure from accepted practice;
- the extent to which research participants, the wider community, animals and the environment are or may have been affected by the breach;
- the extent to which it affects the trustworthiness of research;

- the level of experience of the researcher;
- whether there is a pattern of repeated breaches by the researcher;
- whether the behaviour was accidental or intentional;
- whether institutional failures have contributed to the research conduct breach.

3.5 Research misconduct is a serious research conduct breach, which is also intentional or reckless or negligent.

Institutional Roles

3.6 The management and investigation of potential research conduct breaches involves several roles and responsibilities as shown in the table below. While the roles of DO and AO may be performed by the same individual in any one matter, the role of REO must be performed by a different individual.

Role	Holder of Role	Responsibilities
Responsible Executive Officer (REO)	Deputy Vice-Chancellor Research & Innovation or nominated equivalent	Receives reports of the outcomes of processes of assessment or investigation of potential or found breaches and decides on the course of action to be taken
Designated Officer (DO)	Director, Research and Innovation Services or nominated equivalent.	Receives complaints about the conduct of research or potential breaches of the Code and oversees their management and investigation where required
Assessment Officer (AO)	A member of the Research Integrity Office (RIO) or nominated senior researcher as determined by the DO. In the case of an HDR student, a Prescribed Authority under the Student Conduct Rules.	Conducts a preliminary assessment of a complaint about a potential breach. In the case of an HDR student, the Prescribed Authority conducts a preliminary assessment of the complaint..
Research Integrity Advisors (RIAs)	Person(s) nominated by the institution.	Promote the responsible conduct of research and provide advice to those with concerns about potential breaches
Research Integrity Office	RIO staff or nominated equivalent.	Oversee the delivery of research integrity training, promote the responsible conduct of research, support the conduct of preliminary assessments and investigations
Review Officer	A senior member of the University not fulfilling any of the roles described above	Receives requests for procedural reviews of investigations of breaches

Before Lodging a Complaint

3.7 All researchers have a responsibility to report suspected research conduct breaches. Prior to raising a complaint about a potential research conduct breach, it is important that researchers consider drawing upon the resources available for advice on the matter at hand and guidance on the institutional process for proceeding with the complaint.

3.8 [Research Integrity Advisors](#) (RIAs) are a pool of individuals with research experience, familiarity with accepted practices in research, and strong knowledge of internal and external policies, guidelines and processes associated with research integrity.

3.9 Anyone who has a concern or complaint about the conduct of research being undertaken at or under the auspices of the University is strongly encouraged to contact a RIA in the first instance for confidential advice.

3.10 A Complainant may also contact the [Research Integrity Office](#) to seek advice on institutional processes, including protection available to complainants.

Lodging a Complaint

3.11 Anyone – whether they be internal or external to the University – may lodge a complaint if they believe a research conduct breach has occurred.

3.12 A complaint must be in writing to the DO, using the guidelines that are available on the University website. In instances where the Complainant needs support in lodging a complaint, they may contact the RIO for assistance.

3.13 While anonymous complaints may be received, Complainants should be aware that this may create some challenges in the conduct of follow up activity, such as in seeking additional information relevant to the matter.

3.14 Complainants are to be made aware of protections available to them through the UC [Public Disclosure Process](#). Individuals who are particularly likely to need protection, such as students or people involved in the process who may be directly affected by the outcome of an investigation, may seek advice from the RIO.

3.15 In the event that a Complainant chooses not to proceed with a complaint, the University still has an obligation to assess the nature of the complaint and whether to proceed to a preliminary assessment.

Receiving a Complaint

3.16 Upon receiving a complaint, the DO ensures it is lodged in a register maintained by the RIO. In addition, the Complainant receives acknowledgement in writing of the complaint.

3.17 If the matter relates to an HDR student, the primary supervisor is also informed of the complaint.

3.18 The DO reviews the complaint to determine whether the matter relates to the conduct of research. If it is non-research related, the complaint is referred to the appropriate University body.

3.19 If the complaint relates to a matter that occurred when the subject of the complaint held a position at another institution, the University has a responsibility to address the complaint.

Preliminary Assessment

3.20 If the DO deems the complaint to be related to a potential breach of the Code, the matter is referred to an AO for a preliminary assessment.

3.21 The DO selects an AO based on the nature of the complaint. The AO must be independent from the complaint raised, have appropriate expertise, and have no conflict of interest or bias.

In the case of an HDR student, the DO must refer the matter to a Prescribed Authority under the Student Conduct Rules. Following a referral to a Prescribed Authority, an investigation of an HDR student matter must comply with the procedures outlined in the [Student Conduct Rules](#).

3.22 The AO reviews the complaint and determines what further information needs to be collected as part of the assessment and whether other institutions or parties should be involved in the matter.

3.23 The AO seeks clarification from the Respondent on matters if and as needed.

3.24 With support from the RIO, the AO ensures information gathered is appropriately recorded and secured and treated with the highest confidentiality.

3.25 The AO should also ensure that, if a meeting is held with the Respondent as part of the assessment, a record of the meeting is prepared and made available to the Respondent.

3.26 On completion of the assessment, the AO provides the DO a written report that includes: 1) a summary of the process undertaken; 2) an inventory of information that was gathered and analysed and meetings held; 3) an evaluation of the information; 4) a statement on how the potential breach represents a departure from principles and responsibilities of the responsible conduct of research; and 5) recommendations for further action.

3.27 On the basis of the information presented in the report, the DO determines whether the matter should be: 1) dismissed; 2) resolved locally (typically within the faculty/unit) with appropriate corrective actions put in place proportional to the degree of departure from the principles and responsibilities of the responsible conduct of research; 3) referred for investigation for serious breaches; or 4) referred to other institutional processes.

3.28 Where the assessment does not support a referral for an investigation, appropriate action should be taken as required, such as: 1) restoring the reputation of any affected parties if the complaint was found to have no basis in fact; 2) addressing the matter with the Complainant under appropriate institutional processes if the complainant was found to have been vexatious; 3) addressing any systemic issues that have been identified.

3.29 Outcomes of the preliminary assessment are provided to both the Respondent and Complainant, as well as other parties, such as funders, if required.

3.30 If a Respondent makes an admission of a research conduct breach, an investigation may still be necessary to identify appropriate corrective actions, any other parties that may be complicit or any other steps.

3.31 If a Respondent leaves the University after the lodgement of the complaint, the University has a continuing obligation to address the complaint.

Investigation

3.32 Following the DO's decision to proceed with an investigation, the DO prepares a clear statement of allegations and the terms of reference for the investigation.

3.33 The DO nominates a Panel whose size and composition is appropriate for the nature of the allegation and arranges secretariat support through the RIO to ensure oversight of all meetings, accurate record keeping, confidentiality, and robust management of conflicts of interest.

3.34 There will be occasions where some or all members of the Panel should be external to the University.

3.35 Once the panel members have been selected, the DO advises the Respondent of the statement of allegations, terms of reference for the investigation, and the Panel's composition and provides an opportunity for the respondent to raise concerns.

3.36 The Panel is provided a clear statement of expectations for the conduct of the investigation and issued all information and records gathered as part of earlier processes described in this document.

3.37 After reviewing all information provided, the Panel develops an investigation plan that identifies the scope of the inquiry, including the collection of further information that may be required and interviews with people considered relevant to the matter.

3.38 Interviewees required to meet with the Panel must be given adequate notification. Where the Panel is of the view that a party may be unable to represent themselves adequately, the Panel may take extra steps to ensure a fair investigation.

3.39 If the Panel approves the attendance of a support person, their role is to provide personal support to the Respondent or Complainant, but not formally represent them.

3.40 Pursuant to Section 3.1, the principles of procedural fairness do not include a right to legal representation, and any request for legal representation will be considered by the Panel on a case-by-case basis.

3.41 The Panel makes a finding based on the balance of probabilities. To do this, the Panel: 1) assesses the evidence; 2) requests expert/specialist advice if needed to assist the investigation; 3) identifies whether the principles and responsibilities for the responsible conduct of research have been breached; and 4) considers the seriousness of any research conduct breach, including whether it constitutes research misconduct.

3.42 The Panel prepares a draft written report of its findings of fact and recommendations, which is provided to the Respondent with a reasonable timeframe for comment and consideration by the Panel prior to the finalisation of their report.

3.43 The DO considers the findings of fact, evidence presented, and any recommendations made by the Panel. The DO also considers the extent of the breach, the appropriate corrective actions and if referral to disciplinary procedures is required and provides a final report to the REO with recommendations.

3.44 The REO makes a determination on the institution's response, taking into account the severity of the matter in instances where the REO accepts that a breach of the Code has occurred.

3.45 Any decisions or actions taken by the REO after consideration of the Panel's report, are to be communicated to both the Complainant and Respondent.

Review

3.46 A request for a review of the investigation will only be considered on the grounds of procedural fairness.

3.47 Any request for a review must be referred to the Review Officer.

4 SUPPORTING INFORMATION

Documents related to this policy are:

- a. Australian Code for the Responsible Conduct of Research 2018
- b. Charter of Conduct and Values
- c. Responsible Conduct of Research Policy
- d. Respect at Work (Prevention of Bullying) Policy
- e. Student Charter
- f. Student Conduct Rules
- g. Higher Degree by Research Code of Practice
- h. Higher Degree by Research Supervision Policy
- i. Guidelines for Compliance with Regulation
- j. Guidelines for the Management of Research Data and Primary Research Materials
- k. Guidelines for the Dissemination of Research Findings
- l. Guidelines for the Management of Conflicts of Interest in Research
- m. Guidelines for the Peer Review of Research
- n. Guidelines for HDR Student-Supervisor Relationships
- o. Universities Australia Principles for Respectful Supervisory Relationships
- p. Public Interest Disclosure Act 2012
- q. Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research 2018

1 DEFINITIONS

The following definitions are relevant to this policy:

TERM	MEANING
Affiliates	Those people given Emeritus and Honorary (including Adjunct, Professional Associate and Visitor) appointments in accordance with the relevant University policies and procedures
Research Conduct Breach	A failure to meet the principles and responsibilities of the Responsible Conduct of Research Policy
HDR Student	A person who is enrolled in a University of Canberra Higher Degree by Research (Master by Research, professional doctorate, or PhD). Does not include Masters by coursework, Honours, or undergraduate coursework students.
Research	Creative and systematic work undertaken in order to increase the stock of knowledge – including knowledge of humankind, culture and society – and to devise new applications of available knowledge
Researcher	Staff, students and affiliates who undertake research for the University.
Research misconduct	A serious research conduct breach, which is also intentional or reckless or negligent.
Staff	A person who is a member of the staff of the University, whether full-time, part-time, contract, sessional or casual

	and includes all academic, professional, technical and administrative officers and employees
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Appendix A: Examples of Breaches

i. Not meeting required research standards

- Conducting research without ethics approval as required by the *National Statement on Ethical Conduct in Human Research* and the *Australian Code for the Care and Use of Animals for Scientific Purposes*
- Failing to conduct research as approved by an appropriate ethics review body
- Conducting research without requisite approvals, permits or licences
- Misuse of research funds
- Concealment or falsification of breaches (or potential breaches) of the Code by others

ii. Fabrication, falsification, misrepresentation

- Fabrication of research data or source material
- Falsification of research data or source material
- Misrepresentation of research data or source material
- Falsification and/or misrepresentation to obtain funding

iii. Plagiarism

- Plagiarism of some else's work, including theories, concepts, research data and source material
- Duplicate publication (also known as redundant or multiple publication, or self-plagiarism) without acknowledgement of the source

iv. Research data management

- Failure to appropriately maintain research records
- Inappropriate destruction of research records, research data and/or source material
- Inappropriate disclosure of, or access to, research records, research data and/or source material

v. Supervision

- Failure to provide adequate guidance or mentorship on responsible research conduct to researchers or research trainees under their supervision

vi. Authorship

- Failure to acknowledge the contributions of others fairly
- Misleading ascription of authorship including failing to offer authorship to those who qualify or awarding authorship to those who do not meet the requirements

vii. Conflicts of interest

- Failure to disclose and manage conflicts of interest

viii. Peer review

- Failure to conduct peer review responsibly