

Research Integrity - Guide to the Management of Potential Breaches of the Australian Code Procedure

Section 1 - Summary

(1) This Procedure describes the University's processes in relation to alleged breaches of the [Australian Code for the Responsible Conduct of Research \(2018\) \(Cth\)](#) (the Code) and aligns with the National [Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research, 2018](#) (hereafter referred to as 'the Investigation Guide').

Section 2 - TEQSA/ASQA/ESOS Alignment

(2) HESF: 4.1 Research; 4.2 Research Training; 5.2 Academic and Research Integrity, 6.2 Corporate Monitoring and Accountability.

Section 3 - Scope

(3) This Procedure applies to complaints or allegations of breaches of research integrity about any Victoria University researcher (student or staff) and/or any research conducted under the auspices of Victoria University. This scope includes situations where Victoria University researchers collaborate in research projects that are based at other institutions.

Section 4 - Definitions

(4) Breach: A breach is a failure to meet the principles and responsibilities of the Code, and may refer to a single breach or multiple breaches.

(5) Research Misconduct

(6) Preliminary Assessment: The purpose of the Preliminary Assessment is to gather and evaluate facts and information and assess whether the complaint, if proven, would constitute a breach of the Code.

(7) Staff Research Integrity Investigation: The purpose of a Staff Research Integrity 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.

(8) Staff Research Integrity Investigation Panel: A panel appointed by the Designated Officer to conduct a Staff Research Integrity Investigation.

(9) Complainant(s): Person(s) making a complaint or allegation about a potential breach of the Code.

(10) Respondent(s): Person(s) subject to a complaint or allegation about a potential breach of the Code.

(11) Support Person: Provides personal support, within reasonable limits, to the Respondent(s) and/or Complainant(s). Their role does not extend to advocating, representing or speaking on the other person's behalf.

Section 5 - Policy/Regulation

(12) [Research Integrity Policy](#)

Section 6 - Procedures

Part A - Summary of Roles and Responsibilities

Roles	Responsibilities	Role Holder
Responsible Executive Officer (REO)	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. Appoints Designated Officers in the University.	Deputy Vice-Chancellor, Research & Impact
Head, Office for Researcher Training, Quality and Integrity	As Designated Officer, receives complaints that may represent a potential breach of the Code. If necessary, this role will be referred to another senior academic institutional officer.	
Designated Officer (DO)	Appointed to receive complaints about the conduct of research or potential breaches of the Code and to oversee their management and investigation where required.	If necessary on a case by case basis the Head, Office for Researcher Training, Quality and Integrity may refer this role to another senior officer as designated in writing.
Assessment Officer (AO)	Conducts and reports on the Preliminary Assessment of the complaint and provides a report to the Designated Officer.	Determined on a case by case basis.
Research Integrity Advisors (RIAs)	Person(s) with knowledge of the Code and institutional processes nominated to promote the responsible conduct of research and provide advice to those with concerns or complaints about potential breaches of the Code.	Person(s) nominated by the University.
Research Integrity Officer (RIO)	Staff member with the responsibility for the management of responses to potential breaches of the Code.	Manager, Research Ethics and Integrity
Review Officer (RO)	Senior Officer with responsibility for receiving requests for a procedural review of the management of a complaint under this Procedure.	Senior Officer of the University not fulfilling any other role within this Procedure.

Part B - Principles

(13) A potential breach of the Code occurs when a concern is raised or identified that one or more researchers have conducted research that is not in accordance with the principles and responsibilities of the Code.

(14) This Procedure and any Preliminary Assessment or Staff Research Integrity Investigation will be conducted in accordance with the principles of confidentiality, transparency and procedural fairness, and in accordance with the

(15) Complainant(s) and Respondent(s) will be updated regularly throughout the management of a complaint and in the case of University staff and students, they will be reminded that they can contact a Research Integrity Advisor and/or access support through the Employee Assistance Program or Student Advocacy respectively at all stages of the process.

(16) Any decision maker under this Procedure who has a conflict of interest (whether potential, perceived or actual) must disclose it so that it can be managed appropriately.

(17) During the conduct of a Preliminary Assessment or Staff Research Integrity Investigation, the Designated Officer may direct immediate action be taken to safeguard the welfare of humans, animals or the environment.

(18) Relevant stakeholders will be regularly updated as required and in line with Victoria University's [Privacy Policy](#).

Part C - Raising Concerns or Making a Complaint about Research Integrity

(19) Any individual or organisation can raise concerns about research integrity or make a complaint under this Procedure.

(20) Concerns or complaints may be anonymous, however, it may not be possible to investigate anonymous concerns or complaints.

(21) Researchers, students or other members of staff who have concerns about research integrity or questionable research practice, are recommended to first discuss their concerns with a Research Integrity Advisor.

(22) Research Integrity Advisors have a role in guiding staff and students in the proper conduct of research and the process to be followed if a complaint is to be made but are not involved in the assessment or investigation of a complaint.

Part D - Lodgement of Complaints about Research Integrity

(23) Formal complaints are to be made in writing addressed to the Head, Office for Researcher Training, Quality and Integrity and may be emailed to (ResearchIntegrity.Complaints@vu.edu.au) or may be mailed to Head, Office for Researcher Training, Quality and Integrity (P.O. Box 14428, Melbourne, Victoria, 8001).

(24) Formal complaints must clearly identify the nature of the complaint, the identity of the person(s) alleged to be involved in the complaint, and identify/attach any supporting evidence. Where possible, complainants should refer to the Code.

(25) The Head, Office for Researcher Training, Quality and Integrity will act as the Designated Officer or may, after consultation with the Deputy Vice-Chancellor, Research & Impact, appoint an alternative Designated Officer for the management of the complaint.

(26) The Designated Officer will confirm with the Complainant(s) the nature of the complaint.

(27) If the Designated Officer determines that the complaint does not represent a potential breach of the Code, it may be dismissed or referred to other institutional processes by the Designated Officer.

(28) If the Designated Officer determines that the complaint represents a potential breach of the Code, then the process continues to a Preliminary Assessment.

(29) Both the Complainant(s) and Respondent(s) will be advised of the Designated Officer's decision as to whether the complaint will be further assessed via a Preliminary Assessment.

(30) The Respondent(s) will be provided with sufficient detail for them understand the nature of the complaint.

Part E - Preliminary Assessment

(31) The Designated Officer will appoint and instruct an Assessment Officer to conduct a Preliminary Assessment.

(32) The nature of the Preliminary Assessment will be determined by the Assessment Officer and will be shaped by the:

- a. specifics of the case; and
- b. proportional to the seriousness of the matters involved.

(33) The time taken will depend upon the complexity of the matter of the complaint. Normally, once commenced, a Preliminary Assessment should be concluded within 60 days. When this is not possible, the Designated Officer will inform the Complainant(s) and Respondent(s) in writing the reasons for the delay, and the expected timeframe for completion.

(34) The Assessment Officer may discuss with relevant parties to clarify facts and information. If a discussion/communication between the Assessment Officer and the Respondent(s) occurs, the Respondent(s) is/are entitled to have a support person present.

(35) The Respondent(s) shall have an opportunity to respond to the complaint in writing as part of the Preliminary Assessment process.

(36) A summary record of any discussions/communications with the respondent(s) must be prepared by the Assessment Officer and provided to the Respondent(s).

(37) To avoid compromising a Preliminary Assessment, the Assessment Officer should not share evidence or information with the Respondent(s) unless required.

(38) At the conclusion of the Preliminary Assessment, the Assessment Officer will provide the Designated Officer with a Preliminary Assessment Report that details the following:

- a. a summary of the process that was undertaken;
- b. an inventory of the facts and information that was gathered and analysed;
- c. an evaluation of facts and information;
- d. how a potential breach relates to the principles and responsibilities of the Code and/or institutional processes;
- e. recommendations for further action.

Part F - Outcomes of a Preliminary Assessment

(39) At the conclusion of the Preliminary Assessment the Designated Officer will determine and advise the Complainant(s) and Respondent(s) whether the complaint is to be:

- a. dismissed;
- b. resolved locally with or without corrective actions;
- c. referred for Staff Research Integrity Investigation in the case of staff;
- d. referred for consideration under [Student Misconduct Regulations 2019](#) in the case of students;

- e. referred to other institutional processes, including but not limited to the [Appropriate Workplace Behaviour Policy](#), [Staff Complaints Resolution Procedure](#) or the [Student Complaints Procedure](#).

(40) If the outcome of the Preliminary Assessment is for the complaint to be resolved locally with or without corrective actions (Clause 38b), and if the matter cannot be resolved within a two month timeframe, the matter will be referred back to the Designated Officer for further action under Clause 38e.

(41) If, at the conclusion of a Preliminary Assessment a referral to a Staff Research Integrity Investigation or to the Student Misconduct Procedure is not supported, the Designated Officer will consider the following actions:

- a. If the complaint has no basis in fact (for example, due to a misunderstanding or because the complaint is frivolous or vexatious), then efforts may be made to restore the reputation, where practicable, of any affected parties, or
- b. If a complaint is considered to have been made in bad faith or is vexatious, efforts to address this with the Complainant(s) should be taken under appropriate institutional processes;
- c. addressing any systemic issues that have been identified.

Part G - Staff Research Integrity Investigation

(42) Prior to a Staff Research Integrity Investigation commencing, the Designated Officer undertakes the following:

- a. prepare a clear statement of allegations of potential breaches of the Code;
- b. develop the Terms of Reference for the Staff Research Integrity Investigation, taking into consideration matters relating to the principles of confidentiality, transparency and procedural fairness, and in accordance with the [Appropriate Workplace Behaviour Policy](#);
- c. nominate the Staff Research Integrity Investigation Panel and Chair when the Panel is more than one person;
- d. seek legal advice on matters of process where appropriate.

(43) Once matters in Clause 42 are finalised, the Designated Officer will in writing:

- a. advise the Respondent(s) of the allegations and provide sufficient information for them to understand the allegations against them;
- b. advise the Respondent(s), who are staff of the University that if a breach of the Code is substantiated, it could result in disciplinary action under the Victoria University Enterprise Agreement;
- c. provide the Respondent(s) and the Complainant(s) with the Terms of Reference for the Staff Research Integrity Investigation and an opportunity to raise concerns (for example, in relation to the stated allegation or a conflict of interest of any of the Panel Members) within 10 University business days of receiving the written notice of the impending Staff Research Integrity Investigation;
- d. finalise the Terms of Reference for the Staff Research Integrity Investigation.

Panel Composition, Purpose and Responsibilities

(44) The Panel will normally comprise 1-3 members, who may be internal or external to the University, including a Chair as appointed by the Designated Officer. The Designated Officer, while not part of the Panel, appoints the Panel including the Chair.

(45) In selecting members for the Panel, the Designated Officer will consider a range of factors, including:

- a. the potential consequences for those involved;
- b. the expertise and skills required;

- c. selection of a person appropriately qualified as Chair;
- d. appropriate levels of experience and expertise in the relevant discipline(s);
- e. the need for a person with prior experience of similar investigation panels or relevant experience;
- f. knowledge and understanding of the responsible conduct of research;
- g. appropriate number of members;
- h. the need for members to be free from conflicts of interest or bias;
- i. gender/diversity of members.

(46) All Panel members must be appointed in writing and any external members must be appropriately indemnified.

(47) The purpose of the Staff Research Integrity Investigation Panel is to determine whether, having regard to evidence and on the balance of probabilities, the Respondent(s) has/have breached the Code. To do this, the Panel:

- a. assesses the evidence (including its veracity) and considers if more may be required;
- b. may request expert advice to assist the investigation;
- c. arrives at findings of fact about the allegation;
- d. identifies whether the principles and responsibilities of the Code have been breached;
- e. considers the seriousness of any breach;
- f. provides a report into its findings of fact consistent with its Terms of Reference;
- g. makes recommendations as appropriate.

(48) Members of the Panel are expected to:

- a. work within Victoria University's processes;
- b. follow the procedure established for the Panel;
- c. work within the Terms of Reference for the Panel;
- d. respect the principles of confidentiality, transparency and procedural fairness, and for University staff members in accordance with the [Appropriate Workplace Behaviour Policy](#);
- e. complete the Staff Research Integrity Investigation in a timely manner;
- f. prepare a written report of its findings to the Designated Officer under Part H of the Procedure.

Conduct of the Staff Research Integrity Investigation Panel

(49) During its initial meeting, the Staff Research Integrity Panel should:

- a. Disclose and manage relevant interests;
- b. Be provided with all available information that will inform the Staff Research Integrity Investigation which includes:
 - i. the initial complaint;
 - ii. relevant information assembled by the Assessment Officer;
 - iii. records of the conduct of the Preliminary Assessment;
 - iv. the Preliminary Assessment Report;
 - v. records of any communications on the matter involving any of the Designated Officer, the Assessment Officer, the Complainant(s) and the Respondent(s);
 - vi. develop an investigation plan.

(50) As part of a Staff Research Integrity Investigation, Respondent(s) will be provided with an opportunity to respond to the allegation and relevant evidence, and to provide additional evidence upon which the Panel may rely. If the

Respondent(s) choose/chooses not to respond or appear before the Panel where requested, the Staff Research Integrity Investigation will continue in their absence.

(51) The Complainant(s) may also be given the opportunity to make submissions at the discretion of the Panel if they are directly affected by the Staff Research Integrity Investigation.

(52) Those who are asked to present to a Staff Research Integrity Investigation Panel will be provided with any relevant, and if necessary de-identified information including:

- a. the schedule of meetings and all hearings they are asked to attend;
- b. the relevant parts of the Terms of Reference for the Investigation, if appropriate;
- c. advice as to how the Panel intends to conduct the interview(s);
- d. whether they may be accompanied by a support person;
- e. advice about whether the interview(s) will be recorded;
- f. whether an opportunity will be provided to comment on matters raised in the interview(s);
- g. disclosing interests;
- h. the confidentiality requirements;
- i. the procedures for the Staff Research Integrity Investigation Panel.

(53) If during the Staff Research Integrity Investigation, the Panel find that the Terms of Reference are too limiting, it should refer the matter to the Designated Officer. The Designated Officer may decide to amend the scope of the investigation and/or Terms of Reference. Should this occur, the Respondent(s) and relevant others are to be advised, and Respondent(s) given the opportunity to respond to any new material arising from the increased scope.

(54) At the conclusion of the Staff Research Integrity Investigation, the Panel will prepare a Draft Report of the Staff Research Integrity Investigation that details the following:

- a. the names and affiliations of the Panel members, and Chair of the Panel;
- b. name(s) of Respondent(s);
- c. a summary of all relevant research projects, including project summary duration and funding, if relevant;
- d. the specific allegations considered;
- e. the Terms of Reference of the Panel;
- f. a description of the processes that were followed;
- g. description of the evidence considered, including the documents and other information and the names of any person(s) interviewed;
- h. summaries of the interview(s) conducted;
- i. the findings of fact that has been reached;
- j. a conclusion as to whether or not a breach of the Code occurred and whether or not the Respondent(s) is/are responsible for the Breach;
- k. identification of any systematic issues that were contributing factors;
- l. a recommendation about the seriousness of any breach;
- m. any recommended actions (for example, corrective action where appropriate and consistent with the Terms of Reference);
- n. any recommendations about other institutions/organisations that should be advised of the outcome: for example funders or other external stakeholders;
- o. any dissenting view(s) should be articulated in the Draft, and Final, Reports.

(55) A copy of the Draft Report of the Staff Research Integrity Investigation should be provided to Respondent(s) with

a reasonable time frame to comment. The time frame should reflect the complexity of the matter. The Draft Report of the Staff Research Integrity Investigation, or a summary of the information, may also need to be provided to the Complainant(s), if they will be directly affected by the outcome.

(56) Following consideration of any further information, the Panel finalises its Report and lodges it with the Designated Officer.

(57) The Designated Officer considers the findings of the Staff Research Integrity Investigation Final Report including the extent of any breach/breaches, appropriate corrective actions and if referral to disciplinary procedures is required, having regard to the extent of the conduct, such that any breach/breaches are minor/major/serious, intentional or reckless or negligent, or repeated.

(58) Where systematic issues are identified as a contributing factor, the Designated Officer should refer these to the appropriate area of Victoria University.

(59) The Designated Officer provides the Responsible Executive Officer (REO) with the Staff Research Integrity Investigation Final Report, including any recommendations.

Part H - Findings of a Staff Research Integrity Investigation

Research Misconduct

(60) The REO will consider the report of the Panel's findings and any recommendations therein and decide whether or not a breach amounting to research misconduct has occurred. After reaching their decision, the REO may:

- a. refer the matter to People and Culture for appropriate action under the University's Enterprise Agreement;
- b. take any other appropriate action to address the research misconduct, including where the research misconduct is undertaken by a person who is neither a staff member nor student (i.e. this could involve referring the matter on to the employing organisation).

(61) The REO will advise the Respondent(s) in writing of their decision and the reasons for reaching this decision. The Complainant(s) may also be advised as per Clause 5.4 of [the Investigation Guide](#). The REO will also inform the Respondent(s), and the Complainant(s) if they are directly affected by the outcome, of their right to request a review.

Matter Dismissed

(62) If, as a result of a full investigation, it is recommended that a matter be dismissed, the Designated Officer must consider, in consultation with the Chief Human Resources Officer (for staff), whether the complaint was vexatious or mischievous and whether the Complainant(s) should be subject to investigation.

Part I - Review

(63) Either a Complainant or Respondent may request a review of a decision made at Clause 59.

(64) Terms of Reference for a review will be limited to questions of procedural fairness and compliance with this Procedure.

(65) Requests for review of a Code Investigation must be lodged within 10 University business days of receipt of the outcome of a Staff Research Integrity Investigation. The request for review must be lodged in writing to the Vice-Chancellor and include an outline of submissions addressing the grounds for review.

(66) A Review Officer will be assigned to conduct the review.

(67) After conducting the review, the Review Officer will recommend:

- a. That the original decision be upheld;
- b. That the original decision be withdrawn; or
- c. A process for correcting or addressing any procedural failings of the original investigation.

(68) The [Australian Research Integrity Committee](#) (ARIC) can also conduct an external review, but this review is limited to whether Victoria University followed appropriate processes in reviewing an alleged breach of the Code.

Part J - Reporting Obligations

(69) On an annual basis, a summary of actions taken under the Management of Potential Breaches of the Code procedure will be provided to the Victoria University Research Executive Group who will then report to the Research and Research Training Committee.

(70) This report will be aggregated and de-identified and will include non-identifying information such as the discipline area, the type of breach and whether it involved staff or students.

(71) At the conclusion of an Investigation (or a Preliminary Assessment if a case is concluded at this stage) a summary report will be provided to the REO.

(72) The University will report to the NHMRC and ARC in relation to any research which is funded through these bodies in accordance with the - [ARC Research Integrity Policy](#) and the [NHMRC Research Integrity and Misconduct Policy](#).

Status and Details

Status	Historic
Effective Date	17th November 2020
Review Date	17th November 2023
Approval Authority	Deputy Vice-Chancellor, Research
Approval Date	17th November 2020
Expiry Date	9th August 2022
Accountable Officer	Andrew Hill Deputy Vice-Chancellor, Research & Impact Andrew.Hill@vu.edu.au
Responsible Officer	Beverley Baugh Executive Director, Research Services 9919 5827
Enquiries Contact	Elizabeth Hill Senior Manager, Research Ethics and Integrity +61 3 9919 4781

Glossary Terms and Definitions

"Research Misconduct" - A serious breach of the Australian Code which is also intentional, reckless, wilful, repetitive or negligent.