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'). This Procedure also incorporates reporting and compliance requirements arising from the ARC Research Integrity and Other Misconduct Policy (2026.1), which establishes mandatory timelines and reporting obligations for institutions managing potential breaches involving ARC-funded researchers, ARC grant applicants, and individuals engaged in ARC business.

Section 2 - Scope

(2) 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.

(3) Where a matter involves ARC-funded researchers, ARC grant applicants, ARC assessors, ARC panel members, or ARC contractors, Victoria University must comply with the ARC Research Integrity and Other Misconduct Policy (2026.1), including mandatory reporting timelines and information requirements.

(4) Where a matter does not involve individuals within ARC scope, Victoria University manages the matter internally in accordance with the Australian Code and the Investigation Guide, and no reporting to the ARC is required.

Section 3 - Policy/Regulation

(5) Research Integrity Policy

Section 4 - Procedures

Part A - Summary of Roles and Responsibilities

Roles	Responsibilities	Role Holder

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
Designated Officer (DO)	Senior academic institutional officer appointed by the Responsible Executive Officer who manages a complaint relating to the conduct of research or potential breaches of the Code and to oversee their management and investigation where required.	Determined on a case by case basis. The Senior Manager, Research Ethics and Integrity will refer this role to a Designated Officer.
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 who receives complaints and has the responsibility for the management of responses to potential breaches of the Code, including supporting Designated Officers, Preliminary Assessment Officers and Staff Research Integrity Investigation Panels.	Senior 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

(6) 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.

(7) 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 Appropriate Workplace Behaviour Policy.

(8) 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.

(9) 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.

(10) 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.

(11) Relevant stakeholders will be regularly updated as required and in line with Victoria University's Privacy Policy. Where matters involve ARC funded researchers or ARC grant applicants, Victoria University must comply with ARC reporting obligations, including mandatory notification of preliminary assessment outcomes, investigation outcomes, precautionary actions and risks to humans, animals or the environment within the timeframes specified in section 2.3 of the ARC Research Integrity and Other Misconduct Policy (2026.1).

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

(12) Any individual or organisation can raise concerns about research integrity or make a complaint under this Procedure. Victoria University follows the ARC Research Integrity and Other Misconduct Policy (2026.1) where applicable, but ARC reporting obligations do not extend to research integrity matters involving individuals who are not ARC-funded researchers, ARC applicants, ARC assessors, ARC panel members, or ARC contractors.

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

(14) 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.

(15) 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

(16) Formal complaints are to be made in writing addressed to the Senior Manager, Research Ethics and Integrity and may be emailed to (ResearchIntegrity.Complaints@vu.edu.au).

(17) 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.

(18) The Senior Manager, Research Ethics and Integrity will assign a Designated Officer, from the pool of senior academic institutional officers who have been appointed by the Deputy Vice-Chancellor, Research & Impact, to the complaint. Consideration will be given to matters such as conflict of interest, disciplinary expertise and availability.

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

(20) 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.

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

(22) 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.

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

Part E - Preliminary Assessment

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

(25) 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.

(26) 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 working 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.

(27) Advice to the Australian Research Council/NHMRC or other external bodies may be required at this stage. Refer to Part K Reporting Obligations.

(28) 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.

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

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

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

(32) 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.

(33) Where the respondent falls within ARC scope, the University must report the outcome of the preliminary assessment to the ARC within 2 weeks of formal completion, including cases where allegations are unsubstantiated.

Part F - Outcomes of a Preliminary Assessment

(34) 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, Complaints Procedure (Staff) or the Complaints Procedure (Student and Public).

(35) If precautionary actions are applied that impact ARC funded projects, the University must notify the ARC within 1 week, consistent with section 2.3 of the ARC Research Integrity and Other Misconduct Policy (2026.1).

(36) If the outcome of the Preliminary Assessment is for the complaint to be resolved locally with or without corrective actions (Clause 34b), 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 34e.

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(37) 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.

(38) At the conclusion of a Preliminary Assessment (if a case is concluded at this stage) a summary report will be provided to the REO. The Designated Officer will also report to the Research and Research Training Committee if a decision is made to proceed to a Staff Research Integrity Investigation or in the case of a student referred to the Student Misconduct process. Reporting will only provide de-identified information enabling the Research and Research Training Committee to be aware of the case and any immediate risk mitigation strategies that have/will be put in place.

(39) If the case involves researchers who are funded by: the Australian Research Council/National Health and Medical Research Council, or other external bodies that require reporting at this stage of the management of an integrity case, the Designated Officer will report the outcome of the Preliminary Assessment to them. Refer to Part K Reporting Obligations.

Part G - Staff Research Integrity Investigation

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

a. prepares a clear statement of allegations of potential breaches of the Code;
b. develops 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. nominates the Staff Research Integrity Investigation Panel and Chair when the Panel is more than one person;
d. seeks legal advice on matters of process where appropriate.

(41) Where a matter involves ARC funded researchers or ARC grant applicants, the University must notify the ARC that the matter is progressing to an investigation within 2 weeks.

(42) Once matters in Clause 40 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

(43) The Panel will normally comprise 1-3 members, who may be internal and/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.

(44) 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.

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

(46) 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.

(47) 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

(48) 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.

(49) 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.

(50) 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.

(51) 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.

(52) 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.

(53) 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.

(54) 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 and provide any further information. 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.

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

(56) 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.

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

(58) 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

(59) 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).

(60) The University must report the outcome of the investigation to the ARC within 2 weeks, including cases where allegations are unsubstantiated, and provide all information required under section 2.4 of the ARC Research Integrity and Other Misconduct Policy (2026.1).

(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.

(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 People Officer (for staff), whether the complaint was vexatious or mischievous and whether the Complainant(s) should be subject to investigation.

(63) The Designated Officer will report to the Research and Research Training Committee at the conclusion of the Staff Research Integrity Investigation. Reporting will only provide de-identified information enabling the Research and Research Training Committee to be aware of the case and any immediate risk mitigation strategies that have/will be put in place.

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(64) If the case involves researchers who are funded by: the Australian Research Council/National Health and Medical Research Council, or other external bodies that require reporting at this stage of the management of an integrity case, the Designated Officer will report the outcome of the Staff Research Integrity Investigation to them. Refer to Part K Reporting Obligations.

Part I - Review

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

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

(67) 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.

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

(69) 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.

(70) 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. Where ARC precautionary or consequential actions have been applied, researchers or institutions may lodge appeals directly with the ARC within the timeframes specified in section 2.8 of the ARC Research Integrity and Other Misconduct Policy (2026.1).

Part J - Privacy and Record Retention

(71) For all matters handled under these Procedures, the University will consider and respect the privacy of the persons concerned (as far as legally possible). Any use or disclosure of information gathered by the University in the process of reporting, investigating, and determining an allegation of research misconduct will be on a 'need to know' basis, in compliance with the University's privacy obligations and will be kept confidential to the extent possible. Information shared with the ARC will be limited to what is necessary to meet reporting obligations under section 2.4 of the ARC Research Integrity and Other Misconduct Policy (2026.1), respecting confidentiality and privacy requirements.

(72) All records related to a report and complaint process will be used and retained in accordance with the University's Privacy Policy and Records Management Policy.

Part K - Reporting Obligations

Internal Reporting Requirements

(73) In addition to reporting required to the Research and Research Training Committee and external bodies at various stages of individual cases specified in clauses 38-39 and 63-64, the following annual reporting will be provided. 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.

(74) 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.

(75) If the Designated Officer determines that a complaint represents a potential breach of the Code the Designated Officer will report to, and provide updates every six weeks to the Victoria University Research Executive Group who will then report to the Research and Research Training Committee. 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.

Reporting to External bodies

(76) The University will report on integrity breaches to the ARC, NHMRC and any other funding and related compliance bodies (e.g. TEQSA) that requires it to do so. For the ARC and NHMRC specifically, reporting obligations must align with the ARC Research Integrity and Other Misconduct Policy (Version 2026.1) and the NHMRC Research Integrity and Misconduct Policy; refer Table 1.

Table 1: Reporting in relation to ARC/NHMRC Funded Researchers/Research

Reporting Requirement to ARC	Timeline for Notification to ARC/NHMRC
Before the completion of the preliminary assessment if the preliminary assessment will take longer than 12 weeks from the time of receipt of the complaint, as soon as this is determined.	
Subsequent progress updates every 6 weeks until the preliminary assessment is complete.	12 weeks for initial notification.
6 weeks for progress updates.	
Before the completion of the preliminary assessment if funding is suspended by the University for ARC funded research.	
Before the completion of the preliminary assessment if the complaint or evidence identifies imminent or real risk to humans, animals or the environment and the University is suspending research activity related to an ARC grant.	Within one week of funding being suspended.
Within one week of risks being identified.	
Upon the outcome of a preliminary assessment if it is established that a complaint, if proven, would constitute a breach of the Code and the complaint has been resolved.	

Section 5 - TEQSA/ASQA/ESOS Alignment

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

Section 6 - Definitions

(78) Breach: A breach is a failure to meet the principles and responsibilities of the Australian Code for the Responsible Conduct of Research (2018), including failures to comply with requirements listed in section 2.2 of the ARC Research Integrity and Other Misconduct Policy (2026.1). Breaches occur on a spectrum from minor to major.

(79) Research Misconduct

(80) 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.

(81) Staff Research Integrity Investigation: The purpose of a Staff Research Integrity Investigation is to make findings of fact to allow the REO (Responsible Executive Officer) 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.

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

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

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

(85) 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.

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Status and Details

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Glossary Terms and Definitions

"Research Misconduct" - A serious breach of the Australian Code that is intentional, reckless, or negligent, consistent with the definition recommended in the Investigation Guide and referenced in ARC policy section 2.2.

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