



Research Conduct and Complaints Procedure

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In developing this procedure the University had regard to the provisions of section 40B(1)(b) of the Human Rights Act 2004 (ACT).

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.

1.2. The guiding document for research conducted in Australia, including at the University of Canberra (University), is the *Australian Code for the Responsible Conduct of Research 2018* (the Code). The framework for responsible conduct of research in Australia also contains the following documents, which are covered by these Procedures:

1.2.1. [National Statement of Ethical Conduct in Human Research, 2023](#) (the National Statement)

1.2.2. [AIATSIS Code of Ethics for Aboriginal and Torres Strait Islander Research](#) (the AIATSIS Code)

1.2.3. [Australian code for the care and use of animals for scientific purposes, 2013](#) (the Animal Code)

1.3. The guidance in this Procedure summarises key elements from the *Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research 2018* (the Guide). The Guide is the basis for managing complaints regarding the conduct of research at the University.

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 of Canberra (Student Conduct) Rules 2023 (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 Student Conduct Rules apply.

3. PROCEDURE:

Procedural Fairness

3.1. The principles of procedural fairness, as articulated in Section 3 of the Guide underpin the processes described in this Procedure.

Understanding Breaches

3.2. A research conduct breach is a failure to meet the principles and responsibilities detailed in the Code and University's *Research Conduct and Governance 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 fall into the following categories: failure to meet required research standards; fabrication, falsification, misrepresentation; plagiarism; failure to meet required standards in research data management, supervision, authorship and peer review; mismanagement of conflicts of interest..

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

- 3.4.1. the extent of the departure from accepted practice;
- 3.4.2. the extent to which research participants, the wider community, animals and the environment are or may have been affected by the breach;
- 3.4.3. the extent to which it affects the trustworthiness of research;
- 3.4.4. the level of experience of the researcher;
- 3.4.5. whether there is a pattern of repeated breaches by the researcher;
- 3.4.6. whether the behaviour was accidental or intentional;
- 3.4.7. 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 outlined in the Guide, and shown in the table below. While the roles of Designated Officer (DO) and Assessment Officer (AO) may be performed by the same individual in any one matter, the role of Responsible Executive Officer (REO) must be performed by a different individual.

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 group of individuals with significant 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

For a flow chart on managing complaints, please reach out to researchethicsandintegrity@canberra.edu.au.

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](#). 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 University of Canberra 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 DO will either:

3.20.1. refer the matter to an AO for a preliminary assessment; or

3.20.2. refer the matter directly to the researcher's supervisor for resolution under Schedule 6, 6.1 Stage 1 of the Enterprise Agreement.

3.21. In making this decision, the DO will consider factors including the degree of seriousness and the impact on others concerned.

3.22. 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.

3.23. 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.

- 3.24. The AO seeks clarification from the Respondent on matters if and as needed. The AO would normally work through the RIO in requesting material from, or meetings with, the Respondent.
- 3.25. With support from the RIO, the AO ensures information gathered is appropriately recorded and secured and treated with the highest confidentiality.
- 3.26. 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.
- 3.27. On completion of the assessment, the AO provides the DO a written report that includes:
- 3.27.1. a summary of the process undertaken;
 - 3.27.2. an inventory of information that was gathered and analysed and meetings held;
 - 3.27.3. an evaluation of the information;
 - 3.27.4. a statement on how the potential breach represents a departure from principles and responsibilities of the responsible conduct of research;
 - 3.27.5. a statement on whether the conduct is repeated, the facts are contested and/or whether the complaint is of a serious nature; and
 - 3.27.6. recommendations for further action
- 3.28. On the basis of the information presented in the report, the DO determines whether the matter should be:
- 3.28.1. dismissed;
 - 3.28.2. 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;
 - 3.28.3. referred for investigation under the Enterprise Agreement; or
 - 3.28.4. referred to other institutional processes.
- 3.29. Where the assessment does not support a referral for an investigation, appropriate action should be taken as required, such as:
- 3.29.1. restoring the reputation of any affected parties if the complaint was found to have no basis in fact;
 - 3.29.2. addressing the matter with the Complainant under appropriate institutional processes if the complaint was found to have been vexatious;
 - 3.29.3. addressing any systemic issues that have been identified.
- 3.30. Outcomes of the preliminary assessment are provided to both the Respondent and Complainant, as well as other parties, such as funders, if required.
- 3.31. 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.
- 3.32. If a Respondent leaves the University after the lodgement of the complaint, the University has a continuing obligation to address the complaint.

Investigation and Action/s

- 3.33. If the decision is made that an Investigation is required, this is undertaken in accordance with the Enterprise Agreement Section 6.
- 3.34. The Guide provides advice on convening a Panel and considerations when investigating potential breaches of the Code.

3.35. The outcome of the Investigation Panel will be provided to the Responsible Executive Officer (REO) under the Code, and the Chief People Officer and the Deputy Vice-Chancellor (Research and Enterprise) under the Enterprise Agreement.

3.36. The Deputy Vice-Chancellor (Research and Innovation) will chair and convene an independent panel to determine actions as per the Enterprise Agreement.

Review

3.37. A review of the decision may be undertaken as per the Enterprise Agreement.

4. ROLES AND RESPONSIBILITIES:

Role	Holder of Role	Responsibilities
Responsible Executive Officer (REO)	Deputy Vice-Chancellor (Research and Enterprise) 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 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

Role	Holder of Role	Responsibilities
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

5. GOVERNING POLICY AND LEGISLATION:

- Fair Work Act, 2009 (Cth)
- Public Interest Disclosure Act 2012

6. SUPPORTING INFORMATION:

National documents

Australian Code for the Responsible Conduct of Research 2018

National Statement of Ethical Conduct in Human Research, 2023 (the National Statement)

AIATSIS Code of Ethics for Aboriginal and Torres Strait Islander Research (the AIATSIS Code)

Australian code for the care and use of animals for scientific purposes, 2013 (the Animal Code)

The Guides supporting the Australian Code for the Responsible Conduct of Research:

- Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research 2018
- Authorship
- Collaborative Research
- Disclosure of interests and management of conflicts of interest
- Management of data and information in research
- Peer review
- Publication and dissemination of research
- Supervision
- Research Integrity Advisors

Universities Australia Principles for Respectful Supervisory Relationships

University of Canberra Policies, Procedures and Guidelines:

University of Canberra Enterprise Agreement 2023-2026

Charter of Conduct and Values

Research Conduct and Governance Policy

Respect at Work (Prevention of Bullying) Policy

Student Charter

Student Conduct Rules

Higher Degree by Research Code of Practice

Higher Degree by Research Supervision Policy

Management of Research Data and Primary Research Materials Policy

Peer Review of Research Policy

Guidelines for HDR Student-Supervisor Relationships

7. DEFINITIONS:

Term	Definition
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. May refer to a single breach or multiple breaches.
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.
HDR Student	A person who is enrolled in a University of Canberra Higher Degree by Research (Master by Research, professional doctorate, or PhD) degree. Does not include Master by coursework, Honours, or undergraduate coursework students.
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	Staff, students and affiliates who undertake research for the University Person (or persons) who conducts, or assists with the conduct of, research.
Research misconduct	A serious breach of the Code 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.