

# Managing and Investigating Breaches of Responsible Research Conduct - Procedures

## Definitions

Please refer to the University's Glossary of Terms for policies and procedures. Terms and definitions identified below are specific to these procedures and are critical to its effectiveness:

Balance of probabilities: the civil standard of proof, which requires that, on the weight

of evidence, it is more probably than not that a breach has occurred.

Breach: behaviour that fails to meet the principles and responsibilities of responsible research conduct as outlined in the Australian Code for the Responsible Conduct of Research, relevant policy documents and related legislation. May refer to a single breach or multiple breaches.

The Code: the Australian Code for the Responsible Conduct of Research.

Complainant: a person/s who has made a complaint about research conduct.

Conflict of interest: a conflict of interest exists where an independent observer might reasonably conclude that the professional actions of a person or institution are or may be

unduly influenced by other interests.

Higher Degree by Research (HDR) students: students enrolled in a research master's or doctoral degree.

The Investigation Guide: the Guide to Managing and Investigating Potential Breaches

of the Australian Code for the Responsible Conduct of Research.

Procedural fairness: a fair and proper procedure is used when making decisions.

Research: as defined in the Australian Code for the Responsible Conduct of Research.

Researcher: all staff, HDR students, adjunct and conjoint appointments, visiting academics, and research fellows who engage in research activities under the auspices of the University.

Research Integrity Advisor (RIA): a senior researcher with knowledge of responsible research practices and related policies, procedures and legislation nominated to promote and support responsible research conduct and provide advice to those who have concerns or complaints about potential breaches.

Research misconduct: a serious breach of the Australian Code for the Responsible

Conduct of Research and/or relevant policy documents and/or related legislation, which is also intentional or reckless or negligent.

## APPROVAL AUTHORITY

Deputy Vice-Chancellor (Research and Innovation)

## RESPONSIBLE EXECUTIVE MEMBER

Deputy Vice-Chancellor (Research and Innovation)

## DESIGNATED OFFICER

Director, Office of Research

## FIRST APPROVED

22 October 2013

## LAST AMENDED

23 April 2021

## REVIEW DATE

6 December 2023

## STATUS

Active

Respondent: person/s subject to a complaint or allegation about research conduct.

## 1. Purpose of procedures

This document outlines the procedures associated with managing and investigating

breaches of responsible research practices as outlined in the Responsible Research

Conduct – Governing Policy, the Code and the Investigation Guide.

This procedure applies to all staff, HDR students, adjunct and conjoint appointments,

visiting academics and research fellows who are engaged in research activities at the University.

## 2. Institutional roles

2.1 In accordance with the Investigation Guide, the designated officer and the assessment officer can be performed by the same individual, if necessary.

2.2 While the University positions listed in the table below will be the default, the Vice- Chancellor and President and Deputy Vice-Chancellor (Research and Innovation) reserve the right to select the individuals who will undertake these roles on a case-by-case basis depending on the nature and complexity of the reported breach. Reasons for departing from the default roles will be documented in the assessment reports.

TERM	THE UNIVERSITY'S POSITION DEFINITION	
Responsible Executive Officer (REO)	Vice-Chancellor and President or delegate	The University senior officer who has final responsibility for receiving reports of the outcomes of assessment or investigation of potential or actual breaches of responsible research conduct and deciding on the course of actions to be taken. The REO may delegate this responsibility to a member of the Senior Executive as appropriate.
Designated Officer (DO)*  * This term is used to accord with the Investigation Guide, reference to the designated officer throughout this document refers to the Deputy Vice-Chancellor (Research and Innovation) or their delegate	Deputy Vice- Chancellor (Research and Innovation) or delegate	A senior professional or academic officer/s appointed to receive complaints about the conduct of research or allegations of breaches of responsible research conduct and to oversee the management and investigation where required. The DO may delegate this responsibility to an appropriate member of the Office of Research, Graduate Research Office, or other staff as appropriate.
Assessment Officer (AO)	Associate Director (Research Ethics, Integrity, and Compliance), Office of Research or Director, Office of Research	A person or persons appointed to conduct a preliminary assessment of a complaint about research.
Research Integrity Advisor (RIA)	Person/s nominated by the Deputy Vice-Chancellor (Research and Innovation)	A person/s with knowledge of the Code and institutional processes to promote the responsible conduct of research and provide advice to those with concerns or complaints about potential breaches of responsible research conduct.
Research Integrity Office (RIO)	The Office of Research ethics and integrity team	Staff with responsibility for management of research integrity at the institution.
Review Officer (RO)	Senior officer of the institution not fulfilling any of the roles described above, to be determined on a case-by-case basis	A senior officer with responsibility for receiving requests for a procedural review of an investigation of a breach of responsible research conduct. This role will be fulfilled on a case-by-case basis depending on the details of a breach.

### 3. Breaches of responsible research conduct

3.1 Departures from the principles, responsibilities and standards of responsible research conduct as outlined in the Code and Responsible Research Conduct – Governing Policy are referred to as breaches.

3.2 Breaches can range from minor (and may be addressed at the preliminary assessment stage), to major (that require investigation and may be referred to as research misconduct).

3.3 In accordance with the Investigation Guide, when determining the seriousness of a breach, the following factors will be considered:

- the extent of the departure from the principles, responsibilities and standards of responsible research conduct
- 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 breaches by the researcher
- whether institutional failures have contributed to the breach
- any other mitigating or aggravating circumstances.

### 4. Reporting concerns about research conduct

4.1 Individuals who have concerns about inappropriate research conduct may seek advice from an RIA, a departmental head, or the Office of Research ethics and integrity team.

4.2 RIAs do not undertake assessments or investigations of complaints and they must not contact a person who is subject of the concern or be involved in any subsequent inquiry.

4.3 Individuals who are considering making a complaint have the following options:

- refer the matter directly to the person against whom the complaint is made
- refer the matter directly to a person in a supervisory capacity for resolution at the school or departmental level
- make a complaint following the process outlined in this procedure
- not proceed with a complaint in light of the circumstances.

4.4 Recipients of research conduct concerns or complaints, for example, RIAs, supervisors or department heads, must notify the Office of Research ethics and integrity team of the complaint via [researchintegrity@usc.edu.au](mailto:researchintegrity@usc.edu.au) or by other means of written or verbal communication.

### 5. Initial receipt of complaints

5.1 Complaints can be submitted to the designated officer via [researchintegrity@usc.edu.au](mailto:researchintegrity@usc.edu.au) or by other means of written or verbal communication.

5.2 Complaints should include all information that may be relevant to the alleged breach and any evidence available to support the complaint, such as witness statements, documents, meeting notes, or publications.

5.3 Complainants are not required to identify parts of the Code or relevant policy documents that may have been breached.

5.4 RIAs or other appropriate members of staff may assist a complainant in submitting a complaint.

5.5 Anonymous complaints and/or complaints lodged by a third party will be accepted and considered; however, progression of an assessment will depend on the nature of the complaint and the evidence presented.

5.6 Complaints that appear to have been made in bad faith or are vexatious will be dismissed; efforts to address this with the complainant under relevant university policies will be taken.

5.7 Where a complainant subsequently chooses not to proceed with a complaint, the institution still has an obligation to assess the nature of the complaint and determine whether to proceed to a preliminary assessment.

5.8 Upon receipt of the complaint, the designated officer will determine whether:

- the complaint relates to a potential breach of the Code and/or the Responsible Research Conduct – Governing Policy and whether the matter is to proceed to a preliminary assessment
- the matter should be dismissed, or
- the matter should be referred to other institutional processes.

## 6. Preliminary assessment

6.1 Where a matter is to progress to preliminary assessment, the designated officer may assign the complaint to the assessment officer.

6.2 The assessment officer ensures that the assessment is undertaken in a timely manner, that appropriate records are maintained, that correct processes are followed, and consults with the designated officer as required.

6.3 In undertaking an assessment, the assessment officer may be required to obtain additional information and sequester evidence, such as experimental material, IT records, research data, emails, other relevant documents, and names of witnesses.

6.4 Expertise from other sources may be engaged as appropriate at any stage of the preliminary assessment, for example, where a complaint relates to specific disciplinary practice.

6.5 The assessment officer may be required to engage with the respondent to clarify information and in doing so must provide the respondent:

- sufficient detail for the respondent to understand the nature of the complaint, and
- an opportunity to respond in writing within ten working days, or
- an opportunity to meet in person with the option to bring a support person.

6.6 Meetings with the respondent will be recorded and/or documented and the respondent provided a copy.

6.7 Throughout the preliminary assessment, the assessment officer may also need to:

- consult with others in the institution
- involve those in supervisory roles
- involve other institutions as appropriate.

6.8 Once the assessment is complete, the assessment officer will provide written advice to the designated officer, or in cases where the assessment and designated officers are performed by the same staff member, a report will be prepared, which will include:

- a summary of the process that was undertaken
- an inventory of the facts and information that was gathered and analysed
- an evaluation of facts and information
- how the potential breach relates to the principles and responsibilities of the Responsible Research Conduct – Governing Policy and/or the Code
- recommendations for further action.

6.9 Upon presentation of the report, the designated officer will determine whether the matter should be:

- dismissed
- resolved locally with or without corrective actions
- referred for investigation
- referred to other institutional processes.

6.10 An admission of a breach by the respondent does not end the preliminary assessment process. In such cases, the University may still be required to proceed with an investigation in order to identify corrective actions, other parties that may be complicit, or other necessary steps.

6.11 Where a respondent leaves the University during or following the complaint process, the University will continue to address the complaint as necessary.

6.12 Outcomes will be provided to the complainant and respondent at the conclusion of a preliminary assessment, if appropriate.

6.13 Where the outcome of a preliminary assessment is that there is no evidence of a breach, every effort will be made to restore the reputation of any affected parties and address any systematic issues that have been identified.

6.14 Where the complaint is deemed to be vexatious, efforts to address this with the complainant under relevant university policies will be taken.

## 7. Investigation stage

7.1 Where a matter is to progress to investigation, the designated officer will:

- prepare a statement of allegations
- develop the terms of reference for the investigation
- nominate the investigation panel (when the panel comprises more than one person, a chair will also be nominated)
- nominate a review officer, and
- if required, seek legal advice on matters of process.

7.2 In compiling a suitable investigation panel, the designated officer will consider:

- expertise, skills and the appropriate number of members required
- actual or perceived conflicts of interest
- gender and diversity of members
- knowledge and understanding of responsible research practices.

7.3 Once the panel has been constituted, the respondent will be advised of the details and provided an opportunity to raise valid concerns.

7.4 Panel members will be provided with written appointments and external members will be provided with conditions of indemnity.

7.5 The panel will be provided administrative support from the RIO. The RIO will also maintain the investigation records.

7.6 Panel members must disclose and manage any relevant actual or perceived conflicts of interests. In the event conflicts of interest cannot be appropriately managed, the panel member will be replaced.

7.7 Where a complainant or respondent chooses to engage a support person, the support person is to provide personal support only and must not advocate, represent or speak on behalf of the complainant or respondent.

7.8 The principles of procedural fairness do not include a right to legal representation or other appropriately skilled or qualified persons; therefore, the panel will consider whether to permit such representation on a case-by-case basis and in exceptional circumstances only.

7.9 Where a panel permits the complainant and/or respondent to have legal representation, they panel also have the right to engage a similar level of legal representation.

7.10 As part of the investigation, the respondent will be provided with an opportunity to respond to the allegations and relevant evidence, and to provide additional evidence that the panel may consider.

7.11 If a respondent chooses not to reply or appear before the panel, the investigation will continue in their absence.

7.12 The complainant may also be given the opportunity to see relevant evidence used in the investigation, where appropriate, for example, if they are directly affected by the investigation.

7.13 Any persons asked to give evidence will be provided with relevant, and if necessary, de-identified, information as detailed in section 7.5 of the Investigation Guide.

7.14 Considering the evidence and on the balance of probabilities, the panel will determine whether the respondent has breached the Responsible Research Conduct – Governing Policy and/or the Code.

7.15 The panel may request that the designated officer re-scope the investigation if the terms are found to be too limiting for the matter at hand. In such cases, all relevant parties will be notified.

7.16 On completion of the investigation, the panel will provide a draft report to the respondent who will have the opportunity to respond within ten working days. The report will also be provided to the complainant in cases where the complainant is directly affected by the outcome.

7.17 The final report will be provided to the designated officer who will consider the findings, evidence, and recommendations made by the panel. The designated officer will consider the extent of the breach, the appropriate corrective actions and whether referral to other disciplinary procedures is required.

## 8. Outcomes from the investigation

8.1 For staff, adjunct and conjoint appointments, visiting academics, and research fellows

8.1.1 The designated officer will provide the report referred to in 7.17 to the REO with recommendations for final consideration.

8.1.2 Where it has been determined that a breach has occurred, the REO will decide the institution's response taking into account the extent of the breach. This may involve seeking legal advice or advising other institutions, particularly in cases where joint, adjunct and/or honorary appointment holders are involved.

8.1.3 Every effort will be taken to correct any public records of the research, including publications, if a breach has affected the accuracy or trustworthiness of research findings and their dissemination.

8.1.4 After the REO has considered the panel's report, all decisions and actions will be communicated to the respondent and complainant, as appropriate. Respondents will be informed of review options as outlined in section 9 of these procedures. Other relevant parties will also be informed on a need-to-know basis, such as, funding bodies, other relevant authorities, or other institutions.

8.1.5 Depending on the nature of the breach, the REO will determine whether a public statement should be released.

8.1.6 In cases where affected parties resign from the University, the institution still has an obligation to address the findings of the investigation. This may involve referring the matter to the new employing institution. In such cases, the University will seek legal advice to ensure that any information exchange is done appropriately and lawfully.

8.1.7 Any systematic issues identified throughout the investigation process that may be related to the breach will be referred to the relevant departments to be addressed.

8.1.8 Upon receipt of an investigation report with findings and recommendation, if the REO determines that there has been no breach, the processes outlined in 6.13 and 6.14 of these procedures will be followed.

8.2 For HDR students

8.2.1 The designated officer will provide the report referred to in 7.17 to the Deputy Vice-Chancellor (Research and Innovation), or in cases where the designated officer is the Deputy Vice-Chancellor (Research and Innovation), to the Dean, Graduate Research with recommendations for final consideration.

8.2.2 Where it has been determined that a breach has occurred, the Deputy Vice-Chancellor (Research and Innovation) or Dean, Graduate Research will decide any penalties to apply as outlined in Student Misconduct - Procedures.

8.2.3 All decisions and actions will be communicated to the student in writing and will include:

- the details of the determination, including reasons for the decision
- the option to seek clarity about remedial activities, and
- review and/or appeal options (as outlined in section 9 of these procedures).

8.2.4 For international students on a student visa, a penalty of suspension or expulsion will result in being reported to the relevant government departments and may result in cancellation of the student visa.

8.2.5 Every effort will be taken to correct any public records of the research, including publications, if a breach has affected the accuracy or trustworthiness of research findings and their dissemination.

8.2.6 Any systematic issues identified throughout the investigation process that may be related to the breach will be referred to the relevant departments to be addressed.

8.2.7 Upon receipt of an investigation report with findings and recommendation, if the Deputy Vice-Chancellor (Research and Innovation) or Dean, Graduate Research determines that there has been no breach, the processes outlined in 6.13 and 6.14 of these procedures will be followed.

## 9. Mechanisms for a review or appeal

9.1 For staff, adjunct and conjoint appointments, visiting academics, and research fellows

9.1.1 Requests for a review of an investigation will only be considered on the grounds of procedural fairness and will serve to confirm or not confirm the outcome of the investigation.

9.1.2 Individuals who wish to request a review must submit the request in writing to the research ethics and integrity team at [researchintegrity@usc.edu.au](mailto:researchintegrity@usc.edu.au) within 20 working days of the final decision of the investigation outcome. The team, in conjunction with the Vice-Chancellor and President or Deputy Vice-Chancellor (Research and Innovation), will allocate a review officer as per section 2 of these procedures.

9.1.3 The review officer will consider whether the request is substantive and whether the investigation adequately addressed all issues, was procedurally fair, and whether all evidence was appropriately considered. Every effort will be made to finalise the review within 30 working days; however, individuals will be notified in cases where it is necessary to extend the timeframe.

9.1.4 The review officer may determine that the original panel reconsider their findings due to the presentation of new evidence, or the need to consider the existing evidence in more detail.

9.1.5 The review officer may determine that issues have been raised in the review that require consideration by a more senior person than the designated officer, who may be internal or external to the University as appropriate.

9.1.6 Individuals may also request an external review from the Australian Research Integrity Committee (ARIC), details of which will be included in the outcome from the investigation communication.

## 9.2 For HDR students

9.2.1 HDR students who wish to request a review or appeal are required to follow the processes outlined in the Student Grievance Resolution – Governing Policy and associated procedures.

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## RELATED DOCUMENTS

- Animal Ethics - Governing Policy
- Authorship and Dissemination of Research Findings - Procedures
- Compliance Management Framework - Governing Policy
- Higher Degrees by Research Supervision - Procedures
- Human Research Ethics - Governing Policy
- Intellectual Property - Governing Policy
- Research Data Management - Procedures
- Resolution of Complaints (Staff) - Guidelines
- Responsible Research Conduct - Governing Policy
- Staff Code of Conduct - Governing Policy
- Student Conduct - Governing Policy
- Student Grievance Resolution - Governing Policy

## LINKED DOCUMENTS

- Responsible Research Conduct - Governing Policy

## RELATED LEGISLATION / STANDARDS

- Australian Code for the Responsible Conduct of Research (2018)
- Australian code for the care and use of animals for scientific purposes 8th edition (2013)
- National Statement on Ethical Conduct in Human Research
- Ethical conduct in research with Aboriginal & Torres Strait Islander Peoples & communities: Guideline
- Guide to Managing and Investigating Potential Breaches of the Code
- Defence Trade Controls Act 2012