WESTERN SYDNEY
UNIVERSITY

RESEARCH INTEGRITY ADVISORS

RIAs

INFORMATION PACKAGE

MAY 2023

ACKNOWLEDGEMENTS:

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1. Research Integrity at Western

Western Sydney University considers research and the pursuit of knowledge as vital institutional functions and is committed to pursuing these activities in accordance with the highest standards of professional conduct.

The University expects staff, students and other individuals acting in its name or using its facilities for research to demonstrate integrity and professionalism in the conduct of their research.

Integrity requires researchers to:

- act in a manner that serves to promote the good name of the University.
- augment the confidence of the public in its research credentials.
- primarily serve scholarly and public interests.
- achieve and maintain the highest standards of intellectual honesty and ethical practice in the conduct of all aspects of their research.
- only participate in work they are competent to perform, and which conforms to accepted ethical standards, University policies and procedures and prevailing legislation.

2. Research Integrity Advisors (RIAs): Roles and Responsibilities

The Associate Deans Research and Institute Research Directors are appointed as RIAs by the Deputy Vice-Chancellor and Vice-President, Research, Enterprise, and International.

In accordance with the Australian Code for the Responsible Conduct of Research (2018, p.51):

- *Institutions are required to nominate an RIA (or network of RIAs) to promote the responsible conduct of research and provide advice to those with concerns about potential breaches of the Code.*
- *An RIA must have knowledge of the Code and relevant institutional processes.*
- *The role of the RIA includes informing someone with concerns about research conduct about the relevant institutional processes and available options, including how to make a*

complaint.

- *Outcomes of the discussion between the RIA and the complainant may include*:
    - *not proceeding if the complaint is clearly not related to a breach of the Code*
    - *proceeding under other institutional processes*
    - *making a complaint about a potential breach of the Code in writing to the DO.*

RIAs are people with research experience, analytical skills, empathy, good communication skills, knowledge of the institution's processes and the Code, and familiarity with accepted practices in research.

An RIA is not to advise on matters where they have a potential, perceived or actual conflict of interest. The RIA's role does not extend to investigation or assessment of the complaint, including contacting the person who is the subject of that complaint or being involved in any subsequent investigation other than as witness or to provide testimony.

3. Dealing with Complaints about the Conduct of Research

Complaints

- Western researchers can contact any RIA across the University despite their primary point of contact being the RIA from their respective School or Institute
- Often researchers will seek advice from RIAs regarding a complaint they wish to make about a staff member or student who may have potentially breached the University's Research Code of Practice.
- However, the complaint may be related to other intrinsic issues (such as bullying, miscommunication, and workload matters), and not related to a potential breach of the Research Code of Practice. RIAs are responsible for triaging a complaint and referring them to the Director, Research Impact and Integrity (For matters related to potential breaches of the Code), or to School Dean/Institute Director for other systemic matters.

Role of the RIAs

- Foster a culture of responsible research conduct and uphold the values of research integrity in their own research and teaching activities and promote a responsible research culture in their Schools/Research Institutes and across the University.

- Effective communication and respectful listening (that is also active and reflective) is critical, so the complainant feels supported, understands how and when corrective actions will be taken, and more importantly is assured that they will not be subject to adverse consequences for having raised the issue. It is vital to establish trust with the complainant.
- The complainant may often not have the knowledge of University processes and it is important for the RIA to advise them about those processes and how matters relating to potential breaches of the Research Code of Practice are investigated (Please see Attachment 1)
- RIAs should respond to a complaint in a prompt manner and meet with the complainant at a venue convenient and comfortable for both parties. Multiple meetings may be required depending on the seriousness of the matter.
- In instances where there is a conflict of interest, RIAs must declare the conflict and refer to the complainant to another RIA.
- RIAs should maintain a record of all complaints they receive and details of how the complaint was resolved or triaged.
- In instances where the RIA determines that a potential research integrity breach has occurred, but the complainant chooses not to proceed with a formal complaint, RIAs have a responsibility to report the potential breach. In such instances RIAs should advise the complainant of this requirement and seek their consent to discuss the matter with the Director Research Impact and Integrity. maintaining the confidentiality of the person where possible.
- RIAs must be familiar with key University policies such as:
    - Research Code of Practice Policy
    - Authorship Guidelines
    - Supervision Guidelines
    - Publication and Dissemination of Research Guidelines
    - Contraventions of the Research Code of Practice Procedural Guidelines

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Contraventions of the Research Code of Practice Procedural Guidelines

These guidelines should be read in conjunction with the University's

Research Code of Practice

Contents

Introduction

(1) These guidelines are the Contraventions of the Research Code of Practice (RCP) Procedural Guidelines and align with Clause 45 of Western Sydney University's Academic Staff Enterprise Agreements and do not apply to casual employees or employees serving a probationary period.

Purpose and Application

(2) These guidelines articulate:

- The procedures for managing contraventions of the University's RCP in accordance with Clause 45 (and associated subclauses) of Western Sydney University Academic Staff Agreement 2022.

- Instances where contraventions of the RCP can occur.

Definitions:

(3) The following definitions apply to these guidelines:

Assessment Officer means the staff member to whom a suspected contravention of the Code is referred by the DVC(REI) for preliminary assessment under subclause 45.18. An Assessment Officer may be the relevant Dean, Institute Director, or Academic Unit Director of Research, the Director, Research Impact and Integrity, or an alternative senior member of staff with experience in research.

Breach means a contravention of the Code that does not amount to Research Misconduct

Code means the University's RCP as amended or replaced from time to time.

Disciplinary Action may include one or more of the following:

(i) formal counselling

(ii) staff development (including training)

(iii) written warnings

(iv) withholding an increment for up to one year

(v) demotion by one or more classification levels or increments

(vi) termination of employment (in cases of Research Misconduct only).

DVC(REI) means the Deputy Vice-Chancellor and Vice-President (Research, Enterprise and International

Research Misconduct means a serious breach of the Code that is also intentional, reckless, or negligent. A repeated or persistent Breach may also amount to Research Misconduct

(4) **Examples of contraventions** of the RCP that may constitute a Breach or Research Misconduct include but are not limited to the following:

- **Intentional infringements** of the RCP or those which occur through gross or persistent neglect.

- **Not meeting required research standards:**
  - Conducting research without required ethics approvals (and failing

to conduct research as approved by an appropriate ethics review body), permits or licenses.

- Deliberate inclusion of inaccurate or misleading information relating to research activity and publications in: curriculum vitae, grant applications, job applications or public statements; or the failure to provide relevant information.

- Misuse of research funds.

- Wilful concealment or facilitation of breaches (or potential breaches) of the Code by others.

- **Publication and Dissemination of Research:**
  - The fabrication, falsification or misrepresentation of research data or source material in a research output or any communication, including social media and grant applications including claiming results where none have been obtained.

  - Failure to maintain records required by an export control body as a condition of publication and dissemination
  - Failure to take active, reasonable and timely steps to correct the public record upon becoming aware of errors or misleading information in their published research outputs public dissemination of research (e.g., via social media) that is yet to be tested in peer review without providing an appropriate caution or caveat.
  - Failure to honour a restriction on publication or dissemination imposed by a sponsor, ethics or biosafety review body or other approval body (including an export control authority).

- **Plagiarism:**
  - A form of academic misconduct that involves submitting work that is not the author's own; or submitting ideas, words, theories, concepts, research data and source material taken from a source and presented without appropriate acknowledgment

  - Duplicate publication (also known as redundant or multiple publication, or self-plagiarism) without acknowledgment of the source

- **Research data management**:
  - Failure to retain clear, accurate, secure and complete records of all research including research data and primary materials

  - Failure to appropriately maintain research records.

  - Inappropriate destruction of research records, research data and/or source material.

  - Inappropriate disclosure of, or access to, research records, research data and/or source material.

- Failure to notify the institution and relevant authorities in a timely manner of a data breach or instance of inappropriate access to data held by the researcher.
- Failure to adhere to the conditions of any institutional policy or project-specific approvals that relate to the retention, sharing or destruction of research data or primary materials
- Selective retention of research data or primary materials so as to hinder the verifiability of a research output or access request
- Failure to apply appropriate security controls to research data or primary materials
- Failure to obtain necessary approvals or acting inconsistently with a condition of any approval granted in relation to the management of research data or primary materials.

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

  - Failure by a supervisor to provide adequate guidance or mentorship on the responsible conduct of research to researchers or research trainees under their supervision
  - Demanding or accepting authorship of a research output on the basis of supervision, where the individual does not also satisfy the authorship criteria.

- **Authorship**:
  - Failure to acknowledge the contributions of others fairly.

  - Misleading ascription of authorship, including failure to offer authorship to those who qualify, attributing authorship to individuals without their consent

  - The listing of authors without their permission; attributing work to others who have not in fact contributed to the research; and the lack of appropriate acknowledgment of work primarily produced by a research student/trainee or associate. It does not include honest errors or honest differences in interpretation or judgments of data.

  - Publishing research without the final approval of the attributed authors

  - Failure to comply with an authorship agreement

  - Making false claims about the authorship in a grant application.

- **Conflicts of interest:**
  - Failure to declare or manage conflicts of interest in a timely manner

  - Failing to abide by any decisions as to the management of a conflict of interest.

- **Peer review:**
  - Failure to conduct peer review responsibly
  - Taking advantage of knowledge obtained through peer review processes
  - Disclosing the content or outcome of peer review processes
- Risking the safety of human participants or the well-being of animals or the environment
- Other practices that seriously deviate from those commonly accepted within the research community for proposing, conducting or reporting research.

Principles

(5) The principles of procedural fairness will apply to managing and investigating potential contraventions of the RCP. All investigations undertaken will be:

- *Proportional:* to the extent of the potential contravention of the RCP.
- *Fair:* by affording procedural fairness to respondents and where appropriate to complainants and others who may be adversely affected by any investigation.
- *Impartial:* where any potential, perceived, or declared conflicts of interests of investigators and decision-makers are appropriately managed.
- *Timely:* to avoid undue delays and impact on those involved (subject to the timing of the complaint).
- *Transparent:* Accurate records will be maintained for all parts of the process and information about processes used for managing contraventions of the RCP will be readily available for all staff and students engaged in research.
- *Confidential:* Information will be treated as confidential and not disclosed unless required.

Investigation Process

(6) The processes used to manage contraventions of the RCP are provided in Table 1.

Table 1: Managing Contraventions of the Research Code of Practice

Step	Process*
Reporting	Suspected contraventions of the Code must be promptly reported to: (a) the relevant Academic Unit Director of Research (or equivalent); or (b) the Director, Research Impact and Integrity who will then consult with the DVC(REI) to determine whether the report relates to a potential contravention of the Code.
Preliminary Assessment	- If a determination is made that a report relates to a potential contravention of the Code by an Employee, the DVC(REI) will refer the matter to an Assessment Officer for preliminary assessment. - In carrying out the preliminary assessment, the Assessment Officer will gather and evaluate information relating to the reported conduct to determine whether, if proven, the conduct would amount to a contravention of the Code. The Assessment Officer may also discuss the matter with the Employee, in which case the Assessment Officer will provide the Employee with: (a) written particulars of the potential contravention in sufficient detail for the Employee to understand the nature of the contravention; (b) an opportunity to respond in writing within a nominated timeframe; and

Step	Process*
	(c) the option to meet with the Assessment Officer, accompanied by the Employee's Representative. - Following conclusion of the preliminary assessment, the Assessment Officer will provide the DVC(REI) with written advice regarding the following: (a) a summary of the process undertaken by the Assessment Officer; (b) an inventory of the facts and information gathered by the Assessment Officer; (c) an evaluation of the facts and information gathered by the Assessment Officer; (d) how the suspected contravention relates to the Code and/or the University's research processes; and (e) the Assessment Officer's recommendation(s) for further action.
Determination	The DVC(REI) will consider the Assessment Officer's report provided under subclause 45.20 and determine whether the matter should be: (a) dismissed; (b) resolved at the Employee's academic unit level, either with or without corrective actions; (c) referred for action in accordance with other University processes; or (d) referred for Research Investigation.
Research Investigation	- The purpose of the Research Investigation is to determine whether, having regard to the evidence and on the balance of probabilities, the Employee has contravened the Code. - If a matter is referred for Research Investigation, the DVC(REI) will: (a) prepare a clear statement of allegations; and (b) develop the terms of reference for the investigation. - The Research Investigation will: (a) examine the facts and information gathered as part of the preliminary assessment; and (b) gather and examine any further relevant evidence as required. - The Research Investigation (any investigator must be experienced in research and/or research management) may be carried out by: (a) an investigator; or (b) an investigation panel (Panel). - A Panel may comprise members from within, and external to, the University. The size and composition of the Panel will depend on: (a) the potential consequences for the Employee; (b) the seniority of the Employee; and (c) the need to maintain public confidence in research. - The DVC(REI) will determine the size and composition of the Panel. In selecting Panel members, the DVC(REI) will consider: (a) the expertise and skills required of a person appointed as Panel Chair; (b) the appropriate level of experience and expertise in the relevant discipline area(s); (c) the need for a person with prior experience of similar investigation panels or relevant experience, knowledge, and understanding of the responsible conduct of research; (d) the need for Panel members to be free from conflicts of interest or bias; and (e) where practicable, the gender and diversity of Panel members.

Step	Process*
	- The DVC(REI) will advise the Employee in writing of the investigator or Panel's composition and provide the Employee with an opportunity to raise any concerns. 45.1 - The investigator or Panel will: (a) review the statement of allegations and terms of reference for the investigation, as provided by the DVC(REI); (b) assess the available evidence (including its veracity) and consider whether additional evidence may be required; (c) make findings of fact about the alleged contravention of the Code; (d) identify whether the Employee has contravened the Code; (e) consider the seriousness of any contravention of the Code by the Employee; and (f) make recommendations as appropriate. In carrying out the Research Investigation, the investigator or Panel may also seek expert advice to assist the investigation if required. - At the conclusion of the Research Investigation, the investigator or Panel will prepare a draft report and provide the Employee with an opportunity to comment on the report within a reasonable timeframe. - Following receipt of the Employee's comments (if any), the investigator or Panel will finalise the report and provide it to the DVC(REI) for consideration.

Consideration and Determination	The DVC(REI) will consider the Research Investigation report. If the DVC(REI) determines that:
	
	(a) the Employee has not contravened the Code, the matter will conclude and the DVC(REI) will advise the Employee accordingly in writing; or
	
	(b) the Employee has contravened the Code, the DVC(REI) will determine what Disciplinary Action is to be imposed and advise the Employee accordingly in writing, provided that:
	
	    (i) termination of employment is available in cases of Research Misconduct only; and
	    (ii) if the DVC(REI) determines that the Employee's employment should be terminated for Research Misconduct, they will refer the determination to the Vice-Chancellor for approval
	
	- If the DVC(REI) refers a determination to the Vice-Chancellor for approval pursuant to subclause 45.32(b)(ii), the Vice-Chancellor will:
	
	(a) provide the Employee with 5 working days to respond to a show cause letter;
	(b) have regard to any matters submitted by the Employee in their response to the show cause letter; and
	advise the Employee in writing of the Vice-Chancellor's determination within 10 working days of receiving the Employee's response to the show cause letter (if any).

* Please note:

- At any stage of this process, the University and the Employee may agree to place the process on hold for up to 10 working days (or longer period as agreed) and enter into confidential and without prejudice discussions with a view to reaching a mutually agreed early resolution of the matter.
- If the University and the Employee cannot reach a mutually agreed early resolution of the matter within the agreed timeframe, the process will be resumed.
- Unless otherwise agreed, any information a party provides during attempted agreed early resolution cannot be relied upon by the other party for any other purpose.

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Research Integrity Advisors

A guide supporting the *Australian Code for the Responsible Conduct of Research*

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Contents

1.   Introduction

This guide supports the implementation of the *Australian Code for the Responsible Conduct of Research* (the Code), which articulates the broad principles and responsibilities that underpin the responsible conduct of Australian research.

This guide is intended to assist institutions to adhere to all principles of the Code, in particular:

- Principle 8, 'Promotion of responsible research practices', which requires institutions to 'Promote and foster a research culture and environment that supports the responsible conduct of research'
- Responsibility 6, which states that institutions are required to 'Identify and train Research Integrity Advisors who assist in the promotion and fostering of responsible research conduct and provide advice to those with concerns about potential breaches of the Code.'

This guide also provides practical guidance to assist Research Integrity Advisors (RIAs) in fulfilling their role, expanding on references to RIAs in the *Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of research* (the Investigation Guide).

It applies to all RIAs employed by, or affiliated with, Australian institutions. These institutions vary in size, maturity, experience and organisational structure. They range from large and complex universities to small privately funded institutes. Accordingly, it is acknowledged that different institutional policies and processes are capable of fulfilling the aims of this guide and attempts have been made to ensure that there are appropriate options for flexibility in its application.

2.   Role of RIAs

RIAs are nominated, trained and supported by institutions to promote the responsible conduct of research by providing advice on research practices and researcher responsibilities as well as advice to those with concerns or complaints about potential breaches of the Code. The Code sets out principles and responsibilities that both researchers and institutions are expected to follow when conducting research. Critical to this endeavour are the moral leadership and espoused values of the institution and the shared values and expectations of honesty and integrity that characterise an institution's leadership and culture. RIAs help the institution to promote this culture.

RIAs are people with research experience, analytical skills, empathy, good communication skills, knowledge and understanding of the institution's processes and the Code. They also will have familiarity with accepted research practices in general, and, where possible, practices that are discipline-specific.

RIAs provide impartial advice and guidance to those with questions about any aspect of responsible research practice. Anyone with a concern that a breach of the Code may have occurred and would like advice is encouraged to discuss the matter with any RIA before submitting a formal complaint.

3.   Responsibilities of Institutions

This section provides guidance on the responsibilities that institutions have in relation to nominating, training and supporting RIAs.

3.1   Identify RIAs

Institutions are responsible for identifying and nominating RIAs or networks of RIAs.

Institutions should ensure that those appointed as RIAs:

- have a strong understanding of the Code and relevant institutional research and integrity processes
- model values of the Code
- have a demonstrated track record of adhering to responsible research conduct
- can provide advice on research integrity matters in a professional, discreet and sensitive manner
- have a strong understanding of related processes such as those for managing bullying and harassment
- are approachable and unbiased at all times.

> **Under the Code, institutions have the responsibility to:**
>
> R6   *Identify and train Research Integrity Advisors who assist in the promotion and fostering of responsible research conduct and provide advice to those with concerns about potential breaches of the Code.*

Institutions should ensure that the number, location and areas of expertise of RIAs that they appoint are adequate to support the institution and meet the needs of their researchers, staff and students. When identifying RIAs, institutions should ensure that they consider people from diverse backgrounds and at different career stages.

Where the relevant experience and expertise within institutions is limited, institutions may choose to come to a formal arrangement to utilise RIAs that are external to their organisation in order to provide general non-institution specific advice about responsible research practice. Where the institution is relatively small or is unable to support an RIA, a multi-institutional network of RIAs could be considered. However, in these instances, institutions should still identify someone within their institution to provide advice on specific institutional processes.

3.2   Make available information about RIAs

Institutions should look for ways to promote the role of RIAs and ensure that information about the availability and role of RIAs is readily accessible by staff and students. This information should include a list of RIAs and their contact details.

Where there is a network of RIAs within an institution, concerned parties should not be restricted to seeking advice from an RIA in their immediate area, for example their faculty or department, or on their campus.

3.3 Provide training and support to RIAs

Institutions must provide training opportunities to RIAs to:

- develop their existing knowledge of the Code and supporting guides and related internal policies
- outline their responsibilities and obligations as an RIA
- provide an overview of the institution's mechanism for receiving complaints about potential breaches of the Code
- familiarise them with the resources available to support them in their role
- address any questions or concerns they may have about the position
- offer refresher training or guidance on a regular basis.

> *Under the Code, institutions have responsibility to:*
>
> R4 *Provide ongoing training and education that promotes and supports responsible research conduct for all researchers and those in other relevant roles.*

Further training or guidance should be made available to RIAs when there are changes to their responsibilities, including updates to regulations, codes and guides, or changes to any relevant institutional processes.

Institutions should offer ongoing support and training to RIAs, including relevant resources (such as cultural awareness support; opportunities for networking with other RIAs; ready access to the full suite of relevant codes, statements, policies and procedures; advice regarding appropriate space for confidential discussions) and a point of contact for RIAs to discuss issues arising from their performance of the role.

3.4 Disclose interests and manage conflicts of interest appropriately

Institutions are required to provide guidance to RIAs on their obligations to disclose interests that may constitute a conflict of interest (COI) related to their role as RIAs, and to have processes in place to manage any COIs that arise.

COIs should be considered on a case-by-case basis. A COI is a situation in which an RIA has competing professional or private interests with the individual seeking advice, or in relation to the issue raised. Such competing interests could make it difficult for the RIA to fulfil their duties impartially and could improperly influence the performance of their official duties and responsibilities as an RIA. In instances where it could be reasonably perceived that an RIA's professional or private interests could improperly influence the performance of their duties, the RIA should err on the side of caution and follow their institution's processes on how to manage COIs that arise.

Examples of situations that may give rise to a conflict of interest include where the RIA has a financial interest in the matter, or where the RIA has a supervisory, working or personal relationship with anyone involved in the matter.

Where an institution is relatively small and a conflict of interest may be unavoidable, it may be useful to approach an RIA external to the organisation.

3.5 Manage confidentiality

Institutions are required to inform RIAs that they are obliged to report information that may be related to a potential breach of the Code. This includes the RIA's responsibility to inform anyone seeking their advice of that person's obligation to report a potential breach of the Code. There may be times when a person seeking advice from an RIA does not wish to report a potential breach themselves or does not wish the RIA to raise their concern with the institution.

Institutions should ensure that their RIAs are aware of the options that are available to them in fulfilling their reporting obligations, including the extent to which they will be able to keep information confidential and when they may have an obligation to report information that may be related to a potential breach of the Code.

Section 4.4 of this guide outlines the responsibilities of RIAs in relation to their reporting obligations and confidentiality requirements in greater detail.

4. Responsibilities of RIAs

RIAs should have a strong understanding of the Code, its supporting guides and their institution's policies and procedures relating to responsible research conduct.

In addition, RIAs are also required to have a demonstrated track record in adhering to and promoting responsible research practices.

This section provides guidance to assist RIAs in their role.

4.1 Provide advice on responsible research conduct

The role of the RIA is to provide guidance and advice to researchers and concerned parties on responsible research practices in accordance with the Code, its supporting guides and the institution's relevant processes and procedures.

> **Under the Code, researchers have the responsibility to:**
>
> R14 *Support a culture of responsible research conduct at their institution and in their field of practice.*

RIAs should promote responsible research conduct in a supportive, respectful and confidential environment in order to enable discussion of:

- responsible research practices as described in guidance provided by the Code and supporting guides
- concerns about potential breaches of the Code
- the process and information required for reporting a potential breach of the Code and other appropriate pathways to manage concerns that are not necessarily related to research integrity.

When RIAs respond to requests for advice they should:

- respond in a timely manner and/or advise when advice will be delayed whilst the RIA seeks further information or guidance either from the Research Integrity Office (RIO) (or equivalent) or other RIAs
- communicate clearly
- be impartial and provide unbiased advice
- not disclose details to anyone unless required by processes under the Code and/or institutional or other policies.

RIAs may also have a responsibility to assist with education and training as well as promote responsible research practice in their respective areas.

4.2   Engage in relevant training and support

RIAs must participate in induction and refresher training to develop and maintain their understanding of:

- the Code and supporting guides
- the processes and procedures contained within the Investigation Guide
- institutional processes and procedures
- their responsibilities as an RIA.

RIAs should seek support from the institution's RIO (or equivalent) as required.

4.3   Disclose interests and manage conflicts of interest

RIAs should appropriately disclose their interests to the concerned party. If the RIA and the concerned party perceive that there is a conflict of interest, the RIA may not engage in discussions with or provide advice to the concerned party on relevant matters. In this instance, the RIA should refer the concerned party to another RIA, where available, or seek advice on how to proceed from the institution's RIO (or equivalent).

If an RIA is unsure whether their interests constitute a conflict of interest, they should seek the advice of their institution's RIO (or equivalent) prior to engaging in any discussions with concerned parties.

There may be times where a conflict of interest only becomes apparent after initial or continued discussions. If this occurs, the RIA should stop providing advice and either hand over to another RIA or seek advice from the RIO, (or equivalent).

Examples of situations that may give rise to a conflict of interest include where the RIA has a financial interest in the matter, or where the RIA has a supervisory, working or personal relationship with anyone involved in the matter.

4.4   Reporting potential breaches of the Code

Consistent with the requirements of the Code for all those involved in research, RIAs have an obligation to report potential breaches of the Code to the RIO (or equivalent). This being the case, when the person seeking advice first approaches the RIA, the RIA should establish shared expectations from the outset about the extent to which the RIA will be able to keep information confidential and when they may have an obligation to report the matter. The person seeking advice can then decide whether to disclose details to the RIA, seek general advice only, or seek an alternative source of advice.

As part of their role in providing advice, the RIA may suggest that the person seeking advice provide documents to help the RIA understand the matter and whether it falls under the Code. Providing documents to the RIA is not part of the process of gathering evidence for any preliminary assessment of a potential breach required by the Code, which is conducted by the RIO (or equivalent).

Where the person seeking advice from the RIA wishes to report the matter, the RIA should support the reporting of potential breaches of the Code to the institutional RIO (or equivalent) in a timely manner and in accordance with the institution's documented process. Where a matter is reported, the RIA will not generally be involved in the institution's response other than as a witness or to provide testimony, where required (as per the Investigation Guide).

4.5 Record Keeping

RIAs should keep a record of all formal discussions and advice given. This will assist them to:

- provide consistent and informed follow up advice, where needed
- provide advice to the institution on any common or recurring issues
- respond to questions or concerns raised by their institution about the advice they have given in their role.

The RIA's records should be kept in a safe, secure location and disposed of in accordance with institutional record keeping policies.

The RIA's records of confidential discussions are not part of the investigation process. However, if a matter is referred to the RIO (or equivalent), these records may be required as evidence.

5. Additional Resources

Australian Code for the Responsible Conduct of Research, 2018 (the Code)

Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research (Investigation Guide)

Guide to Authorship

Guide to Management of data and information in research

Guide to Peer review

Guide to Disclosure of interests and management of conflicts of interest

Guide to Supervision

Guide to Collaborative research

Guide to Publication and dissemination of research

Research Integrity Training

1. *WSU Research Integrity Training online*

Western's Research Integrity Online module **comprises six interactive topics**, that underpin the principles of research integrity as articulated in the Australian Code for the Responsible Conduct of Research (2018). The topics emphasise the significance of responsible research conduct in the planning, conduct and dissemination of research undertaken by Western Sydney University's researchers (MyCareer Online) and higher degree research students (vUWS).

Western is committed to providing a research environment that promotes and facilitates honesty, responsibility, fairness, and accountability in research.

Establishing integrity in research will also enable our researchers to fulfil obligations to research funding bodies, the Government, the public and research partners in Industry and the community. The topics comprise:
1. Conflicts of Interest
2. Research Culture
3. Research Collaborations
4. Research Data
5. Authorship and Publication
6. Peer review.

The separate Research Integrity Online Quiz available from MyCareer Online must also be completed to confirm successful completion of the module.

2. ARMS RIA Training

A joint collaboration between AAMRI and ARMS

aamri Association of Australian Medical Research Institutes

ARMS Australasian Research Management Society

USER INSTRUCTIONS ON HOW TO ACCESS THE PRACTICAL GUIDE FOR RESEARCH INTEGRITY ADVISORS.

PLEASE NOTE THAT THIS GUIDE IS ONLY AVAILABLE TO AAMRI AND ARMS MEMBERS

Step 1 – Login to the Member Portal – Go to **Member Login** (on top right-hand side) and enter your user name and password.
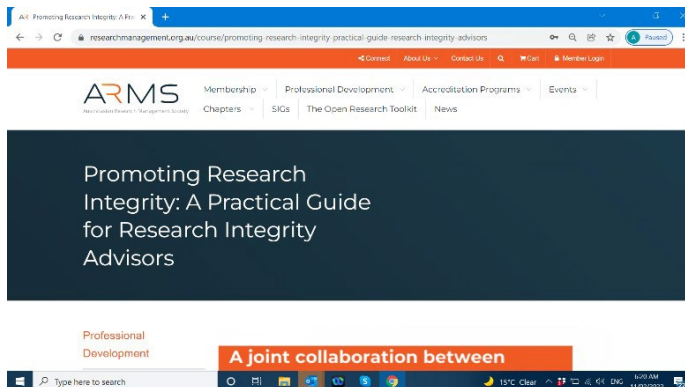
Step 2 Under the Resources tab – click onto the Research Integrity Advisor Practical Guide and then scroll down the page until you reach the **registration box** (see below).
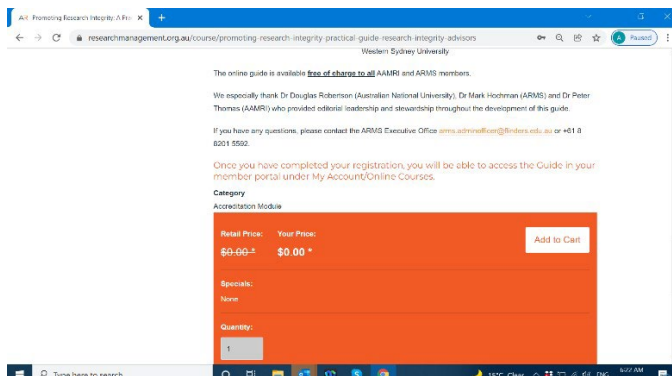
Step 3 – Click "Add to Cart" and follow all prompts to complete the registration process. Once completed you will be taken to the next screen "My Account" and must click onto **"Online Courses"**.
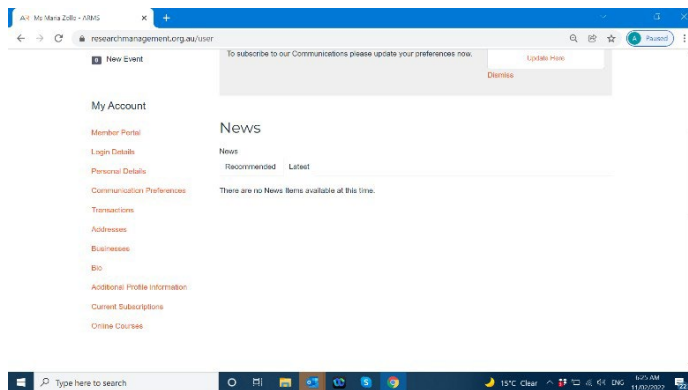
Step 4 – This will then take you to **"Enrolled Courses"** screen. Click onto the orange hyperlink **"Practical Guide for Research Integrity Advisors**".
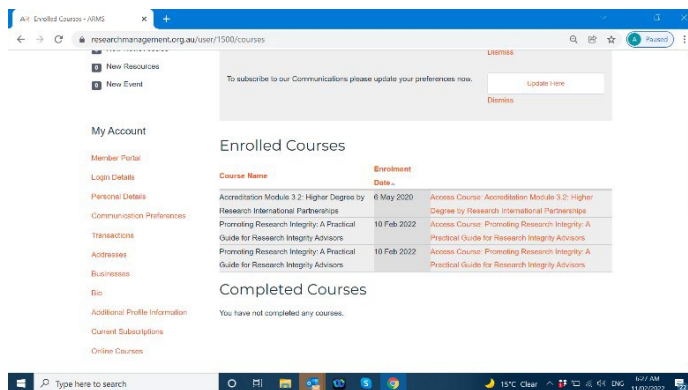
Step 5 – This will then take you to the online course which is powered through Moodle – You are then ready to navigate through the online guide.
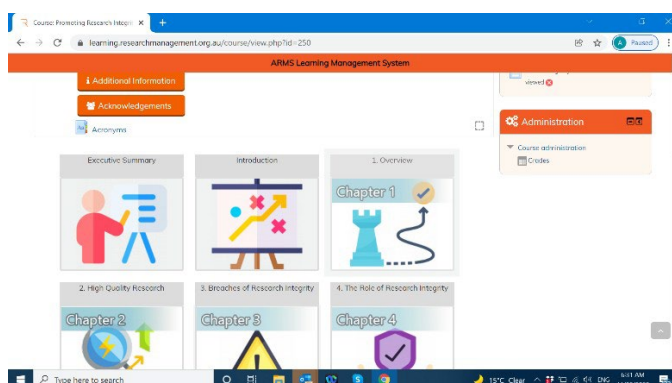
Research Integrity and Good Research Practice Checklist

This checklist has been designed to assist researchers at Western Sydney University to conduct research with integrity and applies to all research projects, irrespective of funding arrangement.

All those involved in research should be aware of and abide by the principles of research integrity set out by the university, funders, regulators, professional associations, and the law. This (non-exhaustive) checklist seeks to provide an introduction to these principles and encourages a broader dialogue between supervisors, researchers and students about good research practice. It is intended to be a guide only.

Note: Copies of any required documentation should be forwarded to the Institute you are affiliated with and kept on file with your research project paperwork.

	Item	Requirement	Resources and further guides
	Research Code of Practice		
☐	The Research Code of Practice sets out the principles and processes to support the responsible conduct of research in accordance with the Australian Code for the Responsible Conduct of Research (ACRCR) 2018 and applies to all research activity carried out by, at or on behalf of the University, and to all individuals who carry out research at or on behalf of the University.	Read and understand the code, noting that all researchers are expected to undertake their research with integrity.	Research Code of Practice Australian Code for the Responsible Conduct of Research 2018 Australian Code for the Care and Use of Animals for Scientific Purposes (2013)
	Research Data Management		
☐	All research project data should be managed and curated effectively throughout its lifecycle in accordance with the University's Research Data Management Policy. Researchers must create a shareable Research Data Management Plan (RDMP) which complies with the University's Research Data Management Policy. This should be updated as and when data management practices change.	Prior to commencing your research, submit a RDMP via ResearchDirect. This is an online template that asks all the necessary questions to get you thinking about how data will be managed on your research project. Download and save a copy once created. *Recommendation:* Attend the Introduction to Research Data Management training – suggest all new researchers attend.	Research Data Management Policy ResearchDirect Research Data Management – Library Training NHMRC – Management of Data and Information in Research Research Funder & Publisher Requirements
	Funder expectations		
☐	Researchers should be aware of codes of conduct or guidelines developed by individual funders. Compliance with such codes is often a requirement of funding. Consideration	It is important that CIs are fully aware of the terms and conditions of an award and their obligations under the award. This information can usually be found in the body of	Australian Research Council (ARC)

	should be given to the ~~sensitivities of~~ confidentiality requirements of the funding bodies (such as partner requirements around media releases and publishing embargoed information)~~.~~	the Funding Agreement or Conditions of Award. In some cases, invoicing and reporting milestones may be located in the Schedule to an Agreement.	National Health and Medical Research Council (NHMRC)
Risk Management			
☐	In conducting research activities, researchers have responsibilities to assess and manage the risk of their research activities.	All research projects require a completed Risk Assessment per the Risk Management Policy, regardless of funding arrangement. Please contact your School/Institute to ascertain if they require a certain template to be utilised. A standard WHS Risk Assessment template can be found on the Universities website. As per the Digital Services Implementation Policy, all acquisitions of software (free, purchased or downloaded) for research projects are required to complete a Risk and Compliance Determination form. This allows ITDS to evaluate IT risks and compliance issues associated with the software and develop recommendations on how any identified risks can be addressed.	Risk Management Policy. WHS Digital Services Implementation Policy Risk and Compliance Determination form (login required)
Ethical Requirements			
☐	Research involving human participants, human data or tissue, the use of animals, microorganisms or agents (classified as Risk Group 2 and above), genetically modified organisms, biological toxins, Security Sensitive Biological Agents (SSBA), quarantine material, ionising radiation sources, radioactive materials and equipment, and lasers above class 2, will necessitate compliance with particular ethical and legal requirements.	*Documentation required for Animal Ethics* *Documentation required for Human Ethics* *Documentation required for Biosafety and Radiation Safety*	Research Integrity and Ethics Research Ethics Policy documents Australian Code for the Responsible Conduct of Research (2018) and associated guides Australian Code for the Care and Use of Animals for Scientific Purposes (2013) Animal Research Act (1985) National Statement on Ethical Conduct in Human Research (2018)
Authorship			
☐	Authorship provides credit for an individual's contributions to a study and carries accountability. It is important that researchers are aware of the authorship practices within their own disciplines and any guidelines set by the journals in which they hope to publish.	Understand the University's guidelines on authorship. Discuss any discipline specific requirements and guidance for authorship and publication relevant to the area of research.	Research Code of Practice: Part C - Authorship and Attribution Authorship - NHMRC

Commented [SM1]: This will be published with the revised Research Code of Practice

	It is recommended that arrangements and responsibilities for the publication of results should be taken into account when planning a research project and reviewed at appropriate points during the lifecycle of the study.		
	Conflict of Interest		
☐	Researchers should declare and manage any real or potential conflicts of interest (COI).	Declaration of COI on Conflict of Interest Register.	Conflict of Interest Policy Conflict of Interest Procedures Conflict of Interest Guidelines COI Register COI Register – How to use NHMRC - Disclosures of Interest
	Licences, permissions and agreements		
☐	Some projects will require licences, permissions or agreements before they can commence. This might include, for example: • Import licences for materials • Foreign arrangements • Licences to use certain materials • Material Transfer Agreements • Permissions from communities or government agencies • Export control licences	The Defence Trade Controls Act 2012 (DTCA) regulates the intangible supply, publication and brokering of goods and technology listed in the Defence and Strategic Goods List (DSGL) and strengthens existing regulations on tangible exports under the Customs Act 1901. Supplying, brokering or publishing items, technologies and information outside of Australia that are considered by government as 'controlled' may require a permit. In December 2020, the Australian Government implemented the Foreign Arrangements Scheme; established under Australia's Foreign Relations (State and Territory Arrangements) Act 2020. If you are intending to enter into an arrangement with an international partner, whether it's an institution, government, corporate, or individual, please use the foreign arrangement form to let the Foreign Arrangements team know of your intent. This submission form allows us to evaluate whether or not we need to notify the Department of Foreign Affairs and Trade regarding a new partnership. Notifying the University means that we can follow appropriate policy and processes around developing partnerships and ensure that staff rights are protected from potential external threats.	Foreign Arrangements Scheme webpage Foreign Arrangements Notification Form Department of Foreign Affairs and Trade DFAT Sanctions regimes webpage DFAT Smartraveller Guidelines to Counter Foreign Interference in the Australian University Sector Controlled Goods and Technology Defence Export Controls Defence Strategic Goods List

	Intellectual Property		
☐	It is important that researchers consider whether Intellectual Property may be generated by their project and that they are aware of the University policy on Intellectual Property Rights.	Discuss whether it is likely that intellectual property will be generated by the project. Understand the University's guidance on Intellectual Property. Discuss any third-party agreements in place that will govern arrangements for IP generated during the project.	Intellectual Property Policy
	Training and professional development		
☐	Training is an important part of ensuring that researchers are able to understand and adopt best practice as quickly as possible. The University offers many training courses at the local and School-level as well as centrally.	Mandatory Training allocated to you is accessible via Staff Online in the MyCareerOnline tab. There is also a range of other training across the university.	Staff Online Researcher Development Upcoming training
	Subject-specific policies, procedures and guidelines		
☐	Individual University departments and faculties have subject-specific policies and guidelines that they expect their members to abide by. Additionally, there are a wide range of codes and guidelines developed by professional or subject-specific groups that researchers should be aware of.	Become familiar with all relevant policies as required by your role.	WSU Policies

Australian Government

National Health and Medical Research Council

Australian Research Council

UNIVERSITIES AUSTRALIA

Australian Code for the Responsible Conduct of Research

2018

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Preamble

The Australian and international community expects research to be conducted responsibly, ethically and with integrity. The *Australian Code for the Responsible Conduct of Research* (the Code) articulates the broad principles that characterise an honest, ethical and conscientious research culture. It establishes a framework for responsible research conduct that provides a foundation for high-quality research, credibility and community trust in the research endeavour. It outlines the expectations for the conduct of research in Australia or research conducted under the auspices of Australian institutions.

The primary responsibility for ensuring the integrity of research lies with individual researchers and institutions. The Code sets out principles and responsibilities that both researchers and institutions are expected to follow when conducting research. Critical to this endeavour are the moral leadership and espoused values of the institution and the shared values and expectations of honesty and integrity that characterise an institution's leadership and culture.

The previous version of the Code has served as an important point of reference to researchers and administrators. In addition, its widespread adoption has provided the Australian community, and those responsible for funding research, with greater confidence in the integrity of research. This updated version of the Code has the same goal, but is presented in a simpler way that more clearly articulates the high-level principles, responsibilities and expectations that apply to all research across all disciplines.

This Code does not incorporate the laws, regulations and guidelines and other codes of practice that apply to the conduct of research. Those responsible for the conduct of research are expected to be aware of and comply with the applicable laws and codes.

The Code will be supported by a number of Guides that detail how to comply with the principles and responsibilities of the Code. The advice is relevant to the diversity of Australian research institutions and research disciplines. Institutions and researchers are strongly encouraged to follow the advice in the Guides. For institutions, the Guides provide a reference for the development of processes that promote the principles and responsibilities of the Code.

The Code represents the core behaviours that characterise the responsible conduct of research. A failure to meet the principles and responsibilities set out in the Code is a breach of the Code. A breach of the Code occurs on a spectrum from minor breaches to those that are more serious. A serious breach of the Code that is carried out with intent or recklessness or negligence is particularly egregious and may be referred to as research misconduct. The *Guide to Managing and Investigating Potential Breaches of the Code* (the Investigation Guide) outlines the preferred model for institutions to use to investigate and manage potential breaches, determine any corrective actions to ensure the integrity of the research record and when a finding of research misconduct may be made.

The Australian Research Integrity Committee will use the Investigation Guide as a benchmark for reviewing how an institution funded by National Health and Medical Research Council (NHMRC) or Australian Research Council (ARC) has managed a potential breach of the Code.

Compliance with this Code is a requirement for the receipt of funding by NHMRC and ARC.

Other research agencies are encouraged to adopt this Code as a mandatory requirement.

Principles of responsible research conduct

The principles (P1–P8) that are the hallmarks of responsible research conduct are:

P1 Honesty in the development, undertaking and reporting of research
- Present information truthfully and accurately in proposing, conducting and reporting research.

P2 Rigour in the development, undertaking and reporting of research
- Underpin research by attention to detail and robust methodology, avoiding or acknowledging biases.

P3 Transparency in declaring interests and reporting research methodology, data and findings
- Share and communicate research methodology, data and findings openly, responsibly and accurately.
- Disclose and manage conflicts of interest.

P4 Fairness in the treatment of others
- Treat fellow researchers and others involved in the research fairly and with respect.
- Appropriately reference and cite the work of others.
- Give credit, including authorship where appropriate, to those who have contributed to the research.

P5 Respect for research participants, the wider community, animals and the environment
- Treat human participants and communities that are affected by the research with care and respect, giving appropriate consideration to the needs of minority groups or vulnerable people.
- Ensure that respect underpins all decisions and actions related to the care and use of animals in research.
- Minimise adverse effects of the research on the environment.

P6 Recognition of the right of Aboriginal and Torres Strait Islander peoples to be engaged in research that affects or is of particular significance to them
- Recognise, value and respect the diversity, heritage, knowledge, cultural property and connection to land of Aboriginal and Torres Strait Islander peoples.
- Engage with Aboriginal and Torres Strait Islander peoples prior to research being undertaken, so that they freely make decisions about their involvement.
- Report to Aboriginal and Torres Strait Islander peoples the outcomes of research in which they have engaged.

P7 Accountability for the development, undertaking and reporting of research
- Comply with relevant legislation, policies and guidelines.
- Ensure good stewardship of public resources used to conduct research.
- Consider the consequences and outcomes of research prior to its communication.

P8 Promotion of responsible research practices
- Promote and foster a research culture and environment that supports the responsible conduct of research.

Responsibilities of institutions

Responsible research conduct is fostered and underpinned by the research culture of the institution. Institutions have an obligation to encourage and support responsible research conduct. They are accountable to funding organisations and the Australian community for how research is conducted. To foster responsible research conduct, institutions will:

R1   Establish and maintain good governance and management practices for responsible research conduct.

R2   Identify and comply with relevant laws, regulations, guidelines and policies related to the conduct of research.

R3   Develop and maintain the currency and ready availability of a suite of policies and procedures which ensure that institutional practices are consistent with the principles and responsibilities of the Code.

R4   Provide ongoing training and education that promotes and supports responsible research conduct for all researchers and those in other relevant roles.

R5   Ensure supervisors of research trainees have the appropriate skills, qualifications and resources.

R6   Identify and train Research Integrity Advisors who assist in the promotion and fostering of responsible research conduct and provide advice to those with concerns about potential breaches of the Code.

R7   Support the responsible dissemination of research findings. Where necessary, take action to correct the record in a timely manner.

R8   Provide access to facilities for the safe and secure storage and management of research data, records and primary materials and, where possible and appropriate, allow access and reference.

R9   Facilitate the prevention and detection of potential breaches of the Code.

R10   Provide mechanisms to receive concerns or complaints about potential breaches of the Code. Investigate and resolve potential breaches of the Code.

R11   Ensure that the process for managing and investigating concerns or complaints about potential breaches of the Code is timely, effective and in accord with procedural fairness.

R12   Support the welfare of all parties involved in an investigation of a potential breach of the Code.

R13   Base findings of investigations on the balance of probabilities and ensure any actions are commensurate with the seriousness of the breach.

Responsibilities of researchers

Researchers will uphold the principles of responsible research conduct in all aspects of their research. To this end, researchers will:

R14 Support a culture of responsible research conduct at their institution and in their field of practice.

R15 Provide guidance and mentorship on responsible research conduct to other researchers or research trainees under their supervision and, where appropriate, monitor their conduct.

R16 Undertake and promote education and training in responsible research conduct.

R17 Comply with the relevant laws, regulations, disciplinary standards, ethics guidelines and institutional policies related to responsible research conduct. Ensure that appropriate approvals are obtained prior to the commencement of research, and that conditions of any approvals are adhered to during the course of research.

R18 Ensure that the ethics principles of research merit and integrity, justice, beneficence and respect are applied to human research.

R19 Engage with Aboriginal and Torres Strait Islander peoples and respect their legal rights and local laws, customs and protocols.

R20 Ensure that the 3Rs (Replacement, Reduction and Refinement) are considered at all stages of research involving animals and minimise the impacts on animals used in research and in so doing support the welfare and wellbeing of these animals.

R21 Adopt methods appropriate to the aims of the research and ensure that conclusions are justified by the results.

R22 Retain clear, accurate, secure and complete records of all research including research data and primary materials. Where possible and appropriate, allow access and reference to these by interested parties.

R23 Disseminate research findings responsibly, accurately and broadly. Where necessary, take action to correct the record in a timely manner.

R24 Disclose and manage actual, potential or perceived conflicts of interest.

R25 Ensure that authors of research outputs are all those, and only those, who have made a significant intellectual or scholarly contribution to the research and its output, and that they agree to be listed as an author.

R26 Acknowledge those who have contributed to the research.

R27 Cite and acknowledge other relevant work appropriately and accurately.

R28 Participate in peer review in a way that is fair, rigorous and timely and maintains the confidentiality of the content.

R29 Report suspected breaches of the Code to the relevant institution and/or authority.

Definitions

Term	Definition
3Rs	The 3Rs are three principles that underpin a systematic framework to achieve the goal of humane experimental techniques. The principles are: Replacement of animals with other methods; Reduction in the number of animals used; and Refinement of techniques used to minimise the adverse impact on animals.
Balance of probabilities	The civil standard of proof, which requires that, on the weight of evidence, it is more probable than not that a breach has occurred.
Breach	A failure to meet the principles and responsibilities of the Code. 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.
Institution	Includes universities, independent research institutes, hospitals or any other organisation that conducts research. May refer to one or multiple institutions.
Peer review	The impartial and independent assessment of research by others working in the same or a related field.
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.
Research misconduct	A serious breach of the Code which is also intentional or reckless or negligent.
Researcher	Person (or persons) who conducts, or assists with the conduct of, research.

Development of the Code

The Code has been jointly developed by the National Health and Medical Research Council, the Australian Research Council and Universities Australia as a guideline under the *National Health and Medical Research Council Act 1992*. The development of the Code has been overseen by an expert working committee that consisted of the following members:

Member	Position	Period
Professor Mike Calford (Chair)	Provost, University of Tasmania	April 2015–December 2017
Professor Mike Brooks	Deputy Vice Chancellor Research, University of Adelaide	April 2015–December 2017
Professor Andrew Davidson	Medical Director, Melbourne Children's Trials Centre, Murdoch Childrens Research Institute	April 2015–December 2017
Emeritus Professor Toni Makkai	Former Dean, College of Arts and Social Sciences, Australian National University	April 2015–December 2017
Professor Philip Mitchell	Head of the School of Psychiatry, University of New South Wales	April 2015–December 2017
Emeritus Professor Janice Reid	Former Vice-Chancellor and President, Western Sydney University	April 2015–December 2016
Dr Paul Taylor	Director, Research Integrity, Governance and Systems, RMIT University	February 2016–December 2017
Professor Mandy Thomas	Executive Dean, Creative Industries Faculty, Queensland University of Technology	April 2015–August 2017
Dr Karolyn White	Director, Research Ethics and Integrity, Macquarie University	April 2015–December 2017
Dr Sarah Winch	Head of the Discipline of Medical Ethics, Law and Professionalism, The University of Queensland	December 2016–December 2017

Authorship

A guide supporting the *Australian Code for the Responsible Conduct of Research*

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Contents

1.   Introduction

This guide supports the implementation of the *Australian Code for the Responsible Conduct of Research* (the Code), which articulates the broad principles and responsibilities that underpin the responsible conduct of Australian research.

In particular, this guide is intended to assist institutions and researchers to adhere to relevant principles of the Code, including:

• Principle 4, 'Fairness in the treatment of others', which requires researchers to 'give credit, including authorship where appropriate, to those who have contributed to the research.'

• Principle 6, 'Recognition of the right of Aboriginal and Torres Strait Islander Peoples to be engaged in research that affects or is of particular significance to them', which requires researchers to credit the contributions of Indigenous people and knowledge.

This guide aims to assist institutions to develop and maintain authorship policies that facilitate the recognition of significant intellectual or scholarly contribution to a research output and reflect that authorship:

i. must be an honest reflection of contribution to research

ii. must be assigned fairly, and consistently with established disciplinary practice

iii. must be communicated clearly and transparently between contributors to the research.

The Code and this guide apply to all research conducted under the auspices of Australian institutions. These institutions vary in size, maturity, experience and organisational structure. They range from large and complex universities, to small privately funded institutes. Accordingly, it is acknowledged that different institutional policies and processes are capable of fulfilling the aim of this guide and attempts have been made to ensure that there are appropriate options for flexibility in its application.

This guide also aims to assist those involved in research to understand and apply best practice in determining and agreeing on authorship.

2.   Authorship criteria

An author is an individual who:

• has made a significant intellectual or scholarly contribution to research and its output, and

• agrees to be listed as an author.

This section sets out further detail on authorship criteria.

2.1   What is a significant intellectual or scholarly contribution?

While authorship conventions vary across disciplines, a significant intellectual or scholarly contribution must include one and should include a combination of two or more[1] of the following:

• conception and design of the project or output

• acquisition of research data where the acquisition has required significant intellectual judgement, planning, design, or input

• contribution of knowledge, where justified, including Indigenous knowledge

• analysis or interpretation of research data

• drafting significant parts of the research output or critically revising it so as to contribute to its interpretation.

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1   This is the minimum threshold for authorship, noting that some journals, disciplines, and institutions may require a higher threshold.

Authorship must not be attributed when an individual has not made a significant intellectual or scholarly contribution to a research output and, as a general rule, all those who have made a significant intellectual or scholarly contribution should be named as authors. If an individual is unwilling to be accountable for their contribution by being named as an author, their contribution should generally not be included in the research output. Institutional policies should clarify the circumstances in which these contributions should be included and how inclusion of such contributions should be handled, and require that all named authors must have confidence in the integrity and accuracy of these contributions.

Authorship should not be attributed solely on the basis of:

- the provision of funding, data, materials, infrastructure or access to equipment
- the provision of routine technical support, technical advice or technical assistance
- the position or profession of an individual, such as their role as the author's supervisor or head of department ('gift authorship')
- whether the contribution was paid for or voluntary
- the status of an individual who has not made a significant intellectual or scholarly contribution being such that it would elevate the esteem of the research ('guest authorship').

For a person to claim, demand, or accept authorship without having made a significant intellectual or scholarly contribution is a breach of the Code. Similarly, it is a breach of the Code for a person to offer or attribute authorship to someone who has not made a significant intellectual or scholarly contribution.

Students and junior researchers who have made a significant intellectual or scholarly contribution are entitled to authorship, notwithstanding that they may have been more closely supervised.

Sometimes the editor of a significant collective work or anthology of research papers has made contributions analogous to those of authors and, in such cases, similar criteria may apply to 'editor' as to 'author'. However, the term 'editor' should be applied only to a person who has played a significant role in the intellectual shaping of a publication.

2.2   What does it mean to be accountable for the research output?

All listed authors are collectively accountable for the whole research output. An individual author is directly responsible for the accuracy and integrity of their contribution to the output. Authors should have confidence in the accuracy and integrity of the contributions of their co-authors.

3.   Responsibilities of institutions

This section provides guidance on the responsibilities that institutions have in relation to authorship.

3.1   Design and promote institutional policies

Institutions that conduct research must have policies designed to ensure the fair and honest attribution of authorship, and minimise and resolve disputes about authorship. Institutional policies should encourage researchers' commitment to increase transparency in authorship assignments or attribution, and should be consistent with this guide.

> **Under the Code, institutions have the responsibility to:**
>
> R3   *Develop and maintain the currency and ready availability of a suite of policies and procedures which ensure that institutional practices are consistent with the principles and responsibilities of the Code.*

The institutional policies should include guidance on:

- criteria used to determine who is eligible to be an author and their responsibilities
- the use and applicability of discipline-specific guidelines
- dealing with authorship disputes (see Section 5).

The institutional policies should apply to the authorship of all research outputs (including non-traditional research outputs) and the attribution of authorship in other documents related to research, such as research proposals, grant applications, reports for funding agencies, tenders, patents and patent applications, etc.

The institutional policies should also apply to web-based publications and applications, including professional blogs and any form of authored research output that is made publicly available.

Institutions should ensure that their authorship policies are readily accessible via the institution's website.

Institutions may develop or adopt discipline-specific guidelines that are consistent with this guide, the institutional authorship policies and established disciplinary norms.

3.2   Provide training for researchers

Institutions must provide ongoing training and education that promotes and supports responsible research conduct and assists all researchers and those in other relevant roles to follow the institution's authorship policies and other relevant disciplinary-specific policies.

> **Under the Code, institutions have responsibilities to:**
>
> R4   *Provide ongoing training and education that promotes and supports responsible research conduct for all researchers and those in other relevant roles.*
>
> R5   *Ensure supervisors of research trainees have the appropriate skills, qualifications and resources.*

4.   Responsibilities of researchers

This section provides guidance on the responsibilities that researchers have in relation to authorship. Researchers should also refer to their institutional policies and the Code.

4.1   Ensure appropriate and fair attribution of authorship

The corresponding author has primary responsibility for ensuring that all contributors to the research output are properly recognised regardless of their position or any changes in their position or role. All authors should alert the corresponding author to any author or contributor who may have been inadvertently omitted. References in this paragraph should be interpreted to include contributions from student and junior researchers.

> **Under the Code, researchers have the responsibility to:**
>
> R25   *Ensure that authors of research outputs are all those, and only those, who have made a significant intellectual or scholarly contribution to the research and its output, and that they agree to be listed as an author.*

'Ghost authorship'—where an individual such as a research assistant or industry researcher meets the criteria for authorship but is not acknowledged as an author—is not an acceptable practice, and is inconsistent with the principles and responsibilities of the Code and this guide.

A person who qualifies as an author must not be included or excluded without their written agreement. This written agreement should be provided by each author in a timely fashion. A record of each written agreement must be kept.

If an author is deceased, this should be noted in the publication.

4.2   Formalise authorship arrangements

All researchers should discuss authorship at an early stage in the research, as well as throughout the research project. Where there is more than one author, it is good practice to have an authorship agreement in place before the commencement of writing up a research project. An authorship agreement does not need to be a formal legal document. It can be in the form of emails, a transcript of an online discussion or other similar evidence of agreement.

The authorship agreement should include:

- identification of those who will be recognised as the authors of the research output
- a description of the contribution that each author has made (or will make) to the research output
- an indication of the order in which the authors appear. The agreed order of authors should be consistent with any applicable disciplinary norms and publication requirements
- identification of at least one corresponding author who is responsible for communication with the publisher and managing communication between the co-authors.

It is the responsibility of the corresponding author to maintain records of the authorship agreement. Where the corresponding author is not from the same institution as other listed authors, authors are encouraged to keep their own records.

As a project evolves, it is important to continue to discuss authorship, especially if new people become involved in the research and make a significant intellectual or scholarly contribution. The corresponding author should retain a record of any agreed changes to the authorship of a research output.

4.3   Acknowledge contributions other than authorship

Contributions to research that do not meet the criteria for authorship should be acknowledged where appropriate; for example, contributions from individuals providing technical support. It is also good practice to recognise the contribution of research infrastructure.

> ***Under the Code, researchers have the responsibility to:***
>
> *R26   Acknowledge those who have contributed to the research.*

Researchers intending to publish Indigenous knowledge obtained through sources including unpublished manuscripts, or audio or video recordings, should seek approval from the Indigenous people involved in the project or the community from which that knowledge originates and the individual and collective contributors of the knowledge should be acknowledged, as appropriate.[2]

As a general rule, researchers should obtain permission from named contributors before acknowledging them in research outputs, since acknowledgement may imply a contributor's endorsement of the research output.

4.4   Be accountable for the research output

Although authors are accountable for the whole research output, the responsibilities associated with this accountability are dependent on the extent and type of contribution made.

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2   https://www.nhmrc.gov.au/research-policy/ethics/ethical-guidelines-research-aboriginal-and-torres-strait-islander-peoples

An author is responsible for ensuring the accuracy and integrity of their direct contribution to the research output. To achieve this, authors must adhere to the principles and responsibilities of the Code.

Authors are also responsible for taking reasonable steps to ensure the accuracy and integrity of the contributions of all other co-authors. This means that authors should, where feasible, be able to identify which co-authors are responsible for specific other parts of the work and that they should raise any concerns about the accuracy and integrity of the research before submission or publication.

If an individual does not agree to be accountable for their contribution, the contribution should not be included in the research output.

Following publication, all authors must also ensure that any concerns about the accuracy or integrity of any part of the output are appropriately responded to. This may mean providing all necessary evidence to demonstrate the accuracy and integrity of their contribution, or seeking such evidence from the other co-authors. It may result in correcting the public record by way of erratum or retraction.

If an author is deceased (or cannot be contacted after reasonable attempts have been made), all the co-authors must still have confidence in the accuracy and integrity of that author's contribution. This may require consideration of the underlying data and methodology.

4.5   Approve research output

Authors must approve the research output before its submission for publication and, in doing so, agree to be accountable for it. Authors must also approve the final version before publication. The final approval process may be coordinated by the publisher, often through the corresponding author.

The corresponding author must keep written records that confirm that approval has been obtained from all authors.

If an author is deceased, or after all reasonable efforts that have been made to establish contact have failed and have been documented, publication can proceed, provided that there are no grounds to believe that this person would have objected to being included as an author. In such instances, it may be appropriate for an institution to provide written agreement for the inclusion of an author.

4.6   Engage in relevant training

Researchers should engage with relevant training and education provided by or through their institution and should seek out other relevant training opportunities when they perceive a knowledge gap.

> **Under the Code, researchers have the responsibility to:**
>
> R16   *Undertake and promote education and training in responsible research conduct.*

5.   Resolution of disputes

The institutional authorship policies should include a mechanism for raising concerns and the fair and timely resolution of disputes about authorship. The policies should include guidance on managing disputes such as those involving:

- power imbalances between researchers
- researchers who are unwilling to accept authorship and/or accountability for their contribution, obstruct progress of a research project or output, or fail to cooperate with co-authors
- researchers from multiple institutions.

Researchers must treat fellow researchers and others involved in the research fairly and with respect (see P4 of the Code). Researchers should follow their institution's process to resolve any disputes that arise between authors.

The parties to the dispute should maintain records of agreements reached through direct dialogue or mediation.

6. Breaches of the Code

Institutions should manage and investigate concerns or complaints about potential breaches of the Code in accordance with the *Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research* (the Investigation Guide).

Examples of breaches of the Code that are related to authorship (see also Section 2.1 of the Investigation Guide) include, but are not limited to:

- crediting authorship to or accepting authorship from individuals who do not meet the criteria for authorship (for example, honorary, gift or guest authorship)
- failing to ascribe authorship to individuals where those individuals meet the requirements of authorship (for example, ghost authorship)
- attributing authorship to individuals without their consent
- publishing research without the final approval of the attributed authors
- failure to comply with an authorship agreement
- making false claims about the authorship in a grant application.

Researchers should be aware that the denial of authorship may raise the potential for plagiarism.

When managing and investigating a potential breach of the Code regarding authorship, institutions should consider the extent to which each author met their authorship responsibilities.

7. Definitions

Author	An individual who has made a significant intellectual or scholarly contribution to research and its output and who has agreed to be listed as an author.
Corresponding author	The author who is, as agreed by all co-authors, responsible for communication between the publishers, managing communication between the co-authors and maintaining records of the authorship agreement.
Research Output	A research output communicates or makes available the findings of research that may be in hardcopy, electronic or other form. Examples of research outputs include journal articles, book chapters, books, conference papers, reports, datasets, patents and patent applications, performances, videos and exhibitions.

Additional resources

- Committee on Publication Ethics (COPE), 'What constitutes authorship?'
- Ethical guidelines for research with Aboriginal and Torres Strait Islander Peoples (NHMRC)
- Guidelines for Ethical Research in Australian Indigenous Studies (AIATSIS)
- International Committee of Medical Journal Editors (ICMJE), 'Defining the Role of Authors and Contributors'

Collaborative research

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Contents

1. Introduction

This guide supports the implementation of the *Australian Code for the Responsible Conduct of Research* (the Code), which articulates the broad principles and responsibilities that underpin the responsible conduct of Australian research.

In particular, this guide is intended to assist institutions and researchers to adhere to relevant principles of the Code when they are engaged in collaborative research with other Australian and/or international researchers and research institutions, including:

- Principle 4, 'Fairness in the treatment of others', which requires researchers to treat fellow researchers and others involved in the research fairly and with respect.
- Principle 6, 'Recognition of the right of Aboriginal and Torres Strait Islander peoples to be engaged in research that affects or is of particular significance to them'.
- Principle 7, 'Accountability for the development, undertaking and reporting of research'.
- Principle 8, 'Promotion of responsible research practices', which requires researchers to promote and foster a research culture and environment that supports the responsible conduct of research.

The Code and this guide apply to all research conducted under the auspices of Australian institutions. These institutions vary in size, maturity, experience, and organisational structure. They range from large and complex universities, to small privately funded institutes. Accordingly, it is acknowledged that different institutional policies and processes are capable of fulfilling the aim of this guide and attempts have been made to ensure that there are appropriate options for flexibility in its application.

2. Collaborative Research

Collaborative research between institutions can take various forms and include research partners in industry, the government and not-for-profit sectors, and researchers from multiple countries.

Collaborative research can pose a range of challenges, including the need to accommodate specific research methodologies and research practices that exist in different research institutions, variations in regulatory and legal systems, institutional funding arrangements and organisational structures, and differing research cultures. These challenges should not be seen as a barrier to collaborative research, but as elements to be managed through normal risk management processes.

While research practices may differ between countries, researchers supported by Australian public funding should follow this guide even when conducting research outside Australia.

3. Responsibilities of institutions

This section provides guidance for institutions to support their efforts in ensuring responsible research practices throughout collaborative research projects.

Guidance on enhancing safeguards against foreign interference is contained in the *Guidelines to Counter Foreign Interference in the Australian University Sector*.

3.1   Establish agreements for each collaboration

Collaborative research involves a continuum of activities ranging in scale from simple discussions through to significant long-term partnerships. Researchers should exercise their judgment as to when a collaboration reaches the stage at which agreement to conduct collaborative research should be documented, with recognition of the risks in delaying the development of a formal collaborative agreement.

Institutions should clarify for researchers when the institution should be advised that a collaborative research project is being pursued and the process that researchers should use to provide this notification.

> ***Under the Code, institutions have the responsibility to:***
>
> R1   *Establish and maintain good governance and management practices for responsible research conduct.*

Institutions that become involved in a collaborative research project that meets their threshold for notification should ensure that an agreement is reached with all project partners. Such agreements must be consistent with the principles of the Code, including honesty, transparency, fairness, respect, and accountability.

Agreements should be in writing and may take various forms, including a legal contract, an exchange of letters, or a research management plan agreed by all parties or representatives of all parties. Regardless of the nature of the agreement, each institution remains responsible for ensuring compliance with the Code, including an obligation to manage and investigate potential breaches of the Code.

An institution that is intending to participate in a collaborative research project should ensure that its researchers are aware of their obligations under the agreement and governance framework, including laws, policies, and contractual arrangements.

A number of specific issues need to be addressed prior to the commencement of the project for collaborative research to be effective. This may include undertaking appropriate due diligence inquiries into potential international research partners, informed by foreign interference risks. When developing collaborative research agreements the following should be considered:

- the expectations of each party in terms of definitions of roles and responsibilities, including the designation of the institution or individuals that will take the lead in reporting to funders, regulatory bodies and in the management of potential breaches of the Code
- governance of the project, including management of significant changes, such as partners leaving or joining the collaboration
- the use, management, sharing, and ownership of research data, primary materials, and intellectual property (including copyright and pre-existing intellectual property belonging to individual parties that is shared in the course of the collaborative research)
- where practical, the ongoing ownership, stewardship or control of research data and primary materials in the event a researcher or institution leaves the collaboration during the project
- access to other assets or items that are retained at the end of the project
- the requirements for the disclosure and management of conflicts of interest
- the allocation of responsibilities in relation to ethics and governance approval and safety clearances
- the management of confidentiality issues
- the protocols for authorship and acknowledgement of research outputs, including data outputs
- funding arrangements (with funding sources declared transparently)

- any plans to commercialise research outputs and any entitlements to commercial returns
- the designation of which party or parties are entitled to communicate on behalf of the collaboration
- dispute resolution procedures to facilitate the just, efficient, timely and cost effective resolution of any issues in dispute
- the procedures for managing and investigating potential breaches of the Code, including provisions for the disclosure, where necessary, of researchers' personal information to other collaborative institutions and, where relevant, funders, to facilitate the management and investigation of potential breaches of the Code.

Agreements should be reviewed periodically to ensure that provisions remain current.

3.2 Comply with applicable laws, policies and regulations

Institutions should ensure that collaborative research projects comply with all applicable laws, policies and regulations and any identified inconsistencies should be addressed.

> **Under the Code, institutions have the responsibility to:**
>
> R2 *Identify and comply with relevant laws, regulations, guidelines and policies related to the conduct of research.*

While agreements will take account of applicable laws, policies and regulations, national and/ or international, they must require that researchers and participating institutions in receipt of Australian public funding comply with the Code.

4. Responsibilities of researchers

This section provides guidance for researchers to support their efforts in observing responsible research practices throughout the various phases of collaborative research projects.

4.1 Develop and monitor collaborative research agreements

Research project leaders should be engaged in the process of developing and monitoring agreements for their collaborative research projects. Other members of the project team and research administrators should be involved as appropriate.

Research project leaders should ensure that all members of the project team are made aware of the terms of the agreement.

4.2 Comply with multi-institutional agreements and relevant institutional policies

All researchers involved in collaborative research must be aware of, understand, and comply with all policies and written agreements affecting the project, particularly those relating to intellectual property, the publication and dissemination of research and the management of research data and primary materials.

> **Under the Code, researchers have the responsibility to:**
>
> R17 *Comply with the relevant laws, regulations, disciplinary standards, ethics guidelines and institutional policies related to responsible research conduct. Ensure that appropriate approvals are obtained prior to the commencement of research, and that conditions of any approvals are adhered to during the course of research.*

4.3   Conduct research responsibly and report potential breaches of the agreement

All researchers involved in collaborative research projects must observe responsible research practices and report any potential breaches of the agreement in accordance with the procedures that are established or referred to in the project agreement.

5.   Breaches of the Code

Institutions should manage and investigate concerns or complaints about potential breaches of the Code in accordance with the *Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research* (the Investigation Guide).

When developing a collaborative research agreement, consideration should be given at the outset to how potential breaches of the Code will be investigated. Institutions should consider how preliminary assessments and investigations into potential breaches of the Code are to be conducted for multi-institutional collaborations on a case-by-case basis, taking into consideration issues such as the lead institution, where the complaint was lodged, contractual arrangements, any applicable agreements and where the events occurred. If there is a potential breach of the Code, institutions should cooperate to ensure that only one investigation is conducted, which may include sharing relevant information. There should be clear communication between all parties throughout the investigation.[1]

6.   Definitions

Research Project Leader	Generally, an individual who has primary responsibility for the planning, design, approval and conduct of a research project from its conception through to its finalisation.
	For collaborative research involving researchers at more than one institution, one researcher from each participating institution may be designated a Research Project Leader.

Additional Resources

- 3rd World Conference on Research Integrity – Montreal Statement on Research Integrity in Cross-Boundary Research Collaborations
https://wcrif.org/montreal-statement/file
- Lowitja Institute – Researching Indigenous Health: A practical guide for researchers
https://www.lowitja.org.au/page/services/resources/health-services-and-workforce/workforce/Researching-Indigenous-Health-Guide
- OECD Global Science Forum – Investigating Research Misconduct Allegations in International Collaborative Research Projects: A Practical Guide
http://www.oecd.org/science/sci-tech/42770261.pdf
- United States Office of Research Integrity – Collaborative Research Guide
https://ori.hhs.gov/education/products/rcradmin/topics/colscience/open.shtml
- University Foreign Interference Taskforce – Guidelines to Counter Foreign Interference in the Australian University Sector
https://www.education.gov.au/ufit

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1   For further information, see section 8.1 of the *Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research, 2018.*

Disclosure of interests and management of conflicts of interest

A guide supporting the *Australian Code for the Responsible Conduct of Research*

NHMRC

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1. Introduction

This guide supports the implementation of the *Australian Code for the Responsible Conduct of Research* (the Code), which articulates the broad principles and responsibilities that underpin the responsible conduct of Australian research.

In particular, this guide is intended to assist institutions and researchers to adhere to relevant principles of the Code, including:

- Principle 3, 'Transparency in declaring interests...', which includes the responsibility to disclose interests and manage conflicts of interest.

This guide aims to assist institutions to develop and maintain policies that facilitate the disclosure of interests and the identification and management of conflicts of interest. These policies are necessary in order to:

- maintain the integrity and reliability of the conduct and outcomes of research
- mitigate the risks associated with the complex relationships between researchers and public and private organisations
- ensure public trust in individuals and organisations involved in research.

This guide also aims to assist those involved in research to understand and apply best practice in disclosing interests and in managing any conflicts that may arise, or may be perceived to arise, from those interests.

The Code and this guide apply to all research conducted under the auspices of Australian institutions. These institutions vary in size, maturity, experience and organisational structure. They range from large and complex universities to small privately funded institutes. Accordingly, it is acknowledged that different institutional policies and processes are capable of fulfilling the aim of this guide and attempts have been made to ensure that there are appropriate options for flexibility in its application.

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2. Disclosure of interests

2.1   What interests should be disclosed?

The Code requires researchers to disclose to an institution all interests that are relevant, or could appear to be relevant, to proposed or ongoing research. Where required, relevant interests may also need to be disclosed to funding bodies, research participants, publishers and journal editors, collaborators and the public.

Institutions may also have interests that are relevant to individual research projects or research programs that may merit disclosure to researchers, funding bodies, research participants, publishers and journal editors, collaborating institutions or the public.

Financial interests are foremost in the public mind, but other interests may also be relevant, including personal, familial, professional and organisational.

Financial interests requiring disclosure include, but are not limited to:

- direct payments to the researcher, such as salary, consultancy payments, speaking fees, panel memberships
- indirect payments to the researcher, for example funding of travel, accommodation, professional development, hospitality
- payments to support research, such as funding from an industry or interest group
- company shares or options
- royalties
- directorships
- some scholarships
- operational or infrastructure support.

Disclosure may also be required when a financial interest of the kind listed above is held by a member of the researcher's immediate family. Financial interests also exist where there is a future expectation of a benefit, for example, proceeds from the sale of intellectual property arising from a project or the promise of shares in a spin-off company.

When disclosing financial interests, researchers and institutions should consider the significance of the financial interest, including:

- the monetary value of the payment, gift, or interest
- the significance that a reasonable, independent observer would attach to the payment, gift or interest
- the circumstances under which a gift or payment is made, for example, if the gift or payment is a regular payment or a single instance.

Non-financial interests that require disclosure include, but are not limited to:

- board membership (even if unpaid) or other affiliation with an organisation that could stand to benefit from or be affected by the research
- personal or social relationships and current and past professional relationships, where relevant
- recent employment with, or role in, organisations with financial links or affiliations with industry groups that could stand to benefit from or be affected by the research.

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2.2   What is a conflict of interest?

Under the Code, 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. The perception that a conflict of interest exists is a serious matter and can raise concerns about the integrity of individuals or the management practices of the institution, potentially undermining community trust in research.

The design and conduct of research often requires consultation or expert advice. Particularly in Australia, the pool of experts in a research field can be so small that all the relevant individuals from whom a researcher might seek advice or guidance have some link with the design, sponsorship or conduct of the research project or with related research projects. Whether these activities or relationships give rise to a conflict of interest is a determination to be made by the appropriate decision maker.

In making this determination, it should be recognised that having multiple interests does not necessarily constitute a conflict of interest.

2.3   Identifying and managing conflicts of interest

Having a conflict of interest does not, in itself, imply improper motivation or individual wrongdoing. However, it is important that any conflict of interest is properly identified and managed. After an individual discloses their interests, an appropriate decision maker (e.g. an authorised institutional officer, a committee Chair, or a committee) must determine whether a conflict of interest exists.

If a conflict of interest is identified, the appropriate decision maker must determine what measures, if any, are most appropriate to manage that conflict of interest. These measures should be tailored to the individual circumstances and could include one or more of the following:

• requiring the public disclosure of the interests, for example when presenting or publishing the research

• involving an appropriate individual to oversee some or all of the research activity

• requiring the researcher to absent themselves from any deliberative decision making regarding the research

• requiring the researcher to play a different or reduced role in some or all of the research

• requiring the researcher to relinquish financial or other interests.

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3. Responsibilities of institutions

This section provides guidance on the responsibilities that institutions have in relation to disclosure of interests and identification and management of conflicts of interest.

3.1   Develop and promote institutional policy

Institutions that conduct research must have a policy for the disclosure and management of interests that is clearly written and readily accessible to all staff, researchers and other interested parties, including the public. The policy should detail the parties who are responsible for each component of the process.

> **Under the Code, institutions have the responsibility to:**
>
> R3   *Develop and maintain the currency and ready availability of a suite of policies and procedures which ensure that institutional practices are consistent with the principles and responsibilities of the Code.*

The policy should be consistent with this guide and should:

a) require that researchers disclose all relevant interests to the institution

b) guide those involved in research in making appropriate disclosures of relevant interests to research participants, other relevant parties and the public, and to funding bodies, where required

c) describe the processes that are involved in the identification and management of conflicts of interest, including who is responsible and accountable for these processes

d) require that a record of interests in relation to current research grants is maintained

e) require that a record be kept of how each identified conflict was managed, with appropriate consideration of confidentiality requirements

f) include an expectation that researchers and staff will comply with the disclosure of interest policies and procedures of relevant external bodies

g) be reviewed regularly to take into account new professional standards or regulatory developments.

3.2   Provide training for researchers

Institutions must provide ongoing training and education that promotes and supports responsible research conduct and that assists researchers and those in other relevant roles to understand and comply with the institution's disclosure of interests policy.

> **Under the Code, institutions have responsibilities to:**
>
> R4   *Provide ongoing training and education that promotes and supports responsible research conduct for all researchers and those in other relevant roles.*
>
> R5   *Ensure supervisors of research trainees have the appropriate skills, qualifications and resources.*

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3.3   Manage institutional interests

It is good institutional practice to maintain a record of institutional interests that may be perceived to affect the design, review, conduct and dissemination of research carried out at that institution. Examples of specific interests include intellectual property rights or licence revenue (existing or potential); industry or government funding of individual research projects, programs or infrastructure; or shares or options held by the institution in any spin-off enterprises.

If an institutional conflict of interest is identified, a determination must be made about the most appropriate measures for managing that conflict of interest.

In accordance with the principle of transparency, institutions are encouraged to respond to reasonable requests about the sponsorship of research and how any related competing interests or conflicts of interest were managed.

4.   Responsibilities of researchers

This section provides guidance on the responsibilities that researchers have in relation to disclosure of interests and management of conflicts of interest.

4.1 Disclose interests and comply with relevant policies

Researchers must refer to and comply with their institutional policies and disclose interests in accordance with established processes. These processes should ensure that researchers:

a) maintain records of activities that may be relevant to the assessment of whether a conflict of interest exists (e.g. consultancies; membership of boards of directors, advisory groups, or committees; or receipt of or delegation to receive funds, services or equipment from outside bodies to support research activities)

b) disclose any new interest in a timely fashion

c) comply with the disclosure of interests policies and procedures of external bodies that the researcher or staff member engages or is affiliated with, for example funders, conference sponsors or organisers and publishers. Relevant roles may include, but not be limited to: company director, not-for-profit board member, scientific advisor or editor

d) update any disclosures of interest as circumstances change, and at least annually during the period during which the research remains active.

> ***Under the Code, institutions have the responsibility to:***
>
> *R24 Disclose and manage actual, potential or perceived conflicts of interest.*

4.2   Engage in relevant training

Researchers should engage in relevant training about their institution's policy and procedures for the disclosure of interests and the identification and management of conflicts of interest, and should seek out other relevant training opportunities when they perceive a knowledge gap.

> ***Under the Code, researchers have the responsibility to:***
>
> *R16 Undertake and promote education and training in responsible research conduct.*

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5. Resolution of disputes

The institutional disclosure of interests policy should include a description of a mechanism for raising concerns and the fair and timely resolution of disputes about any identification or management of a conflict of interest. The policy should include guidance on managing disputes involving researchers from multiple institutions.

Researchers should follow their institution's process to resolve any disputes that arise between them. The parties to the dispute should maintain records of agreements reached through direct dialogue or mediation.

6. Breaches of the Code

Institutions should investigate, assess and manage concerns or complaints related to conflict of interest that may constitute breaches of the Code in accordance with the *Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research* (the Investigation Guide).

Examples of breaches of the Code that are related to the disclosure of interests (see also Section 2.1 of the Investigation Guide) include, but are not limited to:

• failing to disclose a relevant interest in a timely manner
• failing to abide by any decisions as to the management of a conflict of interest.

Additional resources

• National Statement on Ethical Conduct in Human Research (see Chapter 5.4)
• ARC Conflict of Interest and Confidentiality Policy
• NHMRC disclosure and management of interests policies and guidance
  - Identifying and managing conflicts of interest
  - Guide to NHMRC Peer review 2018
  - Policy on the Disclosure of Interests requirements for prospective and appointed NHMRC Committee members

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Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research

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Abbreviations used in this document

Abbreviation	Term
AO	Assessment Officer
ARC	Australian Research Council
ARIC	Australian Research Integrity Committee
DO	Designated Officer
NHMRC	National Health and Medical Research Council
RIA	Research Integrity Advisor
RIO	Research Integrity Office
REO	Responsible Executive Officer
RO	Review Officer
UA	Universities Australia

1   Introduction

Maintaining high research standards is the responsibility of all Australian research institutions, researchers and funding agencies.

Institutions that conduct research and train and employ researchers have primary responsibility for the prevention, detection, investigation and resolution of complaints about the conduct of that research.

This *Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research* (the Guide) forms a critical part of the framework established by the *Australian Code for the Responsible Conduct of Research* (the Code), which articulates the broad principles and responsibilities that underpin the conduct of Australian research. The purpose of this Guide is to assist institutions to manage, investigate and resolve complaints by outlining a model that can be implemented regardless of the size or type of institution, or field of research.

1.1 Purpose, scope and limits of this Guide

This Guide applies to departures from the principles and responsibilities of the Code by researchers, which are referred to as breaches.

This Guide provides examples of the range of behaviours that can constitute a breach of the Code. The seriousness of a breach is to be determined on a case-by-case basis and requires good judgement, careful deliberation and an appreciation of the context and accepted academic disciplinary norms. Institutions may choose to designate some serious breaches as 'research misconduct'. This document provides guidance on the use of the term.

This Guide describes the rigour required when investigating potential breaches of the Code and provides a benchmark for the Australian Research Integrity Committee (ARIC) to assess institutional processes used to investigate a potential breach of the Code.

Institutions must ensure that all investigations are procedurally fair. Investigations must be proportional, fair, impartial, timely, transparent and confidential. Investigations must also result in findings of fact to determine whether a breach of the Code has occurred. The guidance in Sections 5–7 assists institutions to meet these responsibilities.

This Guide sets out a model for managing and investigating potential breaches of the Code which, for many institutions, will operate separately from and prior to other institutional processes. However, institutions need to consider the legal framework within which they are operating as processes established in workplace and student disciplinary agreements may prevail over the guidance in this document.

Ultimately, institutions must ensure that the processes they use to manage and investigate potential breaches of the Code are procedurally fair and do not hinder the timely implementation of all corrective actions.

Disciplinary issues are matters for the institution and are outside the scope of this Guide.

Figure 1 provides an overview of the stages involved in managing and investigating a potential breach of the Code. These stages are described in detail in Sections 5–7. Section 8 contains additional considerations for collaborative research (Section 8.1), and for special circumstances— such as corrupt and/or criminal behaviour or safety issues (Sections 8.2 and 8.3)— that may arise at any stage of the management of investigation of a potential breach of the Code and trigger more immediate action.

1.2 Institutional responsibilities

Institutions are required to manage concerns or complaints and investigate potential breaches of the Code related to research for which they are responsible.

Institutions have a range of accountability mechanisms for implementing the Code, including responsibilities to funding agencies and their own governance frameworks.

Further, to be consistent with the Code, institutions should:

- promote a culture that fosters and values responsible conduct of research generally
- develop, disseminate, implement and review institutional processes that promote adherence to the Code
- demonstrate processes that enable a complainant to lodge complaints formally in the knowledge that these will be addressed sensitively and with care, to avoid adverse consequences for the individual
- regularly review the effectiveness of their processes
- ensure those involved in the management and investigation of potential breaches of the Code have the requisite skills and expertise and are appropriately resourced
- determine the appropriate composition of any investigation Panel
- address any systemic issues relating to matters of research integrity
- implement corrective actions
- consider advising other institutions of the outcome of a preliminary assessment or investigation where appropriate.

1.3 Researcher responsibilities

Researchers must ensure that their research conduct and practice reflects the principles and responsibilities as set out in the Code.
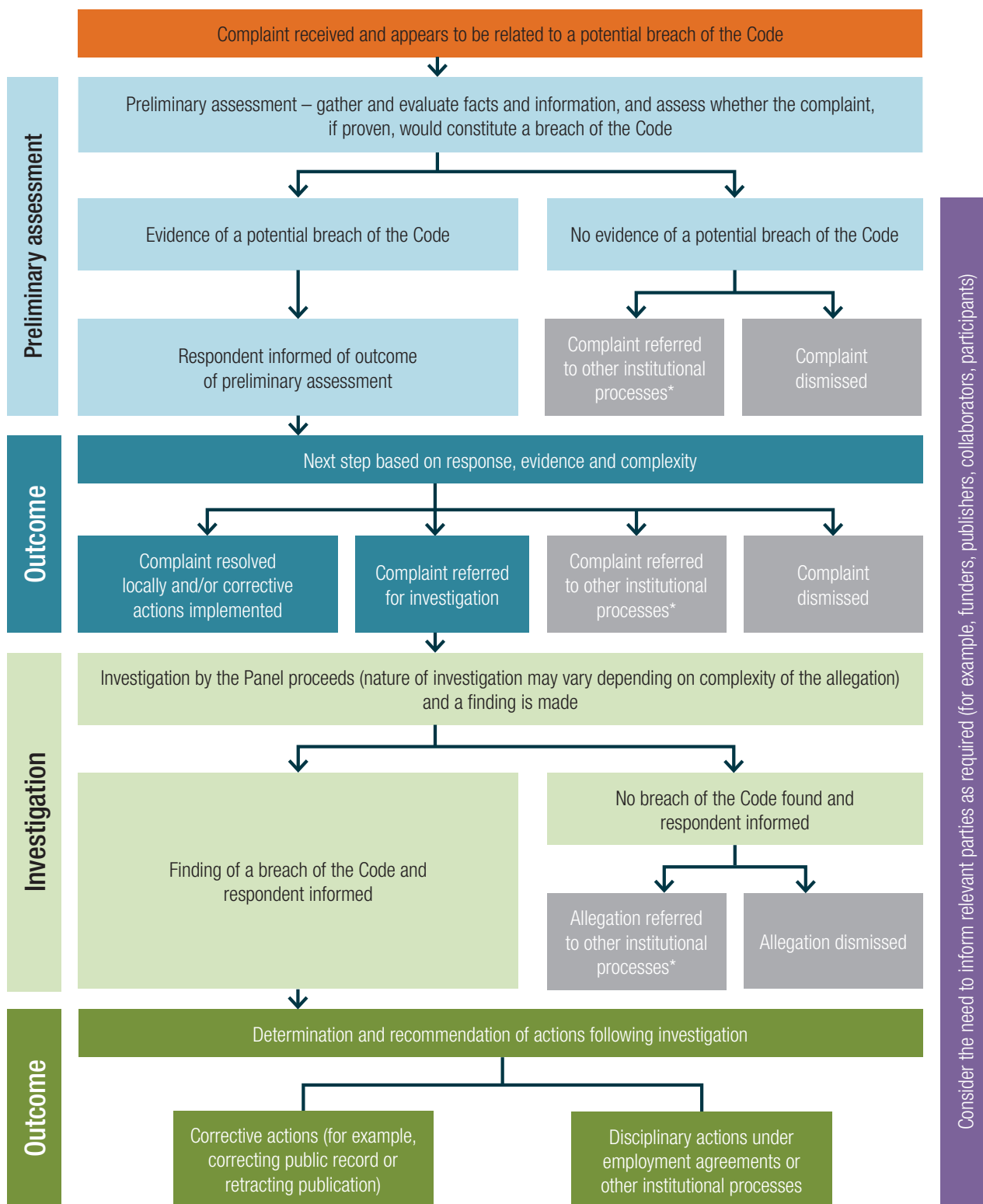
Figure 1: Overview of the recommended approach for managing and investigating a potential breach of the Code. The initial receipt of the complaint is discussed in Section 5. If it is decided that the complaint relates to a potential breach of the Code, a preliminary assessment (Section 6) and investigation (Section 7) may ensue. A complaint may require immediate action, e.g. if there is a risk of harm to humans, animals or the environment (Section 8.3). The institutional roles involved in the preliminary assessment and investigation are summarised in Tables 4 and 5. Consideration of the need to inform relevant parties may be required at any stage of managing and investigating a potential breach of the Code (purple box).

*Other institutional processes may include those in enterprise agreements.

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2   Breaches of the Code

2.1 Definition of breach

A breach is defined as a failure to meet the principles and responsibilities of the Code, and may refer to a single breach or multiple breaches.

Examples of breaches of the Code include, but are not limited to, the following:

i.   Not meeting required research standards

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

ii.   Fabrication, falsification, misrepresentation

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

iii. Plagiarism

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

iv. Research data management

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

v.   Supervision

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

vi. Authorship

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

vii. Conflicts of interest

- Failure to disclose and manage conflicts of interest

viii. Peer review

- Failure to conduct peer review responsibly

2.2 Breaches occur on a spectrum

Breaches of the Code occur on a spectrum, from minor (less serious) to major (more serious) (as shown in Figure 2). Major breaches would typically require investigation while some minor breaches may be addressed at the preliminary assessment stage. There are also some matters that relate to research administration that can easily be rectified at the local level and resolved prior to the need to consider a preliminary assessment. Unintentional administrative errors, clerical errors or oversights are some examples of this.
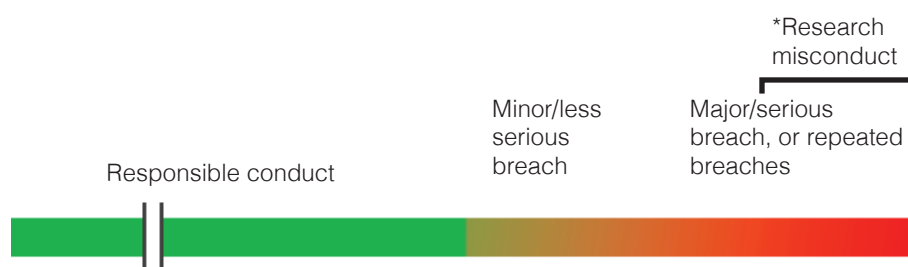
Figure 2: Breaches fall on a spectrum. Responsible conduct of research is represented by the green region of the spectrum. The increasing seriousness of a breach of the Code is indicated by the orange and red regions of the spectrum. Breaches can be minor (less serious) or major (more serious, including intentional or reckless or negligent behaviour). Some major/serious breaches could also be labeled as 'research misconduct' if an institution decides to use the term (indicated by the *; see Section 2.3). Repeated or persistent breaches will likely constitute a serious breach.

Once a breach has been found, the seriousness of a breach should be determined (Box 1). This will require deliberation and an exercise of judgement.

> **Box 1: Factors to consider when determining the seriousness of a breach**
>
> In considering the seriousness of a breach of the Code, the factors to be considered (without excluding other factors) are:
>
> - the extent of the departure from accepted practice
> - the extent to which research participants, the wider community, animals and the environment are, or may have been, affected by the breach
> - the extent to which it affects the trustworthiness of research
> - the level of experience of the researcher
> - whether there are repeated breaches by the researcher
> - whether institutional failures have contributed to the breach
> - any other mitigating or aggravating circumstances.

2.3 Guidance on using the term research misconduct

To acknowledge the egregious nature of some serious (major) breaches, institutions may decide to refer to those breaches of the Code as 'research misconduct'. An institution needs to consider whether and how to use the term 'research misconduct' in relation to serious breaches of the Code (see Box 1 for some factors to consider when determining the seriousness of a breach).

> **Box 2: Recommended definition of research misconduct**
>
> Research misconduct is a serious breach of the Code which is also intentional or reckless or negligent.

Use of the term research misconduct for serious breaches must be considered in the context of other institutional processes, such as employment or student disciplinary agreements. Regardless of whether a Code investigation and an investigation done under an employment or student disciplinary agreement are separate or integrated, institutions must ensure that these do not conflict, or hinder the timely implementation of all corrective actions. The use of the term 'research misconduct', or any processes triggered by its use, must not prohibit any corrective actions, such as amendments to the public record.

Consideration of the type of behaviour may be used to infer whether the breach is intentional or reckless or negligent. Fabrication and falsification are types of breaches that are commonly recognised as being undertaken intentionally or recklessly and are examples of research misconduct.

Research misconduct does not include honest differences in judgement. Unintentional errors do not usually constitute research misconduct unless they result from behaviour that is reckless or negligent.

Repeated or persistent breaches will likely constitute a serious breach, which will trigger consideration of research misconduct.

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3   Principles of procedural fairness

The principles of procedural fairness (also referred to as natural justice) apply to managing and investigating potential breaches of the Code. These principles encapsulate the hearing rule (an opportunity to be heard), the rule against bias (decision-makers do not have a personal interest in the outcome) and the evidence rule (decisions are based on evidence).

It is expected that an institution's process for managing and investigating potential breaches of the Code is:

i.   Proportional

Investigations and subsequent actions need to be proportional to the extent of the potential breach of the Code.

ii.   Fair

Investigations need to afford procedural fairness to respondents and, where appropriate, complainants and others who may be adversely affected by any investigation.

iii. Impartial

Investigators and decision-makers are to be impartial and declare any interests that do, may, or may be perceived to jeopardise their impartiality. These interests are to be appropriately managed.

iv. Timely

Investigations into potential breaches should be conducted in a timely manner to avoid undue delays and to mitigate the impact on those involved.

v.   Transparent

Information about institutional processes should be readily available and/or provided to respondents, complainants, all employees and students engaged in research.

Institutions need to ensure accurate records are maintained for all parts of the process, with records held centrally and in accordance with the relevant legislation.

vi. Confidential

Information will be treated as confidential and not disclosed unless required.

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4   Institutional roles

Institutions need to identify and clearly document the roles and responsibilities of those involved in the management and investigation of potential breaches of the Code and should indemnify individuals involved in the investigation process appropriately.

Table 1 sets out the key roles recommended for the investigation and management of potential breaches of the Code. Institutions may need to adapt these functions to their particular circumstances and may delegate these roles or use different titles.

The processes that the Responsible Executive Officer (REO), Designated Officer (DO) and Assessment Officer (AO) should follow to investigate and manage a potential breach of the Code are discussed in Sections 5–7. The roles of the Research Integrity Advisors (RIAs) and Research Integrity Office (RIO) are discussed below.

Table 1: Terms used in this Guide for the recommended individuals involved in the process of managing and investigating potential breaches of the Code. While the roles of DO and AO may be performed by the same individual in any one matter, the role of REO must be performed by a different individual.

Term in this Guide	Recommended individuals	Definition (Section 9)
Responsible Executive Officer (REO)	Chief Executive Officer or Vice- Chancellor, Deputy Vice-Chancellor or otherwise as determined by the institutional governing body.	A senior officer in an institution who has 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.
Designated Officer (DO)	Deputy Vice-Chancellor, Pro Vice- Chancellor, Director/Manager of the Research Integrity Office (RIO), senior researcher or nominated equivalent.	A senior professional or academic institutional officer or officers appointed to receive complaints about the conduct of research or potential breaches of the Code and to oversee their management and investigation where required.
Assessment Officer (AO)	RIO staff, senior staff member, senior researcher or nominated equivalent.	A person or persons appointed by an institution to conduct a preliminary assessment of a complaint about research.
Research Integrity Advisor (RIA)	Person(s) nominated by the institution.	A person or persons with knowledge of the Code and institutional processes nominated by an institution to promote the responsible conduct of research and provide advice to those with concerns or complaints about potential breaches of the Code.
Research Integrity Office (RIO)	RIO staff or nominated equivalent.	Staff with responsibility for management of research integrity at an institution.
Review Officer (RO)	Senior officer of the institution not fulfilling any of the roles described above.	A senior officer with responsibility for receiving requests for a procedural review of an investigation of a breach of the Code.

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4.1 Research integrity advisors (RIAs)

Institutions are required to nominate an RIA (or network of RIAs) to promote the responsible conduct of research and provide advice to those with concerns about potential breaches of the Code. An RIA must have knowledge of the Code and relevant institutional processes.

The role of the RIA includes informing someone with concerns about research conduct about the relevant institutional processes and available options, including how to make a complaint. Outcomes of the discussion between the RIA and the complainant may include:

• not proceeding if the complaint is clearly not related to a breach of the Code

• proceeding under other institutional processes

• making a complaint about a potential breach of the Code in writing to the DO.

RIAs are people with research experience, analytical skills, empathy, good communication skills, knowledge of the institution's processes and the Code, and familiarity with accepted practices in research. Institutions should offer ongoing training to RIAs to maintain their skills and knowledge base.

An RIA is not to advise on matters where they have a potential, perceived or actual conflict of interest.

The RIA's role does not extend to investigation or assessment of the complaint, including contacting the person who is the subject of that complaint or being involved in any subsequent investigation other than as witness or to provide testimony.

4.2 Research integrity office (RIO)

The RIO is the unit with responsibilities that include the management of responses to potential and found breaches of the Code at an institution. It is integral to the promotion of the responsible conduct of research in an institution.

Provision of, or access to, an RIO function promotes the responsible conduct of research in an institution. Its functions include:

• education and advice on responsible conduct of research to all staff, research students and RIAs

• supporting a network of RIAs

• developing and managing processes related to the responsible conduct of research

• receiving complaints about potential breaches of the Code

• supporting the conduct of preliminary assessments and investigations

• promoting a consistent and robust approach to managing and investigating potential breaches of the Code.

5 Consideration and management of complaints

5.1 Overview of receiving and considering complaints

A complaint about 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.

Well-defined processes for receiving and managing concerns and complaints (hereafter only referred to as complaints) and communicating with the complainant are essential and these processes should be readily accessible on an institution's external website. The key considerations for these processes are described below.

Complaints may be dismissed at any stage for a variety of reasons, including if the complaint appears to have been made in bad faith or is vexatious. Alternatively, a complaint may trigger other processes or require immediate action if corrupt or criminal behaviour is potentially involved (refer to Section 8.2) or if it relates to an activity that could harm humans, animals or the environment (refer to Section 8.3).

It is important to document all decisions and reasons for those decisions. These decisions include, but are not limited to, whether to proceed to a preliminary assessment, whether to investigate a complaint or whether to cease investigating a complaint. Records and documentation should be retained in accordance with institutional processes.

5.2 Initial receipt of complaints

Complaints may arise from a range of sources, including from the institution itself. The processes for submitting, receiving and documenting a complaint about a potential breach of the Code should address:

- where to lodge a complaint
- how written and verbal complaints are managed and documented
- the limitations of submitting anonymous complaints and/or complaints lodged by a third party
- what information should be provided, and in what form, to enable a preliminary assessment.

The complainant should be encouraged to provide all information they hold pertinent to the complaint; however the process of making a complaint should not be onerous. The complainant is not required to identify parts of the Code or relevant processes that may have been breached. The institution may assist the complainant to lodge a complaint.

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

5.3 Managing complaints about potential breaches of the Code

After the complaint is received, the DO determines whether the complaint relates to a potential breach of the Code and, if it does, the matter proceeds to preliminary assessment.

While anonymous complaints may make subsequent processes more challenging, they may nonetheless identify potential breaches of the Code and therefore should still be considered, based on the information provided.

To avoid compromising the assessment, anyone involved in managing a complaint should not share information unless required.

Institutional processes should outline protections available to the complainant. Depending on the nature of the complaint, relevant legislation may protect the complainant, for example, 'whistle-blower' or 'public interest disclosure' legislation.

Ultimately, in its handling of any assessment or investigation, the institution is responsible for ensuring the complainant is protected from adverse consequences for having made the complaint.

Institutions have a responsibility to appropriately manage matters where a power imbalance exists, such as complaints brought by students and/or staff in more junior positions.

Reprisal and threatening behaviour must not be tolerated by the institution. Institutional processes should reflect this and parties should be advised that any reprisals will trigger other institutional processes.

5.4 Engagement with complainants

It is important to engage effectively with complainants as this can reveal additional information relevant to the matter and also provides complainants with confidence that their complaint is being/has been considered appropriately.

Consideration should be given to the extent to which a complainant may be affected by an outcome of a Code investigation and whether a complainant has direct interests at stake. This will help institutions determine the appropriate level of involvement of, and communication with, a complainant throughout the preliminary assessment and investigation.

Complainants who may be directly affected by the outcome of a Code investigation (for example, someone who is involved in a dispute with the respondent) should be provided with as much detail as possible to provide assurance that their complaint is being/has been considered appropriately.

In contrast, for complainants who have only a general concern in the matter, it may be sufficient to provide minimal details to convey the outcome. These complainants will generally not have direct interests at stake and will not be directly affected by the outcome (for example, someone conducting peer review on a paper).

5.5 Summary

Upon receipt of a complaint, the DO decides how to proceed. If the complaint represents a potential breach of the Code, then the process continues to preliminary assessment. If the complaint does not represent a potential breach of the Code, then it may be dismissed or referred to other institutional processes.

Throughout the investigation or management of a complaint, the welfare of the complainant and respondent is a key concern for the institution and support should be offered where available.

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Table 2: Role and functions of officer involved in the management of complaints.

	Role	Functions
Consideration and management of complaints	Designated Officer (DO)	• DO determines whether the complaint relates to a potential breach of the Code and, if it does, the matter proceeds to preliminary assessment. • Ensure appropriate communication with the complainant occurs.

6   Preliminary assessment stage

6.1 Purpose of the 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 (Figure 1).

A structured approach and careful collection and recording of facts and information are essential to conducting a robust preliminary assessment able to withstand subsequent scrutiny. Section 6.2 and the checklist in Appendix 1 outline a comprehensive approach to conducting a preliminary assessment.

6.2 Conduct of the preliminary assessment

The time taken for the preliminary assessment will vary significantly depending on the complexity of the complaint.

The DO assigns the complaint to a suitable AO. The AO is responsible for the conduct of the preliminary assessment, ensures timeliness and consults with the DO, as required. The AO should ensure records of the preliminary assessment are prepared and retained, and that appropriate processes are followed.

Expertise may be required from other sources, such as researchers from the same or aligned disciplines, especially where the complaint relates to specific disciplinary practice (for example, authorship).

During the preliminary assessment the AO identifies, collects, inventories and secures facts and information.

To avoid compromising the preliminary assessment, information should not be shared unless required.

The correct collecting and securing of facts and information at the preliminary assessment stage is important as it can have implications for the management and resolution of the complaint, particularly if the matter progresses to an investigation. The AO also considers whether an expert needs to be engaged to provide specific and/or independent advice about the collection and storage of facts and information.

It might be necessary to discuss the matter with the respondent during a preliminary assessment to clarify the facts and/or information. In this case, the AO notifies the respondent and provides:

- sufficient detail for the respondent to understand the nature of the complaint

- an opportunity to respond in writing within a nominated timeframe. This may include an invitation to meet with the option to bring a support person.

A record of meetings should be prepared and the respondent provided with a copy.

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The AO should consider:

- consultation with others in the institution
- the involvement of those in supervisory roles in the potential breach
- the need to involve other institutions in the matter (Section 8.1).

6.3 Outcomes from the preliminary assessment

On completion of the preliminary assessment, the AO provides written advice to the DO in a timely manner. This should 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 Code and/or institutional processes
- recommendations for further action.

The preliminary assessment advice will be considered by the DO who determines, on the basis of the facts and information presented, whether the matter should be:

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

Where an evaluation of facts and information collected as part of a preliminary assessment does not support a referral of an allegation of a breach of the Code for investigation, the following actions should be considered:

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

An admission by the respondent of a breach of the Code should not be seen as an end point. It may still be necessary to conduct an investigation to identify appropriate corrective actions, any other parties that may be complicit or any other necessary steps.

Where a respondent leaves the institution following a complaint, the institution has a continuing obligation to address the complaint.

The institution should provide the outcomes, if appropriate, to the respondent and complainant at the conclusion of a preliminary assessment in a timely manner.

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6.4 Summary

The preliminary assessment is critical and should be handled with due care and attention. It serves as a filter to allow identification of matters that require further investigation and those that can be appropriately handled through other processes.

The roles of the DO and AO during the preliminary assessment are summarised in Table 3.

Table 3: Roles and functions of officers involved in the preliminary assessment.

	Role	Functions
Preliminary assessment	Designated Officer (DO)	• Assigns a suitably qualified AO • Oversees the preliminary assessment • Decides whether a complaint is referred to an investigation, resolved without need for investigation, referred to other institutional processes (including local resolution), or dismissed
	Assessment Officer (AO)	• Conducts a preliminary assessment • Consults with DO, others in the institution and external experts where necessary • Liaises with the respondent and other relevant parties as appropriate • Secures evidence • Manages records • Provides a report to DO

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7   Investigation stage

7.1 Purpose of the investigation

The purpose of the 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.

7.2 Preparing for the investigation

After the DO determines an investigation is required, the following steps should be taken:

- prepare a clear statement of allegations
- develop the terms of reference for the investigation (a sample checklist is at Appendix 2)
- nominate the investigation Panel (Panel) and Chair when the Panel is more than one person
- seek legal advice on matters of process where appropriate.

7.3 Composition of the Panel

A range of factors should be considered when determining the size and composition of the Panel including the potential consequences for those involved, the seniority of those involved and the need to maintain public confidence in research. These factors will affect the level of independence that is required of members from both the institution, and the respondent and complainant. There will be occasions where some or all members should be external to the institution.

In selecting members for the Panel, the DO must also consider:

- the expertise and skills required
    - selection of a person appropriately qualified as Chair
    - appropriate level of experience and expertise in the relevant discipline(s)
    - the need for a person with prior experience of similar investigation panels or relevant experience
    - knowledge and understanding of the responsible conduct of research
- appropriate number of members
- the need for members to be free from conflicts of interest or bias
- gender/diversity of members.

Once potential panel members have been selected, the DO will advise the respondent of the Panel's composition and provide an opportunity for the respondent to raise concerns.

The RIO may assist the DO in deciding on the composition of the Panel and its final establishment.

7.4 Panel preparation

Once the Panel is established, it should be provided with all relevant information and documentation. A sample checklist is at Appendix 3.

It is expected that all Panel members are appointed in writing and external members are appropriately indemnified.

Members of the Panel are expected to:

- work within the institution's processes
- follow the procedure established for the Panel
- work within the terms of reference for the Panel
- respect any undertakings of confidentiality
- adhere to the principles of procedural fairness
- complete the investigation in a timely manner
- prepare a written report.

Appropriate resources are to be provided to the Panel including secretariat support (for example, RIO staff). The secretariat maintains the record of evidence.

7.5 Conduct of the investigation

The principles of procedural fairness (see Section 3) must always be applied when undertaking the investigation. Investigations are to be thorough, robust and free from bias.

During the investigation, Panel members must ensure that relevant interests are disclosed and managed. If an interest cannot be managed, i.e., where a perceived or actual conflict of interest might be viewed as influencing the impartiality of the Panel, relevant Panel members must be recused.

All those required to attend the Panel should be given adequate notification.

Where the Panel is of the view that a party may be unable to represent themselves adequately due to the complexity of the matter, the Panel may need to take extra steps to ensure a fair investigation. This may include allowing extra time for parties to consider matters or encouraging a greater reliance on written evidence.

Where the process includes a support person, their role is to provide personal support, within reasonable limits, to the respondent and/or complainant. Their role is not to advocate, represent or speak on the other person's behalf. However, there may be times when a respondent and/or complainant requires a higher level of involvement from the support person and the Panel should consider this on a case-by-case basis.

The principles of procedural fairness do not include a right to legal representation, and the Panel should consider carefully whether to permit legal or specialist representation on request and on a case-by-case basis.

If the Panel allows a party or parties to have legal representation, the Panel should consider whether it also needs to be assisted with a similar level of representation. Legal representation may extend the timeframe of the investigation, increase the costs and overly formalise the investigation. Regardless of whether parties are legally represented, the investigation is not a court of law and cannot make legally binding findings.

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As part of the investigation, the respondent should 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 chooses not to respond or appear before the Panel where requested, the investigation continues in their absence. The complainant may also be given the opportunity to see relevant evidence used in the investigation (e.g., if they are directly affected by the investigation).

During its initial meeting, the Panel should:

- disclose and manage relevant interests
- be provided with all available information that will inform the investigation, which includes:
    - the initial complaint
    - all relevant information assembled by the AO
    - records of the conduct of the preliminary assessment
    - the report of the preliminary assessment
    - records of any communications on the matter involving the DO, the AO, the complainant and/or the respondent
- develop an investigation plan (described in Appendix 3).

All those asked to give evidence are to be provided with relevant, and if necessary de-identified, information including:

- the schedule of meetings and/or hearings they are asked to attend
- the relevant parts of the terms of reference for the investigation, if appropriate
- advice as to how the Panel intends to conduct interviews
- whether they may be accompanied by a support person
- advice about whether the interviews will be recorded
- whether an opportunity will be provided to comment on matters raised in the interview
- disclosing interests
- the confidentiality requirements
- the Panel's procedures.

The Panel is to determine whether, having regard to evidence and on the balance of probabilities, the respondent has breached the Code. To do this, the Panel:

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

If the Panel finds during the investigation that the scope and/or the terms of reference are too limiting, it should refer the matter to the DO. The DO may decide to amend the scope of the investigation and the terms of reference. Should this occur, the respondent and relevant others are to be advised, and the respondent given the opportunity to respond to any new material arising from the increased scope.

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7.6 Outcomes from the investigation

On completion of the investigation, the Panel prepares a draft written report of the investigation. Given that the report will be relied on by the REO to make a decision about whether a breach of the Code has occurred, it is essential that the report is detailed, accurate and cogent, and fully addresses the terms of reference. It is expected that the institution provides secretariat support (for example, RIO) to assist in the preparation of the draft report.

The draft report should contain findings of fact and any recommendations (see Appendix 4 for a sample checklist for the report of the investigation findings). The draft report, or a summary of all relevant information on which the DO's decision will be based, should be provided to the respondent with a reasonable timeframe to comment. The timeframe given should reflect the complexity of the matter. The draft report, or a summary of the information, may also need to be provided to the complainant if they will be affected by the outcome.

Following consideration of any further information, the report is finalised. The DO will consider the findings of fact, evidence presented and any recommendations made by the Panel. The DO will also consider the extent of the breach, the appropriate corrective actions and if referral to disciplinary procedures is required, having regard to the factors outlined in Section 2.2. The DO will provide the final report to the REO with recommendations.

Where systemic issues are identified as a contributing factor, these need to be referred to the institution to be addressed.

7.6.1 Finding of no breach of the Code

If the REO decides that there has been no breach, the following will need to be considered:

- if the allegation has no basis in fact then efforts must be taken to restore the reputations of those alleged to have engaged in improper conduct
- if an allegation is considered to have been frivolous or vexatious, action to address this with the complainant should be taken under appropriate institutional processes
- the mechanism for communication with, and support for, the respondent and complainant.

7.6.2 Finding of a breach of the Code

Where the REO accepts that a breach of the Code has been found, the REO decides the institution's response, taking into account the extent of the breach (Section 2.2) and whether other institutions should be advised.

In the case of joint, adjunct and/or honorary appointments of the respondent, institutions should follow their own processes relating to these appointments and should consider seeking legal or other expert advice in relation to the management of these appointments with other institutions.

All efforts should be taken to correct the public record of the research, including publications if a breach of the Code has affected the accuracy or trustworthiness of research findings and their dissemination.

7.6.3 Dissenting views

The Panel is encouraged to come to a consensus. If there are dissenting view(s), there should be opportunity for the Panel member to provide this view for inclusion in the draft and final report.

As the dissenting view forms part of the draft report, it must be provided to the respondent and in some circumstances the complainant, if they will be affected by the outcome.

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7.7 Communicating the findings

When the REO has considered the Panel's report, any decisions or actions are to be communicated to the respondent and the complainant (Section 5.4). Subsequent actions may include informing relevant parties (such as funding bodies, other relevant authorities or other institutions) of the outcome.

The REO should consider whether a public statement is appropriate to communicate the outcome of an investigation.

In cases where the respondent resigns, the institution still has an obligation to address the findings of the investigation. The matter may also need to be referred to the new employing institution. In this case, institutions should consider seeking legal advice to ensure that any information disclosure can be made and is done appropriately and lawfully.

7.8 Mechanisms for review of a Code investigation

Only requests for a review of a Code investigation on the grounds of procedural fairness should be considered. The aim of a review is to affirm or not the outcome of the investigation. Institutions must have processes for review. Ideally these processes should include:

- where requests for review should be directed and timeframes for lodgement
- how a decision to proceed with a review will be made (i.e., who will make that decision and on what basis, such as an RO; see Table 1)
- ways a review may be conducted (i.e., refer back to Panel or to a more senior officer than the DO)
- how the outcomes of the review will be communicated.

When communicating the outcome of the investigation, institutions must inform the respondent, and possibly the complainant if they are directly affected by the outcome, of their right to request a review and how to lodge a request for review, including timeframes and the information required for a request to be considered.

The Australian Research Integrity Committee (ARIC) can provide an external review of any investigative processes into potential breaches of the Code used by institutions that receive any funding from the National Health and Medical Research Council (NHMRC) or the Australian Research Council (ARC). Institutions should inform the respondent and possibly the complainant of their right to request a review by ARIC.

Additional review or complaints options will vary across jurisdictions (such as via ombudsman, court or other authorities) and are outside the scope of this Guide.

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7.9 Summary

The roles of the DO, Panel, REO and RIO during the investigation are summarised in Table 4.

Table 4: Roles and functions of officers involved in the investigation. Note: Officers must adhere to the principles of procedural fairness (Section 3).

	Role	Functions
Investigation	Designated Officer (DO)	• Prepares statement of allegation • Establishes terms of reference • Nominates Panel (including a Chair) • Receives the investigation report and may make recommendations to REO
	Research Integrity Office (RIO)	• Notifies all those required to attend or participate in the investigation, in particular the respondent • Provides Panel with all relevant documentation • Ensures the Panel works within the institution's processes and this Guide • Schedules meetings and/or hearings, and records interviews if necessary • Provides relevant written information to respondent and relevant others • Assists the Panel
	Panel	• Completes an investigation into a potential breach of the Code • Produces a report on the findings of facts and may make recommendations
	Responsible Executive Officer (REO)	• Determines whether a breach of the Code has occurred • Decides on the extent of a breach • Decides on course of action, which may include corrective actions, referral to institution's disciplinary processes and/or other institutional processes

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8   Additional considerations

8.1 Collaborative research across multiple institutions

Research is increasingly an inter-disciplinary, multi-institutional and a multi-national endeavour. This involves all aspects of research, including the initial collaboration, peer review, data management and dissemination of research output. Consideration should be given to how potential breaches of the Code will be investigated at the outset for collaborative research projects that reach across multiple institutions and jurisdictions.

Institutions should consider how preliminary assessments and investigations into potential breaches of the Code are to be conducted for multi-institutional collaborations on a case-by-case basis, taking into consideration issues such as the lead institution, where the complaint was lodged, contractual arrangements or where the events occurred. Institutions should cooperate if there is a potential breach of the Code to ensure that only one investigation is conducted. There should be clear communication between all parties throughout the investigation.

Special consideration needs to be given to international collaborations since research practices and guidelines about the conduct of investigations differ between countries.

8.2 Corrupt conduct and/or criminal behaviour

Some matters may involve potentially corrupt conduct and/or potential criminal behaviour. These matters require referral to an appropriate agency, for example, a crime commission and/or the police. They may also trigger other institutional responsibilities and processes.

Institutions should have processes that encourage early identification of these matters.

Where an external agency chooses to investigate, the institution should seek advice on whether internal processing of the complaint as a potential breach of the Code can continue and, if so, with what authority and parameters, if any.

Following completion of an external investigation, an institution may need to consider if there are outstanding matters, relevant to the Code, to be addressed internally, and may decide to initiate further internal processing.

8.3 Safety issues

If at any time it becomes apparent that the complaint relates to an activity that could harm humans, animals or the environment, immediate action must be taken to minimise the risk of harm. This action is at the discretion of the institution and is independent of the Code investigation.

These matters may require referral or notification to an appropriate agency (e.g., regulatory agencies, WorkSafe). They may also trigger other institutional responsibilities and processes.

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9   Terms used in this Guide

Term	Definition
Allegation	A claim or assertion arising from a preliminary assessment that there are reasonable grounds to believe a breach of the Code has occurred. May refer to a single allegation or multiple allegations.
Assessment Officer (AO)	A person or persons appointed by an institution to conduct a preliminary assessment of a complaint about research.
Balance of probabilities	The civil standard of proof, which requires that, on the weight of evidence, it is more probable than not that a breach has occurred.
Breach	A failure to meet the principles and responsibilities of the Code. May refer to a single breach or multiple breaches.
Code	The *Australian Code for the Responsible Conduct of Research*.
Complainant	A person or persons who has made a complaint about the conduct of research.
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.
Corrective actions	These include retractions or errata of publications, training, counselling and systemic improvements.
Designated Officer (DO)	A senior professional or academic institutional officer or officers appointed to receive complaints about the conduct of research or potential breaches of the Code and to oversee their management and investigation where required.
Evidence	Any document (hard copy or electronic, including e-mail, images and data), information, tangible item (for example, biological samples) or testimony offered or obtained that may be considered during the process of managing and investigating a potential breach of the Code.
Guide	*Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research*.
Institution	Includes universities, independent research institutes, hospitals or any other organisation that conducts research. May refer to one or multiple institutions.
Investigation	In this Guide, the term 'investigation' is used to describe the action of investigating an allegation of a breach of the Code by the Panel, following the preliminary assessment. The purpose of the investigation is to determine whether a breach of the Code has occurred, and if so, the extent of that breach, and to make recommendations about further actions.
Panel	Refers to the person or persons appointed by an institution to investigate a potential breach of the Code.
Preliminary assessment	In this Guide, the term 'preliminary assessment' is used to describe the gathering and evaluating of evidence to establish whether a potential breach of the Code warrants further investigation.
Procedural fairness	That a fair and proper procedure is used when making a decision.
Processes	This includes reference to policies, procedures, guidelines and standards.
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.
Research Integrity Advisor (RIA)	A person or persons with knowledge of the Code and institutional processes nominated by an institution to promote the responsible conduct of research and provide advice to those with concerns or complaints about potential breaches of the Code.
Research Integrity Office (RIO)	Staff with responsibility for management of research integrity at an institution.

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Term	Definition
Research misconduct	A serious breach of the Code which is also intentional or reckless or negligent.
Researcher	Person (or persons) who conducts, or assists with the conduct of, research.
Respondent	Person or persons subject to a complaint or allegation about a potential breach of the Code.
Responsible Executive Officer (REO)	The senior officer in an institution who has 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 actions to be taken.
Review Officer (RO)	A senior officer with responsibility for receiving request for a procedural review of an investigation of a breach of the Code.
Support person	A person who accompanies a party to an interview.

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Appendix 1: Sample checklist for the preliminary assessment

DO assigns the complaint to a suitable AO

Prepare and retain records of the preliminary assessment

Obtain information provided by the complainant and seek further facts and information as required

Gather and secure facts and information

Clarify facts and/or information with the respondent if appropriate

Obtain facts, information and/or advice from across the institution if required

Determine if and how other institutions need to be involved in the matter

Written advice provided to DO that includes:

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

Assess all facts and information to determine outcome, i.e., complaint is to be

- dismissed
- resolved locally
- referred for investigation
- referred to other institutional processes

Outcome of preliminary assessment advised to the complainant, respondent and other relevant parties such as funding bodies, as appropriate

Appendix 2: Sample checklist for the terms of reference for the Panel

The terms of reference for the Panel may include the following:

The date the complaint was received, the name of the complainant (where appropriate), a brief description of the matter

The name of the respondent and a list of the specific allegations

A statement that the Panel is duly constituted in accordance with the institution's processes for investigating potential breaches of the Code

List of the Panel members

A detailed outline of the scope and purpose of the Panel, which may include the following:

- to investigate the matter
- to ensure that procedural fairness is afforded at all stages in the process to all involved
- where possible, to maintain the confidentiality of all persons involved
- to consider the protection of all involved
- to review the allegations
- to review the responses to the allegations provided by the respondent
- to review the preliminary assessment report (including any external expert advice)
- to identify and gather any other relevant evidence
- to interview the relevant parties
- to consider the evidence in the context of the principles and responsibilities of the Code
- to make findings in accordance with this Guide
- to provide a report to the DO in a timely manner

A statement about the secretariat support to be provided by the institution (for example, RIO)

An indicative timetable for the conduct of the investigation

Appendix 3: Sample checklist for the investigation procedure

Develop terms of reference and scope for the Panel that are appropriate and proportionate to the nature of the allegation (see Appendix 2)

Determine size and composition of the Panel

Establish provision of secretariat support

Where the allegation involves outside parties determine whether the involvement of other institutions, or of their staff, is necessary and, if so, whether an agreement needs to be established setting out the scope of their involvement

Inform the relevant institutional office (for example, Executive, Human Resources, Higher Degree Research or equivalent) of the investigation as required

Advise the respondent (and possibly the complainant) on the composition of the Panel and provide opportunity to raise valid concerns

Establish the Panel

Provide the Panel with an opportunity to comment on the terms of reference and scope

Provide respondent opportunity to respond to allegation and inform them about the conduct of the investigation, including the role of a support person and the circumstances under which legal representation would be allowed.

Notify those required to attend the investigation

Provide guidance on the appropriate procedures for the investigation to the Panel, such as this Guide, the Code and any relevant government or institutional processes. This may also include definitions of a breach of the Code and, if relevant, research misconduct (according to the institution's processes).

Provide the Panel with all available information that will inform the investigation, which may include:

- the initial complaint

- all relevant information assembled by the AO

- records of the conduct of the preliminary assessment

- the report of the preliminary assessment

- records of any communications on the matter involving the DO, the AO, the complainant and/or the respondent

Ensure that the Panel has the authority to access all relevant information and documentation

Support the Panel to develop an investigation plan that includes the following:

- identification of the avenues of inquiry, including interviewing people who the Panel considers relevant to the matter

- the frequency of Panel meetings

- the timeline for conducting interviews

- the timeframe for submitting draft report to respondent

- the timeframe for submitting the report to the DO

Inform the Panel of the reporting requirements (Appendix 4)

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Appendix 4: Sample checklist for reporting the findings of the investigation

The Panel should formulate a comprehensive report that includes the following:

The names and affiliations of the Panel members

The name of the respondent

A summary of all relevant research projects, including project summary, duration and funding

The specific allegations considered

The terms of reference of the Panel

A description of the processes that were followed

A description of the evidence considered, including the documents and other information and the names of all persons interviewed

Summaries of the interviews conducted

The findings of fact that have been reached

A conclusion as to whether or not a breach of the Code occurred and whether or not the respondent is responsible for the breach

Identification of any systemic issues that were contributing factors

A recommendation about the seriousness of any breach

Any recommendations (for example, for corrective action), where appropriate and consistent with the terms of reference

Any recommendations about other institutions/organisations that should be advised of the outcome (for example, funders, external stakeholders)

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Appendix 5: Development of this Guide

This Guide has been jointly developed by the National Health and Medical Research Council, the Australian Research Council and Universities Australia as a guideline under the *National Health and Medical Research Council Act 1992*. The development of this Guide has been overseen by expert working groups and committees.

Several members provided examples of their institutional policies that assisted in the development of this Guide and the checklists in the Appendices.

Figure 2 (page 5) was based on an image provided by Dr Paul Taylor and Dr Daniel Barr.

The co-authors are also grateful for the contributions from all individuals and organisations that participated in the targeted and public consultation processes.

Better Practice Guides Working Group

Member	Position	Period
Dr Karolyn White (Chair)	Director, Research Ethics and Integrity, Macquarie University	May 2016–December 2017
Ms Leonie Cullen	Research Support Manager, Baker Heart and Diabetes Institute	May 2016–December 2017
Dr Catherine Gangell	Manager, Research Integrity, Curtin University	May 2016–December 2017
Professor Matthew Gillespie	Associate Dean (Research Strategy), Faculty of Medicine, Nursing and Health Sciences, Monash University	May 2016–December 2017
Dr Jane Jacobs	Director, Office of Research Ethics and Integrity, Queensland University of Technology	May 2016–December 2017
Dr Susan O'Brien	Research Integrity Manager, University of Queensland	May 2016–December 2017
Ms Jeannie Rea	National President, National Tertiary Education Union	May 2016–December 2017

Code Review Committee

Member	Position	Period
Professor Mike Calford (Chair)	Provost, University of Tasmania	April 2015–December 2017
Professor Mike Brooks	Deputy Vice Chancellor Research, University of Adelaide	April 2015–December 2017
Professor Andrew Davidson	Medical Director, Melbourne Children's Trials Centre, Murdoch Childrens Research Institute	April 2015–December 2017
Emeritus Professor Toni Makkai	Former Dean, College of Arts and Social Sciences, Australian National University	April 2015–December 2017
Professor Philip Mitchell	Head of the School of Psychiatry, University of New South Wales	April 2015–December 2017
Emeritus Professor Janice Reid	Former Vice-Chancellor and President, Western Sydney University	April 2015–December 2016
Dr Paul Taylor	Director, Research Integrity, Governance and Systems, RMIT University	February 2016–December 2017

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Member	Position	Period
Professor Mandy Thomas	Executive Dean, Creative Industries Faculty, Queensland University of Technology	April 2015–August 2017
Dr Karolyn White	Director, Research Ethics and Integrity, Macquarie University	April 2015–December 2017
Dr Sarah Winch	Head of the Discipline of Medical Ethics, Law and Professionalism, The University of Queensland	December 2016–December 2017

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1.   Introduction

This guide supports the implementation of the _Australian Code for the Responsible Conduct of Research_ (the Code), which articulates the broad principles and responsibilities that underpin the responsible conduct of Australian research.

In particular, this guide is intended to assist institutions and researchers to adhere to relevant principles of the Code, including:

- Principle 2, 'Rigour in the development, undertaking and reporting of research', which requires that research be characterised by attention to detail and robust methodology and that researchers avoid or acknowledge biases.
- Principle 3, 'Transparency in declaring interests and reporting research methodology, data and findings', which requires researchers to share and communicate research methodology, data and findings openly, responsibly and accurately.
- Principle 7, 'Accountability for the development, undertaking and reporting of research' so as to comply with relevant legislation, policies and guidelines and ensure good stewardship of public resources used to conduct research.

The responsible conduct of research includes within its scope the appropriate generation, collection, access, use, analysis, disclosure, storage, retention, disposal, sharing and re-use of data and information. Institutional policies that are developed to govern the conduct of research require proper attention to ethics guidelines, privacy legislation and guidelines, other relevant laws, regulations and guidelines, as well as research discipline-specific practices and standards and models for best practice.

The Code and this guide apply to all research conducted under the auspices of Australian institutions. These institutions vary in size, maturity, experience and organisational structure. They range from large and complex universities, to small privately funded institutes. Accordingly, it is acknowledged that different institutional policies and processes are capable of fulfilling the aim of this guide and attempts have been made to ensure that there are appropriate options for flexibility in its application.

2.   Responsibilities of institutions

Research institutions have a responsibility to develop and implement policies and provide facilities and processes for the safe and secure storage and management of research data and primary materials in order to:

- allow for the justification and verification of the outcomes of research
- maximise the potential for future research
- minimise waste of resources of value to researchers and the wider community.[1]

> **Under the Code, institutions have the responsibility to:**
>
> R3   _Develop and maintain the currency and ready availability of a suite of policies and procedures which ensure that institutional practices are consistent with the principles and responsibilities of the Code._

---

1   This objective is also consistent with accepted standards requiring that data and information be findable, accessible, interoperable and re-usable. See https://www.ands.org.au/working-with-data/fairdata and https://www.fair-access.net.au/fair-statement

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Institutional policy should include guidance for managing research data and primary materials that addresses the following:

- ownership, stewardship and control
- storage, retention and disposal
- safety, security and confidentiality
- access by interested parties.

Policies should apply to all research conducted under the auspices of the institution and may be influenced by the funding arrangements for the project.

2.1   Provision of training for researchers

Institutions must provide ongoing training and education that promotes and supports responsible research conduct and assists all researchers and those in other relevant roles to follow the institution's data management policies and other relevant disciplinary-specific policies.

> **Under the Code, institutions have responsibilities to:**
>
> R4 *Provide ongoing training and education that promotes and supports responsible research conduct for all researchers and those in other relevant roles.*
>
> R5 *Ensure supervisors of research trainees have the appropriate skills, qualifications and resources.*

2.2   Ownership, stewardship and control of research data and primary materials

Institutional policies should provide guidance about ownership, stewardship and control of research data and primary materials, both during a research project and after the project has been finalised.

Ownership of research data and primary materials can be difficult to determine, especially when the research involves multiple researchers or externally sourced data or information, and may need to take account of the character or status of the primary materials. An institution may choose to assert ownership of research data, or to grant ownership to researchers. Institutional policies should clarify the criteria that will be used to determine the status of research data and primary materials in these circumstances.

With respect to the ownership of data and information used in or generated by research involving Aboriginal and Torres Strait Islander peoples and communities, institutions or researchers may hold data or information; however, they should not make decisions about the access to or reuse of this data or information without proper consultation with its Indigenous owners, if any.

Institutional policies should cover cases where researchers move between institutions or employers and where research data are held outside of Australia. Agreements covering ownership, stewardship and control of this data or information should be reviewed whenever there is movement or departure of research staff.

As a general rule, the most satisfactory arrangement will be that the materials and data retained at the end of a project are the property of the institution that hosted the project, another institution with an interest in the research, or a central repository. Institutional policies should clarify any exceptions to these arrangements.

Institutional policies on these matters should not unnecessarily impede the normal use of research data and primary materials by researchers for research and scholarly purposes, including their sharing and communication.

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Upon the determination of ownership of research data, a relevant licence should be considered for the purpose of clarifying the status of the data for re-use by third parties.

In some instances, research may be conducted partly or entirely using data or materials that are owned by another party. In such cases, neither the institution nor the researcher can assert ownership. Therefore, to meet the requirements outlined in this guide, both the institution and the researcher should document the source of the data or materials and describe the access arrangements. Such arrangements should be in place to allow justification and verification of the outcomes of research.

2.3   Storage, retention and disposal

Institutional policies should address the storage, retention and disposal of all research data, whether held in an institutional repository or externally.

Retaining the research data is important because it may be all that remains of the research work at the end of the project.

The storage, retention and disposal of research data should:

- be consistent with any copyright or licensing arrangements that are in place
- be in accord with research discipline-specific practices and standards
- comply with relevant privacy, ethical and publication requirements
- comply with other relevant laws, regulations and guidelines.

The period for which data should be retained should be determined by prevailing standards for the specific type of research and any applicable state, territory or national legislation. In general, the minimum period for retention of research data is 5 years from the date of publication. However, for any particular case, the period for which the data should be retained should be determined by the specific type of research, subject to any applicable state, territory or national legislation. For example:

- for short-term research projects that are for assessment purposes only, such as research projects completed by students, retaining research data for 12 months after the completion of the project may be sufficient
- for most clinical trials, retaining research data for 15 years or more may be necessary
- for areas such as gene therapy, research data must be retained permanently (e.g. data in the form of patient records)
- if the work has community, cultural or historical value, research data should be kept permanently, preferably within a national collection.

Institutional policies should clarify the requirements for short and long-term storage of research data and how any disposal of data and information is to be undertaken and recorded.

Good archival practice includes scheduled review of items in long-term storage.

2.4   Safety, security and confidentiality

Institutions must have policies on the ownership of, and access to, databases and archives that is consistent with confidentiality obligations, legislation, privacy principles and other guidelines.

These policies must require that:

- researchers are informed of relevant confidentiality agreements and restrictions on the use of research data
- computing systems are secure
- information technology personnel understand their responsibilities for network security and access control
- those holding primary material, including electronic material, understand their responsibilities for security and access.

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2.5 Access by interested parties

Institutional policies should describe how to make research data, including the outputs of research, available to interested parties both within and outside of the institution, giving particular consideration to licensing and access arrangements. Institutional policies should address options for sharing data via open access and via mediated access (i.e. access to data or information with the assistance of a data custodian or other authorised person).

> **Under the Code, institutions will:**
>
> R8 *Provide access to facilities for the safe and secure storage and management of research data, records and primary materials and, where possible and appropriate, allow access and reference.*

Licensing provides a standardised way for researchers and institutions to share research data with others and to govern subsequent use of that data. When considering licensing for this purpose, the least restrictive option, such as a Creative Commons Attribution licence[2], is encouraged.

Where the sharing of research data has been requested and access has been refused, the reasons for not sharing the data should be transparent and justifiable.

For guidance on intellectual property matters, institutions and researchers should consult institutional policies and/or seek further advice from appropriate professionals. For research involving Aboriginal and Torres Strait Islander peoples, consult the relevant guidelines.[3]

2.6 Facilities

Research data controlled by the institution and/or its researchers should be stored in facilities provided by or approved by the institution. These facilities, including information technology, must comply with privacy requirements and other relevant laws, regulations and guidelines, and research discipline-specific practices and standards related to safe and secure storage of data and information.

Research institutions offering facilities for the storage of personal or sensitive data or information should have a policy describing their responsibilities as data custodians for the security of and access to the data and information.

The policy should also address control or ownership of data facilities and archives in which data or information is stored.

Research data may be published in international, national, or discipline-based repositories, such as international databanks, in addition to institution-based storage or archiving. Institutions should consider maintaining a record of the research data generated by their researchers and where it is stored.

3. Responsibilities of researchers

In accordance with the Code, researchers must adhere to their institution's policies related to management of data and information, relevant laws, regulations and guidelines, and research discipline-specific practices and standards.

The responsibilities of researchers with respect to management of data and information in research should be clear from the beginning of a research project. The development of a data management plan for this purpose is strongly encouraged.

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2   https://creativecommons.org.au

3   https://www.nhmrc.gov.au/research-policy/ethics/ethical-guidelines-research-aboriginal-and-torres-strait-islander-peoples

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A data management plan should be developed as early as possible in the research process and should include, but not be limited to, details regarding:

- physical, network, system security and any other technological security measures
- policies and procedures
- contractual and licensing arrangements and confidentiality agreements
- training for members of the project team and others, as appropriate
- the form in which the data or information will be stored
- the purposes for which the data or information will be used and/or disclosed
- the conditions under which access to the data or information may be granted to others, and
- what information from the data management plan, if any, needs to be communicated to potential participants.[4]

While it may not be practical to keep all the primary material (such as ore, biological material, questionnaires or recordings), durable records derived from them (such as assays, test results, transcripts, and laboratory and field notes) must be retained and accessible.

Planning for the management of data, particularly for retention of research data, should include considerations of practicality and cost.

The guidance provided in this section should be read in conjunction with section 2 (Responsibilities of institutions) of this document.

> ### Under the Code, researchers will:
>
> R22 Retain clear, accurate, secure and complete records of all research including research data and primary materials. Where possible and appropriate, allow access and reference to these by interested parties.

If not otherwise clarified in institutional policy, researchers should:

- retain clear, accurate, secure and complete records of all research data and primary materials
- retain and be able to produce on request all relevant approvals, authorisations and other administrative documents, such as ethics and financial approvals, receipts and consent forms
- where possible and appropriate, allow access to research data and primary materials, in particular, to enable to facilitate the sharing of research data. This access should be facilitated by the use of indexes or catalogues of data and information generated, accessed and used during the research
- respect any project-specific conditions of consent or confidentiality obligations
- adhere to project-specific protocols that require measures beyond those required by institutional policy or relevant laws, regulations and guidelines, or research discipline-specific practices and standards
- report any inappropriate use of or access to or loss of data, in accordance with applicable institutional policies and, where relevant, other reporting schemes such as the Notifiable Data Breaches scheme[5]
- ensure that agreements are in place to govern circumstances in which researchers leave the project or move from one institution to another during the course of the project
- ensure that agreements are in place between institutions for managing responsibilities set out in this guide for data and information in multicentre or collaborative research projects.

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4   Guidance on data management plans is provided in the *National Statement on Ethical Conduct in Human Research* at Chapter 3.1, Element 4.

5   https://www.oaic.gov.au/privacy-law/privacy-act/notifiable-data-breaches-scheme

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In order to optimise project efficiency and avoid information loss and duplication, researchers should employ good management practices. These practices vary across disciplines, but the essential elements include:

- stable storage formats and regular backup to a source external to an individual computer
- version control and other relevant mechanisms for datasets, algorithms, models and software configuration management
- workflow documentation with provenance information for instruments (use and calibration) and software used
- adherence to appropriate national and international standards for scientific terminology and information encoding.

Research data can be the subject of Freedom of Information requests, and in such circumstances, there is an expectation that any information that is delivered will be provided in an understandable format and state.

3.1   Retention and publication

The central aims of retention of data and information are to enable the justification of outcomes of the research and the facilitation of sharing of research data.

Researchers have primary responsibility for deciding which research data and primary materials are candidates for long-term retention and wider accessibility.

In addition to legal requirements and the requirements of funders, government bodies and publishers, the following criteria should be considered in deciding which research data and primary materials should be retained:

- uniqueness and non-replicability
- reliability, integrity, and usability
- relevance to a known research initiative or collection
- community, cultural or historical value
- economic benefit.

Researchers should consider appropriate approaches to maximising the benefits of valuable data and information in the context of any required or reasonable restrictions on sharing the data or information, such as the character of the consent provided,[6] permissions granted by any data custodians and the requirements of privacy laws. Researchers should be sensitive to the tension created by these competing imperatives.

In addition to standard publication requirements, options for researchers include publishing or making their research data available through data centres, national and international collections, or through online repositories maintained by institutions and research communities.

Researchers should adhere to established national and international standards for data description and structuring to facilitate tracking of references. These standards include using Digital Object Identifiers for datasets, ORCID IDs for researchers, and standard terminology for scientific concepts.

Published research data generally require some kind of online description (i.e. metadata) and should be findable, accessible, interoperable, and re-usable, both manually and with automated tools. This requires researchers to include appropriate context (descriptive, technical, methodological, access, and provenance information) either within the data structure or in separate metadata records for the research data.

Researchers should consider the options for licensing of research data in order to provide clear parameters around the use and re-use of this data. When considering licensing for this purpose, the least restrictive option, such as a Creative Commons Attribution licence, is encouraged. Researchers should be prepared to justify the use of more restrictive controls.

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6   For information on consent and privacy considerations in research see the *National Statement on Ethical Conduct in Human Research*.

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3.2   Managing confidential and other sensitive information

Researchers must exercise care in handling confidential or other sensitive information used in or arising from a research project. Research data and information to which obligations of confidentiality or other sensitivities may apply commonly fall into one of the following categories:

- data or information that is commercial-in-confidence or that is inherently confidential and which has been provided in confidence (e.g. secret and sacred religious or cultural practices, or information on the location of vulnerable species)
- sensitive data or information subject to privacy legislation (e.g. identifiable human medical/health and personal data or information)
- data or information subject to classification regimes and other controls (e.g. national security information, police records or information and primary materials subject to export controls).

Researchers must ensure that the security and privacy measures[7] that are used for research data and primary materials are proportional to the risks associated with the confidentiality or sensitivities of these data and materials. These measures relate to storage, access and sharing of the data and information and should be recorded in a data management plan.

Sensitive research data may be appropriately shared through mediated access arrangements and the application of a risk assessment framework.

3.3   Acknowledging the use of others' data

The Code and *Authorship: A guide supporting the Australian Code for the Responsible Conduct of Research* require that the work of others is appropriately referenced and cited in the presentation, publication or sharing of research. This principle applies to all data and information used as an input to a research project. In referencing and citing the work of others, researchers should follow accepted norms and standards for scholarly literature and can reasonably expect that their work is acknowledged by others.

3.4   Engagement with relevant training

Researchers should engage with relevant training and education provided by or through their institution.

4.   Breaches of the Code

Institutions should manage and investigate concerns or complaints about potential breaches of the Code in accordance with the *Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research* (the Investigation Guide).

Breaches of the Code that are related to management of data and information in research (see also Section 2.1 of the Investigation Guide) include, but are not limited to:

- falsification of research data or primary materials
- fabrication of research data or primary materials
- failure to notify the institution and relevant authorities in a timely manner of a data breach or instance of inappropriate access to data held by the researcher
- failure to retain clear, accurate, secure and complete records of all research including research data and primary materials
- failure to adhere to the conditions of any institutional policy or project-specific approvals that relate to the retention, sharing or destruction of research data or primary materials

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7   Guidance on managing and sharing confidential data and information is provided in the *National Statement on Ethical Conduct in Human Research*. See Additional Resources for more information on recommended security and privacy measures.

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- selective retention of research data or primary materials so as to hinder the verifiability of a research output or access request
- failure to apply appropriate security controls to research data or primary materials
- failure to obtain necessary approvals or acting inconsistently with a condition of any approval granted in relation to the management of research data or primary materials.

In assessing the seriousness of a breach, any confidentiality obligations or other sensitivities that apply to the research data or information should be considered (Section 3.2, above), in addition to other relevant factors (see Investigation Guide, Section 2.2).

Additional Resources

Resources referred to in this guide, or supporting the principles or responsibilities outlined in the guide include:

Australian Government Research Ethics and Research Integrity Guidelines

https://nhmrc.gov.au/about-us/publications/australian-code-responsible-conduct-research-2007 [*Australian Code for the Responsible Conduct of Research, 2007*]

https://nhmrc.gov.au/about-us/publications/australian-code-responsible-conduct-research-2018 [*Australian Code for the Responsible Conduct of Research, 2018*]

https://nhmrc.gov.au/about-us/publications/national-statement-ethical-conduct-human-research-2007-updated-2018 [*National Statement on Ethical Conduct in Human Research, 2007* (Updated 2018)

https://nhmrc.gov.au/research-policy/ethics/ethical-guidelines-research-aboriginal-and-torres-strait-islander-peoples [Ethical guidelines for research with Aboriginal and Torres Strait Islander Peoples]

https://aiatsis.gov.au/research/ethical-research/guidelines-ethical-research-australian-indigenous-studies [*Guidelines for Ethical Research in Australian Indigenous Studies*]

Australian Research Data Commons (ARDC, formerly Australian National Data Service (ANDS))

https://www.ands.org.au/working-with-data/fairdata

http://www.ands.org.au/guides/sensitivedata

Creative Commons

https://creativecommons.org.au

European Union General Data Protection Regulation (GDRP)

https://ec.europa.eu/commission/priorities/justice-and-fundamental-rights/data-protection/2018-reform-eu-data-protection-rules_en#abouttheregulationanddataprotection

Guidelines on Personal data breach notification under Regulation 2016/679

F.A.I.R.

https://www.fair-access.net.au/fair-statement

Five Safes

Managing the Risk of Disclosure: the Five Safes Framework [ABS]

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National Archives of Australia

http://www.naa.gov.au/information-management/records-authorities/types-of-records-authorities/GRA/gra37/index.aspx

Office of the Australian Information Commissioner

https://www.oaic.gov.au/privacy-law/privacy-act/

https://www.oaic.gov.au/privacy-law/privacy-act/notifiable-data-breaches-scheme

https://www.oaic.gov.au/agencies-and-organisations/guides/guide-to-securing-personal-information

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Australian Government

National Health and Medical Research Council

Australian Research Council

UNIVERSITIES AUSTRALIA

Peer Review

A guide supporting the *Australian Code for the Responsible Conduct of Research*

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Contents

1.   Introduction

This guide supports the implementation of the *Australian Code for the Responsible Conduct of Research* (the Code), which articulates the broad principles and responsibilities that underpin the responsible conduct of Australian research.

In particular, this guide is intended to assist institutions and researchers to adhere to relevant principles of the Code, including:

- Principle 3, 'Transparency in declaring interests …', which includes the responsibility to disclose interests and manage conflicts of interest.
- Principle 4, 'Fairness in the treatment of others', which requires researchers and others involved in research to be treated fairly and with respect.

This guide aims to assist those involved in research to understand and apply best practice in conducting and participating in peer review.

This guide applies to the peer review of research by researchers employed by, or affiliated with, Australian institutions. These institutions vary in size, maturity, experience and organisational structure. They range from large and complex universities to small privately funded institutes. Accordingly, it is acknowledged that different institutional policies and processes are capable of fulfilling the aim of this guide and attempts have been made to ensure that there are appropriate options for flexibility in its application.

2.   Peer review

For the purposes of this guide, and as defined in the Code:

Peer review is the impartial and independent assessment of research by others working in the same or a related field.

Peer review has a number of important roles in research and research management, including:

- the assessment of research proposals and grant applications
- the assessment and selection of material for publication and dissemination
- the assessment of the research of Higher Degree Research (HDR) candidates
- the assessment of research quality, engagement and impact by government bodies, and
- other reviews or assessments of research conducted by individual researchers, teams, academic units and institutions.

Peer review provides expert scrutiny of proposed research or research outputs and helps to maintain high standards in research, including by ensuring that accepted disciplinary standards are met. At its best, peer review contributes to accurate, thorough and credible reporting of research.

Peer review may also draw attention to departures from the principles in the Code, including by identifying plagiarism, duplicative publication, errors and misleading statements.

Participating in peer review also provides benefits for researchers, including keeping abreast of the most recent research, improving critical analysis skills and understanding of peer review processes, and obtaining recognition for contributions to peer review.

3. Responsibilities of institutions

This section provides guidance on the responsibilities that institutions have in relation to peer review, including for internal peer review processes.

3.1   Support peer review

Institutions should recognise the importance of peer review processes to academic and scientific endeavour by encouraging and supporting the participation of its researchers.

Institutions should appropriately recognise that peer review is an important activity that has an impact on the researcher's workload and status.

3.2   Provide training for researchers

Institutions must provide ongoing training and education that promotes and supports responsible research conduct and assists all researchers in relevant aspects of peer review processes, including training for early career researchers and HDR students.

> ***Under the Code, institutions have responsibilities to:***
>
> R4   *Provide ongoing training and education that promotes and supports responsible research conduct for all researchers and those in other relevant roles.*
>
> R5   *Ensure supervisors of research trainees have the appropriate skills, qualifications and resources.*

4. Responsibilities of researchers

This section provides guidance on the responsibilities that researchers have in relation to peer review.

4.1   Participate in peer review

Participating in peer review processes is an important part of the research endeavour. Researchers in receipt of public funding may have a responsibility to participate in peer review.

To ensure the quality and integrity of peer review processes, researchers should ensure that they have the appropriate expertise to participate in the peer review activity.

4.2   Conduct peer review responsibly

It is important that peer reviewers are fair, rigorous and timely in their review. They must also maintain any required confidentiality of the peer review process.

Researchers must engage in peer review appropriately and respectfully, and must not use the peer review process to disparage other researchers.

Peer reviewers should also be aware that funding agencies and publishers are likely to have their own peer review policies, guidelines and expectations to which they must adhere.

Peer reviewers must:

- inform themselves about the criteria to be applied in the peer review process
- review research objectively, impartially and in accordance with the review criteria
- apply standards equally to all research under review
- give proper consideration to research that challenges or changes accepted ways of thinking, which may include innovative, interdisciplinary or collaborative research
- maintain professionalism in the tone of their comments, ensuring that peer reviews are as constructive as possible, and
- disclose interests and manage conflicts of interest.

Peer reviewers must not:

- contact the author/s or other reviewers unless authorised to do so
- seek to unduly influence the review process
- delegate their responsibilities or ask others to assist with a review, unless authorised to do so
- take into account factors that are not relevant to the review criteria
- permit personal prejudice to influence the process (peer reviewers should be aware of how their own biases (conscious or unconscious) could affect the peer review process, including in relation to gender, ethnicity, nationality, institutional employer and research discipline)
- take advantage of knowledge obtained during the peer review process, or use information from research projects under review, without permission
- conduct a review for which one lacks appropriate expertise, or
- intentionally delay the review process.

4.2.1 Respect confidentiality

Peer reviewers must ensure that they adhere to the confidentiality requirements of all bodies utilising peer review including universities, publishers and funding agencies. In most circumstances, peer reviewers are required to maintain the confidentiality of the peer review process and must not disclose the content of any material under review or the outcome of any review process. The unauthorised disclosure of information is a breach of confidentiality and, potentially, a breach of the Code.

4.2.2 Disclose interests and manage conflicts of interest

Peer reviewers must disclose interests, and abide by any requirements established to manage conflicts of interest, in accordance with Responsibility 24 of the Code and *Disclosure of interests and management of conflicts of interest: A guide supporting the Australian Code for the Responsible Conduct of Research*.

4.3   Avoid interference in the peer review process

Researchers whose work is undergoing peer review must not seek to influence the process or outcomes.

4.4   Mentor trainees in peer review

Researchers have a responsibility to assist research trainees under their supervision, including early career and HDR students, to develop the skills necessary for conducting peer review responsibly.

4.5   Engage in relevant training

Researchers should engage in relevant training about peer review processes, and should seek out other relevant training opportunities when they perceive a knowledge gap.

> **Under the Code, researchers have the responsibility to:**
>
> R16   *Undertake and promote education and training in responsible research conduct.*

5.   Breaches of the Code

Institutions should manage and investigate concerns or complaints about potential breaches of the Code in accordance with the *Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research* (the Investigation Guide).

Examples of breaches of the Code that are related to peer review (see also Section 2.1 of the Investigation Guide) include, but are not limited to:

- failing to conduct peer review responsibly and fairly
- taking advantage of knowledge obtained through peer review processes
- disclosing the content or outcome of peer review processes
- failing to disclose relevant interests.

Peer reviewers should familiarise themselves with the processes involved in reporting potential breaches of the Code identified during the peer review process[1].

Additional Resources

- NHMRC Research Integrity Fact Sheet Two ("Concerns about research integrity arising during NHMRC peer review")
- Guide to NHMRC Peer Review
- ARC Peer Review (webpage)
- The International Congress on Peer Review and Scientific Publication (https://peerreviewcongress.org/index.html)
- COPE Council, Ethical guidelines for peer reviewers, September 2017 (www.publicationethics.org)
- Global Research Council, Statement of Principles on Peer/Merit Review 2018 https://www.globalresearchcouncil.org/fileadmin//documents/GRC_Publications/Statement_of_Principles_on_Peer-Merit_Review_2018.pdf

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1   See, for example, NHMRC Research Integrity Fact Sheet Two ("Concerns about research integrity arising during NHMRC peer review") and *ARC Research Integrity Policy* (section 5).

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1. Introduction

This guide supports the implementation of the *Australian Code for the Responsible Conduct of Research* (the Code), which articulates the broad principles and responsibilities that underpin the responsible conduct of Australian research.

In particular, this guide is intended to assist institutions and researchers to adhere to relevant principles of the Code, including:

- Principle 1, 'Honesty in the development, undertaking and reporting of research', which requires that researchers 'Present information truthfully and accurately in proposing, conducting and reporting research'
- Principle 2, 'Rigour in the development, undertaking and reporting of research', which requires that research be characterised by attention to detail and robust methodology and that researchers avoid or acknowledge biases
- Principle 3, 'Transparency in declaring interests and reporting research methodology, data and findings', which requires researchers to 'Share and communicate research methodology, data and findings openly, responsibly and accurately' and 'Disclose and manage conflicts of interest'
- Principle 4, 'Fairness in the treatment of others', which requires that the work of others is appropriately referenced and cited
- Principle 6, 'Recognition of the rights of Aboriginal and Torres Strait Islander people', which requires that researchers 'report to Aboriginal and Torres Strait Islander peoples on the outcomes of research in which they have engaged'
- Principle 7, 'Accountability for the development, undertaking and reporting of research', which requires that the consequences and outcomes of research are considered prior to its communication.

This guide aims to assist institutions to develop and maintain policies that facilitate the responsible publication and dissemination of research in accordance with responsibility 7 of the Code, and to assist those involved in research to understand and apply best practice in the publication and dissemination of research in accordance with responsibilities 23 and 27 of the Code.

The Code and this guide apply to all research conducted under the auspices of Australian institutions. These institutions vary in size, maturity, experience and organisational structure. They range from large and complex universities to small privately funded institutes. Accordingly, it is acknowledged that different institutional policies and processes are capable of fulfilling the aim of this guide and attempts have been made to ensure that there are appropriate options for flexibility in its application.

2. Publication and dissemination of research

Publication and dissemination of research is an important part of the research process, passing on the benefits to a diverse range of potential beneficiaries of research, including other researchers, research sponsors, consumers and industry, policy-makers, and the public. Methods of dissemination continue to evolve and expand, which can assist in more effectively reaching diverse audiences.

This guide applies to dissemination of traditional and non-traditional research outputs (e.g. original creative works, performances and exhibitions) and non-refereed publications (e.g. conferences, interviews, pre-prints and social media), as well as dissemination undertaken as part of applications for research grants and forms of financial support.

Information in other guides is also relevant to the publication and dissemination of research, such as: *Authorship: a guide supporting the Australian Code for the Responsible Conduct of Research*.

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3. Responsibilities of institutions

This section provides guidance on the responsibilities that institutions have in relation to the publication and dissemination of research.

3.1   Promote responsible publication and dissemination of research

Institutions must maintain good governance and management practices for responsible research conduct, including policies and mechanisms that guide and foster the responsible publication and dissemination of research in a manner consistent with the Code.

> **Under the Code, institutions have the responsibility to:**
>
> R3   *Develop and maintain the currency and ready availability of a suite of policies and procedures which ensure that institutional practices are consistent with the principles and responsibilities of the Code.*

To support transparency and responsible publication, dissemination and communication of the findings and results of research and to maximise the benefits of research, institutions should

- encourage researchers to disseminate their research widely and to all appropriate audiences
- provide guidance on the development of plans to publish, disseminate and communicate research findings and results, including the identification of appropriate avenues for publication and dissemination
- put in place mechanisms to support researchers to communicate research findings accurately and responsibly, regardless of the medium or method through which the research is published or the audience to whom it is communicated
- provide mechanisms that enable scrutiny of the research methods and reporting of findings for any bias or the inappropriate influence of participants, sponsors or other parties involved in the research
- enable researchers to take action, where required, to correct or retract their research in a timely manner.

Institutions should also establish a mechanism to notify the relevant journal/s of any need to correct the public record in a timely manner.

> **Under the Code, institutions have the responsibility to:**
>
> R7   *Support the responsible dissemination of research findings. Where necessary, take action to correct the record in a timely manner.*

3.2   Support open communication of research to a wide audience

The open publication and dissemination of research improves researchers' capacity to build on previous results, increases innovation, encourages collaboration, improves community engagement, and allows the benefits of the research to be realised. It is an expectation of public funders that institutions should encourage the widest possible dissemination of research, using effective modes, and at the earliest opportunity. Consequently, institutional policies should be consistent with the policies of relevant funders, the Code and relevant supporting guides, e.g. *Authorship* and *Management of data and information in research* and policies on open access issued by relevant funding agencies (see Additional Resources).

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Consistent with international expectations that research outputs are openly available, institutions should support researchers to ensure their research outputs are openly accessible in an institutional or other online repository, or on a publisher's website.

Institutions should consider making media relations or communications officers available to researchers for the purpose of communicating research findings through all appropriate channels, including through the media. Institutions should ensure that these officers are aware of the principles and responsibilities in the Code relating to publication and dissemination, as well as those described in this guide.

When communicating about collaborative research, institutions should acknowledge partner institutions and sponsors.

3.3 Protect confidential and sensitive information and manage intellectual property

While research outputs should be made openly accessible, there are instances when publication may be restricted, delayed or limited by ethical or legal obligations, such as intellectual property arrangements, confidentiality obligations made to participants or restrictions on the publication of sensitive information. Further guidance on managing confidential and sensitive information is provided in *Management of data and information in research: a guide supporting the Australian Code for the Responsible Conduct of Research*.

Institutions should develop and maintain policies, consistent with the *National Principles of Intellectual Property Management for Publicly Funded Research* that protect the intellectual property rights of the institution, the researcher, research trainees, and research sponsors.[1]

Institutions should provide mechanisms to facilitate researchers' understanding, agreement and adherence to relevant contractual obligations and confidentiality agreements, including those that may restrict, delay or limit publication. Any agreement to restrict, delay or limit publication should not exceed the period needed to protect intellectual property and/or other relevant interests. Institutions should ensure that sponsors or other collaborators, including funders of research, do not delay or unreasonably withhold consent to publication.

3.4 Consider the potential application and consequences of publication and dissemination of research

The publication and dissemination of research can sometimes have unintended consequences for individuals and communities. Research, especially where reported in a preliminary, incomplete or summary form, may be liable to misinterpretation. Research may also be misused to cause harm to human, animal or plant health, the environment or national security.

Institutions should have policies and procedures that inform researchers of the need to consider the potential unintended consequences of research.

Institutions must have processes and guidance that assist researchers to identify and manage any potential misuse of the findings or outcomes of research, including processes to comply with legislation.[2]

> *Under the Code, a principle of responsible research conduct is 'Accountability', which requires researchers and institutions to:*
>
> *P7   Consider the consequences and outcomes of research prior to its communication.*

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1   https://www.arc.gov.au/policies-strategies/policy/national-principles-intellectual-property-management-publicly-funded-research

2   Examples include the *Defence Trade Controls Act 2012* and the *Privacy Act 1988*.

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3.5   Provide training for researchers

Institutions must provide ongoing training and education that promotes and supports responsible research conduct and assists all researchers, and those in other relevant roles, to follow institutional policies related to the publication and dissemination of research. Training should include guidance and responsibilities on:

- disclosure of interests and management of conflicts of interest
- management of data and information, including secondary use of the data and information and general requirements related to privacy and confidentiality
- authorship, copyright and licensing standards
- publication ethics and standards, including how to recognise and avoid publication bias
- disclosure and sharing of findings and outcomes, including identification and management of their potential misuse
- compliance with export controls.

> **Under the Code, institutions have responsibilities to:**
>
> R4   *Provide ongoing training and education that promotes and supports responsible research conduct for all researchers and those in other relevant roles.*
>
> R5   *Ensure supervisors of research trainees have the appropriate skills, qualifications and resources.*

4.   Responsibilities of researchers

This section provides guidance on relevant obligations of researchers.

4.1   Disseminate research findings

Researchers have a responsibility to disseminate a fulsome account of their research. The account should include relevant negative results as well as findings that may be contrary to any stated hypothesis. Decisions about how research will be published or disseminated should not be inappropriately influenced by the nature and direction of results.[3] Researchers should also take into account limitations necessitated by patent applications, legitimate publication package and fee requirements and the increased costs of presenting findings to one's peers for critical input. Patents can also be a legitimate way in which to publish research results.[4]

> **Under the Code, researchers have the responsibility to:**
>
> R23   *Disseminate research findings responsibly, accurately and broadly. Where necessary, take action to correct the record in a timely manner.*

In fulfilling responsibilities related to accuracy and timeliness (see section 4.2), completeness and transparency (see section 4.6), researchers should be aware of questionable or unscrupulous practices, such as 'predatory publishing/publications' and unreasonable delays in publication and dissemination, including unjustified publication embargoes.

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3   Further guidance on avoiding reporting bias can be found in Chapter 10 of the Cochrane Handbook, https://methods.cochrane.org/bias/reporting-biases. See also reporting guidelines at http://equator-network.org.

4   *NHMRC Open Access Policy (2018)* & ARC's *National Principles of Intellectual Property Management for Publicly Funded Research (2017)*.

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Where negotiating an agreement between researchers and research sponsors that requires delivery of the research findings intended for publication to the sponsors before they undergo a peer review process, researchers may need to alert sponsors to the principles and responsibilities of the Code.

Preprints are now part of the open research landscape and their use can accelerate dissemination of research. Researchers can post a research manuscript on a public server as a preprint to allow research outputs to be available and useable prior to peer review.[5] In choosing to do so, researchers must remain cognisant of their obligations under the Code, specifically ensuring that research findings are disseminated responsibly and accurately, and action taken, where necessary, to correct the record in a timely manner.

4.2   Ensure accuracy

Researchers must take all reasonable steps to ensure that methodology, data and findings are reported accurately and consistently with international guidelines and conventions appropriate to the relevant discipline or disciplines. Researchers must ensure that conclusions are justified by the results and any limitations are appropriately acknowledged.

> **Under the Code, researchers have the responsibility to:**
>
> R21   *Adopt methods appropriate to the aims of the research and ensure that conclusions are justified by the results.*

If they become aware of any errors or misleading information in their published research outputs, researchers should take action to correct the record in a timely manner, in accordance with the institution's policy.

4.3   Accurately disclose research support and relevant interests

Communications about research and its findings must identify the host institution(s) and all sources of support for the research.

Researchers must disclose relevant interests and manage conflicts of interests consistent with the Code and the *Disclosure of interests and management of conflicts of interest: a guide supporting the Australian Code for the Responsible Conduct of Research*. This includes fully disclosing relevant interests upon submission of publications, and consideration by researchers as to whether other actions are required to manage potential conflicts of interest.

> **Under the Code, researchers have the responsibility to:**
>
> R24   *Disclose and manage actual, potential and perceived conflicts of interest*

4.4   Cite and acknowledge relevant work

Researchers must ensure that they cite and acknowledge their own work and the work of others (whether published or unpublished) accurately and in accordance with the Code, *Authorship: a guide supporting the Australian Code for the Responsible Conduct of Research* and the conventions accepted within the relevant discipline or disciplines.

> **Under the Code, researchers have the responsibility to:**
>
> R27   *Cite and acknowledge other relevant work appropriately and accurately.*

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5   https://plos.org/open-science/preprints/

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Where appropriate, researchers should cite primary sources and data to ensure that credit for research is attributed fairly and to facilitate the easy location of the origin of a work, a finding, an idea, or research data.

Researchers may seek to publish the same research in more than one publication, such as in an original journal article, followed by publication in book form and/or in anthologies, collections and translations. An author who submits substantially similar work to more than one publisher, or who submits work similar to work already published, must disclose this at the time of submission. Disclosure must also be included in the work itself to prevent any such re-use having the effect of portraying previously presented ideas or data as new.

4.5   Obtain permission for republishing

Researchers must take all reasonable steps to obtain permission from the original publisher or copyright owner before republishing their own or others' research findings, taking into account any relevant legal agreements.

4.6   Foster transparency in research and publications

Researchers and institutions are responsible for fostering transparency in research. Researchers should, where appropriate, consider registering their research plans or protocols prior to the commencement of research.[6]

For any research project that prospectively assigns participants to one or more health-related interventions to evaluate the effects on health outcomes, researchers must register the project as a clinical trial on a publicly accessible register complying with international standards before the recruitment of the first participant.[7] Other human and animal research also can be registered on international databases.[8]

> ***Under the Code, a principle of responsible research conduct is 'Transparency', which requires researchers and institutions to:***
>
> *P3   Share and communicate research methodology, data and findings openly, responsibly and accurately.*

At the conclusion of a project, and where possible and appropriate, researchers should publish or allow interested parties to access and refer to research data, survey instruments, coding manuals and the tools and resources that supported analysis of research data. See also *Management of data and information in research: a guide supporting the Australian Code for the Responsible Conduct of Research*.

Researchers should make themselves familiar with and engage with the open access infrastructure provided by their institutions.

> ***Under the Code, researchers have the responsibility to:***
>
> *R22   Retain clear, accurate, secure and complete records of all research including research data and primary materials. Where possible and appropriate, allow access and reference to these by interested parties.*

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6   The registration of research plans or protocols is increasingly common for non-clinical research and is not to be confused or conflated with the specific requirements for registration of clinical trials addressed in the paragraph below.

7   *National Statement on Ethical Conduct in Human Research* [3.1.7]. Examples of registries for clinical trials and observational studies include ANZCTR and http://clinicaltrials.gov. See also information on the International Clinical Trials Registry Platform (ICTRP) on the World Health Organisation website: http://www.who.int/ictrp/en/.

8   For example, Open Science Framework (OSF), PROSPERO, http://preclinicaltrials.eu and The Animal Study Registry.

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4.7   Protect confidential and sensitive information

Publication and dissemination activities must take account of any ethical or legal restrictions relating to intellectual property and the appropriate handling of confidential or other sensitive information (for further guidance, see section 3.2 of *Management of data and information in research*: *a guide supporting the Australian Code for the Responsible Conduct of Research*).

Researchers are accountable for their research and must consider the consequences and outcomes of research prior to its communication. Where research or its outputs could cause harm to human, animal or plant health or the environment, could harm national security, or are otherwise confidential or sensitive, researchers should seek advice from their institution before the dissemination of research or technical data. This may include dissemination via pre-publication activities, such as submitting an article to a journal for peer review.

> **Under the Code, a principle of responsible research conduct is 'Accountability', which requires researchers and institutions to:**
>
> P7   *Consider the consequences and outcomes of research prior to its communication.*

4.8   Communicate research broadly

Researchers should communicate their findings to the widest appropriate audience in forms that are accessible to that audience. This may include research end-users, such as governments, industry, not-for-profit organisations, consumers and the general public.

Researchers should engage with relevant communities, using appropriate communication channels to inform genuine public debate. They should also seek appropriate communication support from their institutions (see section 3.2 of this guide for the corresponding responsibilities of institutions).

> **Under the Code, a principle of responsible research conduct is 'Transparency', which requires researchers and institutions to:**
>
> P3   *Share and communicate research methodology, data and findings openly, responsibly and accurately.*

Where the research affects, or is of particular significance to Aboriginal and Torres Strait Islander peoples and communities, the outcomes of the research must be presented in a format that is culturally appropriate and acceptable.

A number of publications exist to assist researchers on how to engage with Aboriginal and Torres Strait Islander peoples and communities.[9]

> **Under the Code, researchers have the responsibility to:**
>
> R19   *Engage with Aboriginal and Torres Strait Islander peoples and respect their legal rights and local laws, customs and protocols.*

---

9   Further guidance on engaging with Aboriginal and Torres Strait Islander peoples and communities is outlined in *Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders* (NHMRC, 2018), *Keeping Research on Track II* (NHMRC, 2018) and *Guidelines for Ethical Research in Australian Indigenous Studies* (Australian Institute of Aboriginal and Torres Strait Islander Studies, 2012).

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The following points should be considered when communicating research findings publicly in any forum:

- as a general rule, research findings should not be discussed in the public arena until they have been tested through peer review. Presentation of research in progress or before publication on a public server as a preprint, at professional conferences and when it is in the national interest or in the context of a public health crisis are exceptions to this general rule. In discussing the findings of a research project, special care should be taken to explain the status of the project – for example, whether it is still in progress or has been finalised and whether the findings have been published.
- to maximise understanding of research findings, researchers should undertake to promptly inform those directly affected by the research, including interested parties. This may include providing research participants with an appropriate summary of the research results.
- the findings of research with a strong commercial element, certain contractual obligations and patent requirements may have to be presented to a stock exchange, a financial body, a sponsor or investors before any public release.
- any restrictions on communications that have been agreed with the research sponsor should be respected, noting that publication restrictions should be discouraged, where possible.

4.9   Engage in relevant training

Researchers should engage in relevant training about their institution's policies for the responsible publication and dissemination of research, and should seek out other relevant training opportunities when they perceive a knowledge gap.

> ***Under the Code, researchers have the responsibility to:***
>
> R16   *Undertake and promote education and training in responsible research conduct.*

Researchers working with sensitive information, technology or biological agents, should attend training on Australia's export controls and sanctions regimes and must actively seek advice from their institution as soon as they suspect that their research or a publication arising from their research may be subject to control under those regimes.

5.   Breaches of the Code

Institutions should manage and investigate concerns or complaints about potential breaches of the Code in accordance with the *Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research* (the Investigation Guide).

Examples of breaches of the Code that are related to the dissemination of research (see also Section 2.1 of the Investigation Guide and *Authorship: a guide supporting the Australian Code for the Responsible Conduct of Research*) include, but are not limited to:

- fabrication, falsification or misrepresentation of research data or source material in a research output or any communication, including social media and grant applications
- plagiarism of someone else's work, including theories, concepts, research data and source material
- duplicate publication (also known as redundant or multiple publication, or self-plagiarism) without acknowledgement of the source or original publication
- failure to maintain records required by an export control body as a condition of publication and dissemination
- failure to take active, reasonable and timely steps to correct the public record upon becoming aware of errors or misleading information in their published research outputs

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- public dissemination of research (e.g. via social media) that is yet to be tested in peer review without providing an appropriate caution or caveat
- failure to honour a restriction on publication or dissemination imposed by a sponsor, ethics or biosafety review body or other approval body (including an export control authority).

Additional resources

- ARC Open Access Policy: https://www.arc.gov.au/policies-strategies/policy/arc-open-access-policy
- Australian Open Access Strategy Group: https://aoasg.org.au/
- Committee on Publication Ethics (COPE): https://publicationethics.org, including COPE Text Recycling Guidelines: https://publicationethics.org/text-recycling-guidelines and COPE guidelines about predatory journals: https://publicationethics.org/predatory-publishing-discussion-document
- Creative Commons Australia: https://creativecommons.org.au/
- Equator Network: http://equator-network.org
- National Principles of Intellectual Property Management for Publicly Funded Research: https://www.arc.gov.au/policies-strategies/policy/national-principles-intellectual-property-management-publicly-funded-research
- NHMRC Open Access Policy: https://www.nhmrc.gov.au/about-us/resources/open-access-policy
- PLOS: https://www.plos.org/why-preprint
- Preprints: https://www.preprints.org/how_it_works
- Think.Check.Submit: https://thinkchecksubmit.org/

Export control and sanctions
- Defence Export Controls: http://www.defence.gov.au/ExportControls/ including Defence Export – Sector Specific Information: http://www.defence.gov.au/ExportControls/Sector.asp
- Australia and sanctions [Department of Foreign Affairs and Trade]: https://dfat.gov.au/international-relations/security/sanctions/Pages/sanctions.aspx

Biosafety
- Security Sensitive Biological Agents [Department of Health]: http://www.health.gov.au/internet/main/publishing.nsf/Content/ssba.htm
- Institutional Biosafety Committees [Office of the Gene Technology Regulator]: http://www.ogtr.gov.au/internet/ogtr/publishing.nsf/Content/ibc-1

Research involving Aboriginal and Torres Strait Islander people and communities
- Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders: https://nhmrc.gov.au/about-us/publications/ethical-conduct-research-aboriginal-and-torres-strait-islander-peoples-and-communities
- Keeping research on track II: https://nhmrc.gov.au/about-us/publications/keeping-research-track-ii
- Guidelines for Ethical Research in Australian Indigenous Studies: https://aiatsis.gov.au/research/ethical-research/guidelines-ethical-research-australian-indigenous-studies

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Supervision

A guide supporting the *Australian Code for the Responsible Conduct of Research*

Contents

1.   Introduction

This guide supports the implementation of the *Australian Code for the Responsible Conduct of Research* (the Code), which articulates the broad principles and responsibilities that underpin the responsible conduct of Australian research.

In particular, this guide is intended to assist institutions and researchers to adhere to relevant principles of the Code, including:

• Principle 4, 'Fairness in the treatment of others', which requires researchers to treat fellow researchers and others involved in the research fairly and with respect.
• Principle 7, 'Accountability for the development, undertaking and reporting of research'.
• Principle 8, 'Promotion of responsible research practices', which requires researchers to promote and foster a research culture and environment that supports the responsible conduct of research.

The Code and this guide apply to all research conducted under the auspices of Australian institutions. These institutions vary in size, maturity, experience and organisational structure. They range from large and complex universities, to small privately funded institutes. Accordingly, it is acknowledged that different institutional policies and processes are capable of fulfilling the aim of this guide and attempts have been made to ensure that there are appropriate options for flexibility in its application.

2.   Research supervision

Supervision plays a critical role in the responsible conduct of research. Although researchers at all levels of experience can benefit from guidance on providing and receiving supervision, this guidance is directed principally to supervision of early career researchers, Higher Degree by Research (HDR) candidates, undergraduate students and other research trainees. Supervision may be provided by one or more individuals associated with a single institution or with multiple institutions.

The responsibilities of supervisors are diverse and include maintaining currency in discipline-specific knowledge and practices, as well as setting the highest standards in research design and methodology to assure high quality, reliable, and reproducible research findings. They also include developing and maintaining a working knowledge of the legal and policy frameworks that underpin responsible conduct of research at the disciplinary, institutional, and national levels. Supervision necessarily involves developing a respectful, culturally aware and professional relationship.[1]

A supervisor's duties may include providing mentoring or career advice and assisting those under their supervision to access relevant services.

This guide does not attempt to replace legislation or broader policies or guidance already in place.[2] Rather, it is aimed at ensuring that institutions, supervisors and research trainees understand their obligations and work together to promote the responsible conduct of research.

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1   The *Principles for Respectful Supervisory Relationships* underpin the relationship between postgraduate research students and their academic supervisors.
2   For example, the *Higher Education Standards Framework (Threshold Standards) 2015* sets out minimum acceptable requirements for higher education providers, including minimum standards for staff with supervisory roles for HDR candidates, and for institutions that provide 'supervisory arrangements'. Individual institutions are required to have research supervision policies in place to ensure that they meet the Threshold Standards.

3. Responsibilities of institutions

This section provides guidance on the responsibilities that institutions have in relation to supervision of those conducting research under their auspices.

3.1 Provide support and uphold appropriate standards

Institutions are responsible for ensuring that supervisors have appropriate experience and are supported in providing guidance on the responsible conduct of research.[3] Institutions should actively promote supervisory best practice, acknowledging and, as appropriate, rewarding excellence in supervision.

> **Under the Code, institutions have the responsibility to:**
>
> R5   *Ensure supervisors of research trainees have the appropriate skills, qualifications and resources.*

Institutions should ensure that supervisors have current knowledge of the methods and content of research in relevant fields or disciplines and are engaged in producing relevant research outputs in, or otherwise making original contributions to, fields or disciplines relevant to the research of those under their supervision.

Institutions should ensure that high quality supervision is recognised as an essential element of research roles within the institution, with expectations commensurate with the seniority and experience of the researchers and students in each supervisory relationship. Institutions should recognise that supervision is an important activity that has an impact on the supervisor's workload and status.

In instances where a HDR candidate is enrolled at an institution, but is conducting research at a secondary institution (including a government agency, hospital, or industry partner), it is the responsibility of the primary institution to ensure that the candidate is provided with adequate supervision.

Institutions should ensure that the number of individuals being supervised does not compromise the supervisor's ability to fulfil their role effectively and in a timely fashion.

Institutions should have a mechanism for making and resolving concerns or complaints relating to supervision.

3.2 Provide training and induction

Institutions should provide training and education that promotes and supports the responsible conduct of research and assists researchers to develop their supervisory practice and follow their institution's policies and other relevant disciplinary-specific policies. The knowledge and experience of longer-term supervisors can be leveraged to this end through appropriately structured mentoring and/or team supervision arrangements and programs.

> **Under the Code, institutions have the responsibility to:**
>
> R4   *Provide ongoing training and education that promotes and supports responsible research conduct for all researchers and those in other relevant roles.*

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3   In some cases, institutions may require formal qualifications or evidence that the supervisor meets a recognised standard – e.g. credentialing.

Each institution must provide induction training on research integrity and the responsible conduct of research for all early career researchers, HDR candidates, undergraduate students and other research trainees, as well as to more experienced researchers who are new to supervisory roles. The training content should, at a minimum, incorporate the following:

- the principles and responsibilities of the Code, including the guides developed to support the Code, and obligations around reporting potential breaches of the Code
- the institution's and relevant funding agencies' policies and procedures relating to the responsible conduct of research and to dispute resolution
- research ethics guidelines and requirements, including:
  - the obligations of researchers undertaking research involving human participants
  - the specific obligations of researchers planning to participate in research with Aboriginal and Torres Strait Islander Peoples
  - the obligations of researchers using animals, and
  - relevant procedures for obtaining, and adhering to, ethics approvals
- the value of, and skills required for, engaging responsibly with research end-users including (as appropriate) governments, government business enterprises, businesses, non-government organisations, not-for-profit groups, and consumer and community organisations
- work health and safety requirements
- environmental protection
- technical matters appropriate to the relevant research field(s)/discipline(s)
- responsible use of intellectual property
- guidance for fostering respectful, culturally aware, engaged and effective collegial and supervisory relationships
- mechanisms for managing concerns, complaints, and breakdowns in supervisory relationships.

Institutions should give this training a high priority, ensuring that supervisors, early career researchers, HDR candidates, undergraduate students and research trainees complete the training as early in their careers as possible. Training should be completed before recruitment of human participants or use of animals in research.

Institutions should also ensure that all supervisors, including those with longer-term experience, receive timely training, as appropriate, in any new legal, policy, or procedural developments as they occur, as well as refresher training. This can be particularly important when any change in circumstance involves new supervisory expectations.

3.3   Support healthy supervisory relationships

Institutions should support supervisory relationships that are in difficulty, recognising that a proactive approach may assist in re-establishing healthy and effective supervisory relationships.

Institutions should support the implementation of alternative supervisory arrangements when established arrangements are affected by, for example, movements in personnel, or are compromised by breaches of the Code or other factors that make continuation of the arrangements untenable.

If termination of a supervisory arrangement is necessary, the welfare of the individual under supervision and the supervisor are key concerns for the institution and appropriate support should be offered.

Institutions should maintain records of supervisory arrangements and offer researchers under supervision the opportunity to discuss any changes to the arrangements as they arise.

3.4   Resolve disputes

Institutional policies should include a mechanism for raising concerns and the fair and timely resolution of disputes about supervision. The policies should include guidance on managing disputes such as those involving power imbalances between supervisors and those under their supervision and between supervisors from different institutions who are jointly supervising a researcher.

The parties to the dispute should maintain records of agreements reached through direct dialogue or mediation.

4.   Responsibilities of researchers in supervisory roles

This section provides guidance on the responsibilities that researchers have when providing supervision to other researchers.

4.1   Provide support

Supervisors serve as role models to less experienced researchers and, as such, have obligations to maintain a high degree of professionalism and current knowledge of their field or discipline. Supervisors should reflect on their own competence to provide advice, and seek support where necessary.

Supervisors are obliged to maintain objectivity in their relationships with those whom they supervise. This obligation requires supervisors to appropriately manage any changes in the nature of these relationships (for example, the commencement of intimate or business relationships), which may include a need to inform their institution and/or make alternative supervisory arrangements.

> ***Under the Code, researchers have the responsibility to:***
>
> R15   *Provide guidance and mentorship on responsible research conduct to other researchers or research trainees under their supervision and, where appropriate, monitor their conduct.*

Supervisors should guide and support the professional development of those whom they supervise. This support includes providing guidance on understanding, upholding, and applying the principles, and meeting the responsibilities of the Code.

The supervisor's role should incorporate oversight of all relevant stages of the research process from conceptualisation and planning through to dissemination of outcomes and, as appropriate, publication and follow-up activities. Supervisors also must be satisfied that the research methods and outcomes of researchers under their supervision are appropriate and valid. Supervisors of HDR candidates, in particular, should provide assistance and, where appropriate, co-authorship for publications and other research outputs. Supervisors are responsible for overseeing research proposals developed by those whom they supervise, including providing any necessary advice regarding steps that could be taken to maximise the likelihood that proposed research will be assessed as having academic or scientific merit and as being ethically appropriate.

> **Under the Code, researchers have the responsibility to:**
>
> *R26   Acknowledge those who have contributed to the research.*

All supervisors, including those who are engaged in research with those whom they supervise, must ensure that the more junior researchers receive appropriate credit for their work. The *Authorship: a guide supporting the Australian Code for the Responsible Conduct of Research* (the Authorship Guide) contains further information about when appropriate credit might amount to authorship/co-authorship.

> **Under the Code, researchers have the responsibility to:**
>
> *R16   Undertake and promote education and training in responsible research conduct.*

Supervisors should engage with relevant training and education provided by or through their institution and should seek out other relevant training opportunities when they perceive a knowledge gap.

Supervisors should strongly encourage the individuals whom they supervise to undertake and complete induction training as early as possible, as well as to undertake appropriate ongoing and refresher training.

4.2   Supervisory arrangements

Supervisors must work cooperatively with those whom they supervise, and with any co-supervisors, to establish and maintain an appropriate level of engagement.

Supervisors and those whom they supervise should agree, in writing, on:

- expectations related to progression and development
- the appropriate level of oversight of the development and conduct of the research
- expectations related to work product or deliverables, if relevant
- expectations related to the involvement of the supervisor in the work of the individual/s under supervision, or vice versa, if relevant
- arrangements related to any planned co-authorship
- any necessary training for the individual/s under supervision (beyond that provided per section 3.2)
- the frequency and format of meetings
- expectations related to contact between meetings
- the nature and format of feedback
- how any disputes will be resolved
- when and how the agreement will be reviewed during the supervisory relationship.

Where remote supervision is provided, supervisors should ensure that the individual/s being supervised are not disadvantaged because of these arrangements and should consider the use of appropriate technology.

4.3   Engage in relevant training

Supervisors should enrol and actively participate in all appropriate ongoing and refresher training, take an active role in their own professional development and actively seek out relevant training opportunities.

5. Responsibilities of researchers under supervision

This section provides guidance on the responsibilities that researchers have when under the supervision of other researchers.

When being supervised, researchers should:

• demonstrate a professional attitude towards their research
• work cooperatively with their supervisors
• complete all training in a timely manner, and induction courses as soon as possible after they commence their research roles.

Researchers under supervision should also take an active role in their own professional development by enrolling and participating in all appropriate ongoing and refresher training, and by seeking out other relevant training opportunities.

6. Breaches of the Code

Institutions should manage and investigate concerns or complaints about potential breaches of the Code in accordance with the *Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research* (the Investigation Guide).

Examples of breaches of the Code that are related to supervision (see also Section 2.1 of the Investigation Guide) include, but are not limited to:

• Failure by a supervisor to provide adequate guidance or mentorship on the responsible conduct of research to researchers or research trainees under their supervision.[4]
• Demanding or accepting authorship of a research output on the basis of supervision, where the individual does not also satisfy the authorship criteria in the Authorship Guide.

Additional Resources

• Australian Council of Graduate Research
  - Principles for Graduate Research Supervision, in Graduate Research Good Practice Principles http://www.acgr.edu.au/good-practice/graduate-research-good-practice-principles/
  - Guidelines for Quality Graduate Research Supervision https://www.acgr.edu.au/good-practice/best-practice/
  - Good Practice Guidelines for Aboriginal and Torres Strait Islander Research Education https://www.acgr.edu.au/about/key-initiatives/indigenous-graduate-research/
• Department of Education and Training 2017, Research Training Implementation Plan https://docs.education.gov.au/system/files/doc/other/implementationplan.pdf
• Lowitja Institute, Supporting Indigenous Researchers: A practical guide for supervisors https://www.lowitja.org.au/page/services/resources/health-services-and-workforce/workforce/Supporting-Indigenous-Researchers
• Tertiary Education Quality and Standards Agency 2011, Higher Education Standards Framework https://www.legislation.gov.au/Details/F2015L01639/Download
• Universities Australia et al, Principles for Respectful Supervisory Relationships https://www.universitiesaustralia.edu.au/wp-content/uploads/2018/10/Postgraduate-Principles.pdf

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4   To determine whether there has been a failure by a supervisor to provide adequate guidance or mentorship, institutions should consider the nature of the issue, the seniority of those involved, discipline-specific expectations, the workplace and supervisory arrangements (e.g. remote supervision), and the level of institutional support available to the supervisor.

NHMRC Research Integrity and Misconduct Policy

2019

NHMRC

Revision history

Release Date	Title	Revision description
December 2010	*NHMRC policy on actions to be taken in response to misconduct involving NHMRC funding, 2010*	New document
October 2015	*NHMRC policy on misconduct related to NHMRC funding*	Updates to the 2010 document to align with the 2015 Funding Agreement
November 2016	*NHMRC policy on misconduct related to NHMRC funding*	Substantially revised policy
May 2019	*NHMRC research integrity and misconduct policy*	Revisions to policy to align with revised *Australian Code for the Responsible Conduct of Research, 2018* and the *Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research, 2018.* Extension of policy to include research funded through the Medical Research Future Fund and administered by NHMRC. Other minor changes and clarifications.

Contents

1. Introduction

The National Health and Medical Research Council (NHMRC) is a statutory agency established under the *National Health and Medical Research Council Act 1992* (the NHMRC Act) and is a 'listed entity' under the *Public Governance, Performance and Accountability Act 2013* (the PGPA Act)*.* In accordance with these Acts, the Chief Executive Officer (CEO) of NHMRC has a duty to govern NHMRC affairs in a way that promotes the efficient, effective, economical and ethical use and management of public resources for which NHMRC is responsible.[1]

NHMRC expects the highest levels of research integrity and conduct to be observed in the research that it funds. Institutions that administer NHMRC funding are bound by a Funding Agreement and, as part of this agreement, agree to observe the requirements of the *Australian Code for the Responsible Conduct of Research, 2018* (the Code).[2] This policy also applies to research funded through the Medical Research Future Fund (MRFF) and administered by NHMRC.

The purpose of this policy is to clarify the roles and responsibilities of institutions receiving research funding from NHMRC or the MRFF, including NHMRC Administering Institutions (collectively referred to as Institutions) about notifying NHMRC of potential and actual breaches of the Code, including research misconduct. It sets out NHMRC's approach to managing and mitigating risks to the use of public resources that may arise from suspected or proven breaches. This policy also clarifies the role and responsibilities of Institutions to notify NHMRC of fraud and other forms of serious misconduct where these involve NHMRC-funded or MRFF-funded research or researchers. Adherence to the requirements of this policy forms part of an Institution's obligations under the Funding Agreement.

In this policy a reference to NHMRC funding includes a reference to MRFF funding administered by NHMRC, where the context provides for this.

This policy replaces the *NHMRC Policy on Misconduct related to NHMRC Funding, 2016*.

This policy may be amended from time to time. Any changes to the policy will be notified on the NHMRC website. A log of changes will be maintained by NHMRC and made available with this policy.

Definitions of terms used in this policy are provided at Appendix A and information on the management of confidential information is provided in Section 7.

For further information on how to make a complaint about a possible breach of the Code or misconduct involving NHMRC-funded research, or to find out more about the responsible conduct of research and how enquiries, complaints and allegations are handled, see the NHMRC website at https://nhmrc.gov.au/research-policy/research-integrity/our-policy-misconduct.This page includes information about how to raise concerns or make complaints for:

- researchers, students, members of the public (Fact Sheet 1: What should I do if I suspect a researcher may be doing the wrong thing?), and

- NHMRC peer reviewers (Fact Sheet 2: Concerns about research integrity arising during NHMRC peer review).

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[1] The *NHMRC Research Integrity and Misconduct Policy* (the policy) supports the CEO in discharging responsibilities under these Acts as well as the *Commonwealth Grants Rules and Guidelines 2017; Commonwealth Procurement Rules 2019; Commonwealth Fraud Control Framework 2017;* and *Privacy Act 1988*.

[2] The *Australian Code for the Responsible Conduct of Research, 2018* replaces the previous 2007 edition of the Code, effective 1 July 2019.

[Section 9](#) of this policy summarises how NHMRC responds to complaints about potential breaches of the Code or other concerns about research integrity that it receives.

2. Scope of policy

This policy applies to actual or potential breaches of the Code that may have occurred in relation to NHMRC funding (as defined in this policy), including research misconduct and fraud. This policy will come into effect on 1 July 2019.

This policy does not apply retrospectively. For complaints that were received by Institutions before 1 July 2019, or for preliminary assessments and investigations that were already underway before this date, the previous *[NHMRC Policy on Misconduct related to NHMRC Funding](#)* applies. This policy applies to complaints received by Institutions on or after 1 July 2019. If you are uncertain about whether this policy applies to a particular matter, please contact NHMRC for advice. Contact details are provided in [Section 10](#).

A matter **is related to NHMRC funding** if the complaint, allegations, investigation or findings relate to:
- current or past NHMRC grants
- current NHMRC grantees, regardless of whether the matter relates to their current NHMRC grants
- application/s in a current NHMRC funding round, and
- current NHMRC applicants, regardless of whether the matter relates to an NHMRC grant application.

NHMRC acknowledges that Institutions will not always have records of all applications made by, or grants awarded to, a researcher, including activity that may have occurred during a researcher's previous employment. Institutions are only expected to consider those matters of which they are aware (or could be reasonably expected to be aware) when considering whether a research integrity matter falls within the scope of this policy. NHMRC may sometimes inform an Institution of a researcher's involvement with NHMRC if a potential research integrity matter comes to NHMRC's attention.

Where a researcher did not fall within the scope of the policy at the outset of an assessment or investigation, but comes within its scope as the matter proceeds (e.g. by submitting an application for funding), notification requirements apply.

Box 1 provides some examples of the scope of this policy. **All examples used in this policy are illustrative only.** These should be read in conjunction with the information about notification requirements in [Section 3.2](#). If you are unsure whether a matter falls within the scope of this policy, please contact NHMRC for advice. Contact details are provided in [Section 10](#).

Box 1 What matters fall within the scope of this policy?

Example 1:

Dr A works for University B. She received an NHMRC fellowship in 2008 that finished in 2012. She is not currently receiving any NHMRC funding and has no current applications for NHMRC funding submitted. In 2020, University B receives a complaint about a potential breach of the Code that relates to some more recent research Dr A has been conducting (not funded by NHMRC). University B **is not required** to notify NHMRC of this research integrity matter, as it does not relate to Dr A's previous fellowship or any other previous NHMRC funding she has held, and she is not currently applying for or in receipt of funding.

Example 2:

Dr F works for University G. He received an NHMRC fellowship in 2008 that finished in 2012. He is not currently receiving any NHMRC funding, and has no applications currently under review. In 2020, University G receives a complaint about a potential breach of the Code that relates to research Dr F conducted in 2010 as part of his NHMRC fellowship. If University G is aware of Dr F's receipt of the fellowship (irrespective of whether Dr F was employed by University G when he was receiving the fellowship), then **the notification requirements set out in Section 3.2 of this policy apply** to this complaint, as it relates to a past NHMRC grant.

Example 3:

Professor X works for University Y and has a current NHMRC grant. University Y receives a complaint about a potential breach of the Code (on or after the commencement date of this policy) that relates to other research being conducted by Professor X that is not related to the grant. Because Professor X is a current grantee, **the notification requirements set out in Section 3.2 of this policy apply**, despite the alleged breach not being related to the NHMRC grant.

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3. Responsibilities of Institutions and researchers

3.1 Breaches of the Code, including research misconduct

Institutions have a responsibility to ensure that the principles and responsibilities as set out in the Code are met. Institutions bear primary responsibility for the prevention, detection, investigation and reporting of potential breaches of the Code.

NHMRC funding is provided via Institutions, rather than directly to individual researchers. In order to receive NHMRC funding, Institutions must enter into and comply with the NHMRC Funding Agreement. This policy should be read in conjunction with the relevant Funding Agreement and with the relevant grant guidelines, which will provide information about the requirements and processes applicable to NHMRC funding. Under the current Funding Agreement, Institutions are required to notify NHMRC in accordance with this policy.

The primary responsibility of researchers is to conduct research with integrity and in accordance with the principles and responsibilities set out in the Code. Researchers who become aware of suspected breaches of the Code are expected to report these concerns to the relevant Institution and/or authority (see the Code, responsibility R29). Institutions are required to comply with the Code, including its principles for managing concerns and complaints about potential breaches (see the Code responsibilities R10 to R13). Institutions should

implement, maintain, and effectively communicate to their staff, appropriate processes for handling complaints of potential breaches.

The language used in this policy and the structure of notification requirements reflect the processes set out in the Investigation Guide. Where aspects of institutional processes may differ from these, Institutions should interpret and apply the requirements of this policy in a way that aligns with both the overall purposes of the policy (as set out on page 4) and the Institution's own procedures. If uncertain about the application of the policy, Institutions should contact NHMRC for advice. As noted in the Code, the Australian Research Integrity Committee (ARIC) will use the Investigation Guide as a benchmark for its reviews.

Advice to NHMRC on the seriousness of the breach

Where an Institution notifies NHMRC that a breach of the Code has occurred, the Institution **must** provide information on the seriousness of the breach. This will assist NHMRC to apply consequential actions, where required, in a fair and proportionate way.

For matters that have proceeded to an investigation, recommendations made by an investigation panel about the seriousness of the breach can be used to inform this advice and Institutions may also wish to consult the guidance provided in the Investigation Guide about the spectrum of breaches.[3]

Institutions that are using the term 'research misconduct' in their own processes should advise NHMRC whether or not the breach meets the definition of research misconduct.

In line with the approach to investigations set out in the Investigation Guide, NHMRC considers Institutions to have a continuing obligation to address a complaint about a potential breach of the Code even when a respondent leaves the Institution following the complaint.

Specific responsibilities of Institutions for notifying NHMRC about potential and proven breaches of the Code are set out below.

3.2 Requirement to notify NHMRC

Institutions must notify NHMRC of research integrity matters that fall within the scope of this policy (refer to Section 2 for an explanation of what matters fall within the scope of this policy) in accordance with the timing or circumstances detailed below.

Preliminary assessments

Institutions must notify NHMRC **within two weeks** of:

- The outcomes of a preliminary assessment where:
    - it has been established that a complaint, if proven, would constitute a breach of the Code and the complaint has been resolved without the need for an investigation, and/or
    - the matter is referred for investigation, and/or
    - NHMRC had been previously notified about a matter, or has referred a matter to the Institution, irrespective of the outcome of the assessment, including where a matter is referred to other institutional processes.[4]

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[3] See sections 2.2, 2.3 and Box 1 of the Investigation Guide.
[4] This is to ensure NHMRC can take appropriate action, for example lifting any precautionary actions it may have previously put in place when first made aware of the matter. NHMRC does not need to be told what the other institutional processes

Note: Matters that relate to research administration that can easily be rectified at the local level and resolved prior to the need to consider a preliminary assessment, or once a preliminary assessment has been conducted, do not need to be notified. Unintentional administrative errors, clerical errors or oversights are some examples of these types of matters (see the Investigation Guide for further information about the spectrum of breaches).

Investigations

Institutions must notify NHMRC **within two weeks** of:

- The outcome of any investigations into potential breaches of the Code.

Prolonged preliminary assessments

Institutions must also notify NHMRC of:

- Any instance where a preliminary assessment has taken, or will take, longer than twelve weeks from the date of receipt of the complaint. Notifications should be made as soon as it is determined that the preliminary assessment will take more than twelve weeks or at the end of the twelfth week if the assessment is not complete.

Suspension of funding or activity

In addition, Institutions must notify NHMRC of matters **before** the completion of the preliminary assessment or investigation if:

- an Institution suspends funding to an individual or team involved in NHMRC-funded research before the completion of the preliminary assessment, or
- an Institution identifies an imminent or real risk of harm to humans, animals or the environment before completion of the preliminary assessment **and** has suspended or intends to suspend the research activity.

In these circumstances, Institutions must notify NHMRC as soon as possible and no later than **one week** after the risks have been identified or the funding suspended. If these issues are only identified or a suspension is put in place at a later point in the investigation, NHMRC should be informed of the identification and/or suspension as soon as possible, and at the latest, within **one week.**

Other

In some circumstances, such as where a complaint has been made directly to NHMRC, or NHMRC becomes aware of a concern via other means (e.g. from media reports or from its peer reviewers), NHMRC will know of a complaint before the Institution has had the opportunity to consider it. NHMRC will engage directly with the relevant Institution to seek further information and may advise of future notification requirements.

Appendix B provides a reference table to assist Institutions in understanding when a notification to NHMRC is required. Some examples of notification requirements are provided in Box 2. Figure A provides a flowchart that illustrates points at which notification is required.

are; but will need to be advised if, at the conclusion of those other processes, a determination was made that the researcher breached the Code. Institutional processes include those established under Enterprise Agreements, workplace codes of conduct, student disciplinary agreements or those put in place to comply with other reporting requirements (e.g. to regulators).

If in doubt about whether or not notification is required, or if advice is needed about the interpretation of any of the notification requirements, Institutions are encouraged to contact NHMRC and seek advice (see contact details in Section 10).

Box 2 At what stage of a matter does NHMRC require notification?

Example 1:

Institution M receives a complaint about a potential breach of the Code (on or after the commencement date of this policy). The complaint relates to possible inaccuracies in the track record of a Chief Investigator in a previous successful NHMRC grant application. Institution M has not suspended funding to the researcher and is not intending to suspend the research activity, and proceeds to conduct a preliminary assessment. This assessment is completed within twelve weeks and concludes that the matter should be dismissed. Institution M is **not required** to notify NHMRC of this matter.

Example 2:

University J receives a complaint about a potential breach of the Code (on or after the commencement date of this policy) that concerns possible data fabrication related to research being undertaken as part of a current NHMRC grant. University J has not suspended funding to the researcher and is not intending to suspend the research activity, and proceeds to conduct a preliminary assessment. The preliminary assessment is completed within twelve weeks and results in a referral of the matter for investigation. University J **is required** to notify NHMRC of this outcome. University J then proceeds to a formal investigation, which finds that no breach of the Code (including research misconduct) has occurred. University J **is required** to notify NHMRC of this outcome, as this policy requires notification of any outcome of an investigation.

Example 3:

University P receives a complaint about a potential breach of the Code (on or after the commencement date of this policy) that concerns possible data fabrication related to research that is part of a current NHMRC grant. University P has not suspended funding to the researcher and is not intending to suspend the research activity, and proceeds to conduct a preliminary assessment. The preliminary assessment experiences a number of delays, and it becomes obvious that it will not be completed within twelve weeks. University P **is required** to notify NHMRC, as the assessment will not be completed within the twelve week timeframe. Some weeks later, the preliminary assessment is completed and finds that the complaint should be dismissed. University P **is required** to notify NHMRC of this outcome, as this policy requires notification of the outcome of a preliminary assessment where NHMRC had previously been notified about a matter.

Information to be provided with notification

Before notifying NHMRC, Institutions should review Appendix C of this policy, which gives advice about the information that should be included in a notification to NHMRC. Should the Institution consider that there is a legal reason why certain information cannot be provided, the Institution should advise NHMRC of its reasons. Even where information has not been provided, NHMRC might need to take precautionary or consequential action (see Sections 4, 5 and 6 of this policy) to protect the proper use of Commonwealth resources, and public confidence in, and the integrity of, NHMRC activities.

Figure A Research integrity notification requirements

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                        ┌─────────────────────────────┐
                        │ Institution receives complaint │
                        └─────────────────────────────┘
                                     │
                                     ▼
┌──────────────────────────────────────────────────────────────────────┐
│                     Institution considers complaint                    │
└──────────────────────────────────────────────────────────────────────┘
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Institution receives complaint

Institution considers complaint

Complaint not to proceed to preliminary assessment or investigation

No notification to NHMRC required

Institution has suspended funding to an individual or team involved in NHMRC or MRFF-funded research

Institution has suspended or intends to suspend the research activity due to risk of harm to humans, animals or the environment

Notification to NHMRC required **within one week**

Preliminary assessment commences

Preliminary assessment underway

The preliminary assessment has taken, or is likely to take, **more than twelve weeks**

Notification to NHMRC required **as soon as it has been determined** that the preliminary assessment is likely to take more than twelve weeks **or** at the end of the twelfth week (whichever occurs first)

Preliminary assessment complete

The institution suspends funding or suspends, or intends to suspend, the research activity due to a risk of harm to humans, animals or the environment

Notification to NHMRC required **within one week**

Investigation commences (if matter referred for investigation)

Investigation underway

Investigation complete

Outcome:

- It has been established that a complaint, if proven, would constitute a breach of the Code and the complaint has been resolved without the need for an investigation **or**
- The matter is referred for investigation **or**
- If NHMRC had previously been notified about the matter, or had referred it, irrespective of the outcome (including if the matter is referred to other institutional processes)

Outcome:

- Preliminary assessment completed within 12 weeks **and**
- no breach found **and**
- NHMRC had **not** previously been notified about the matter or had **not** referred it to the institution

No notification to NHMRC required

Notification to NHMRC required within two weeks

3.3 Fraud and other misconduct

Institutions must notify NHMRC if they have received an allegation of fraud that relates to NHMRC funding (as defined in Section 2 of this policy).

The notification must be made as soon as possible and **within one week** of a decision by a senior employee of the Institution that the allegations warrant formal investigation and must specify, to the extent legally possible:

1. the name/s of the subjects of the allegations
2. a broad description of the alleged fraud, and
3. whether the Institution or another investigatory agency will be conducting the investigation.

If the Institution conducts the investigation into the alleged fraud, it must notify NHMRC of the outcome of the investigation within **two weeks**, including where:

- the allegations have been dismissed, or
- there is a finding of misconduct, or corrupt or criminal conduct, or
- the investigation was inconclusive.

Complaints or allegations about fraud may overlap with complaints or allegations about potential breaches of the Code (for example, where it is alleged that falsified data were used in a grant application). If this is the case, the complaints may, for example, trigger an institutional preliminary assessment and potentially an investigation under the Code or an external investigation.

For any other types of misconduct, including, for example, corrupt conduct and criminal behaviour, under the NHMRC Funding Agreement Institutions are required to notify NHMRC immediately if an Institution becomes aware of a Probity Event or a conflict of interest that has not been previously declared to NHMRC (as defined in the Funding Agreement).

Institutions may consult NHMRC where uncertainty exists about notification requirements for issues such as fraud, conflicts of interest or a Probity Event. Contact details are provided in Section 10.

4. NHMRC responses and actions

NHMRC may take precautionary action before the final outcome of a research integrity matter is determined by an Institution, and NHMRC may take consequential action in response to findings of a serious breach of the Code (including a finding of research misconduct, where this term is used). Findings of a minor or less serious breach of the Code will not usually trigger consequential action. Precautionary or consequential action may also be taken in response to notifications of investigations or findings related to other forms of misconduct, including fraud.

Sections 5 and 6 below provide additional detail about precautionary and consequential action. Section 8 sets out the process for seeking a review of certain decisions under this policy.

Under the NHMRC Funding Agreement, Institutions are required to inform affected researchers of any proposed action or action taken by NHMRC in accordance with this policy. This includes Specified Personnel and Associate Investigators who are employed at other institutions.

5. Precautionary action by NHMRC

Precautionary action refers to any temporary action initiated by NHMRC to manage any risks, at any time prior to the conclusion of a research integrity matter, and particularly once an Institution has advised that a matter has been referred for a formal investigation. Risks may be actual, perceived or potential and relate to:

- the proper use of Commonwealth resources administered by NHMRC, and/or
- public and parliamentary confidence in NHMRC, and/or
- the integrity of NHMRC activities (for example, NHMRC peer review processes).

Precautionary action is not a sanction against a researcher or a decision which is pre-emptive of the findings of an investigation. **It is a decision to mitigate the risks to NHMRC and Commonwealth funding**. Types of precautionary actions that NHMRC may take are listed in Box 3. Additional information about each action is described on the NHMRC website (see Fact Sheet 3: NHMRC precautionary and consequential actions).

A decision as to which type of action to be taken will be made by NHMRC on a case-by-case basis, and will depend on the scope of the research integrity matter and the level of risk to NHMRC.

Every effort will be made to give the Institution an opportunity to make representations about proposed actions before imposing actions (c)–(e) in Box 3, and for actions relating to participation in peer review and other NHMRC activities (actions (a) and (b) in Box 3) where the researcher is already participating in peer review or another NHMRC activity.

The withholding of invitations to participate in NHMRC peer review is the most common type of precautionary action taken. Institutions will be informed of this action, but will normally not be consulted prior to it being implemented unless the researcher is already participating in peer review. Where a researcher is actively involved in a peer review process at the time precautionary action is being considered, their continued involvement would generally be permitted, unless exceptional circumstances exist related to risks to the integrity or reputation of, and confidence in, the peer review process.

Box 3 Types of precautionary action

The types of precautionary actions that can be taken by NHMRC include, but are not limited to:
- (a) Limitations on, or suspension from, participation in peer review.
- (b) Limitations on, or suspension from, participation in other NHMRC activities (e.g. other committees).
- (c) Placing conditions on grants that address or mitigate any identified risks.
- (d) Withholding of one or more grant recommendations to the Minister.
- (e) Temporary suspension of grant payments.

Circumstances in which precautionary action may be considered

NHMRC will consider precautionary action when it is advised that an allegation has been referred for investigation following a preliminary assessment. Precautionary action may also be taken to manage risks in a range of circumstances, including the following:

- Preliminary assessments or investigations are lengthy or delayed.
- NHMRC lacks sufficient information to evaluate the risk associated with a matter (for example, where an Institution refuses to, or is unable to, provide information to NHMRC in accordance with this policy).
- Where there is a Probity Event (as defined in the Funding Agreement).

Action taken against other researchers involved in a complaint or investigation

A potential breach of the Code may affect a number of researchers collaborating on a project, co-authoring a publication or supervising researchers. In deciding whether all or only some of a group of researchers may be involved in any assessment or investigation prior to its final resolution (and therefore be the subject of potential NHMRC precautionary action), NHMRC may seek advice from Institutions about the scope of an assessment or investigation and the extent of involvement of particular researchers. However, the following considerations apply:

- NHMRC will generally consider that any researchers specifically identified in the complaint or allegation are involved.
- Where complaints or allegations relate to a body of research rather than a specific researcher (e.g. to a published paper with multiple authors or to a grant application with several Chief Investigators), NHMRC will generally consider all researchers are involved unless (or until) advised otherwise by the Institution.
- A Chief Investigator A (CIA) is regarded by NHMRC as having primary responsibility for the scientific oversight and the management of a research activity. In considering whether and to what extent a CIA should be the subject of precautionary action, NHMRC may seek assurances from Institutions that the CIA has exercised all their responsibilities with due care and diligence, and whether such assurances can be provided before the conclusion of an assessment or investigation.
- NHMRC will consider any advice from the Institution about the scope of the complaints or allegations in reaching a decision on these issues.

Precautionary action consultation

With the exception of suspension from peer review (as noted above), and provided it is practical and reasonable to do so, NHMRC will give Institutions an opportunity to make representations about any precautionary action being considered.

Institutions should communicate in writing to NHMRC, within the response timeframe, any reasons why they consider that the precautionary action should not be taken.

If NHMRC decides to take precautionary action, it will:
- provide the decision to the relevant Institution in writing
- identify the information relied on in the decision-making process
- include reasons for the decision, and
- provide advice on any opportunities to make representations about the proposed actions.

NHMRC will not communicate directly with researchers who are the subject of precautionary action. Institutions will be required to advise researchers about such actions.

Duration of precautionary action

Should NHMRC take precautionary action, the action will remain in effect until at least one of the following circumstances occurs:
- NHMRC concludes there is no longer actual, perceived or potential risk to NHMRC (financial or reputational) or a risk of harm to humans, animals or the environment.
- Following advice from the Institution, NHMRC concludes that the risk has been sufficiently reduced such that precautionary action is no longer warranted.

- NHMRC is satisfied the complaints or allegations are adequately resolved.
- There is a finding of a serious breach of the Code or fraud or other misconduct, and the precautionary action is replaced with consequential action (see Section 6).

The Institution will be advised when any precautionary action has ceased.

6. Consequential action by NHMRC

Consequential action refers to action initiated by NHMRC in response to a finding of a serious breach of the Code or other misconduct. Types of consequential action that NHMRC may take are listed in Box 4. Additional information is available on the NHMRC website about each of these actions (see Fact Sheet 3: NHMRC precautionary and consequential actions). Such action may relate to the individual researcher (e.g. additional requirements concerning a researcher's future applications) and/or to the Institution (e.g. the recovery of grant funds).

Circumstances in which consequential action may be considered

NHMRC may consider consequential action where:
- a finding of a breach of the Code has been made (generally either a serious breach or a finding of research misconduct, where this term is used by an Institution), a Probity Event has occurred, or a finding of fraud or other misconduct has been made,
  and
- NHMRC is of the view that the finding or event poses a risk to NHMRC or Commonwealth funding if funding were to be awarded or were to continue, or the subject of the finding or event were to participate in NHMRC activities.

NHMRC may consider taking consequential action in relation to any NHMRC applications or grants or NHMRC activities in which the researcher or researchers against whom the finding has been made are involved.

In exceptional circumstances, NHMRC may also consider consequential action where an Institution refuses, or is unable, to provide the information that NHMRC would need in order to evaluate the risk associated with a matter.

A decision to proceed with consequential action will replace any precautionary actions that have been in place.

Types of consequential action

Box 4 Types of consequential action

The types of consequential action that may be taken by NHMRC include, but are not limited to:

(a) Exclusion from involvement in peer review and other NHMRC activities.
(b) Excluding current or future applications from peer review or placing conditions on their consideration.
(c) A decision not to recommend funding of a researcher's application(s) to the Minister.
(d) Placing of conditions on grants that address or mitigate any identified risks.
(e) Termination of grants.
(f) Recovery of grant funds.

NHMRC's decisions about which consequential actions may be taken will be made on a case-by-case basis depending on the scope of the findings and the level of risk involved. **A principle of proportionality will be applied in all cases**, and NHMRC aims to implement actions that are appropriate and effective in the context of the particular circumstances of each case.

A less serious breach of the Code will not usually trigger consequential action under this policy, but NHMRC will seek assurances from the Institution that appropriate corrective action has been taken and (where relevant) is being complied with, including publication of errata and retraction of publications, training, counselling and systemic improvements. Findings of a less serious breach of the Code will be taken into account in considering participation of researchers in any additional NHMRC activities (such as committees), or in the granting of special awards or honours.

Institutions will be advised of any consequential actions being considered. The exclusion of researchers from participation in NHMRC peer review and other NHMRC activities is at NHMRC's discretion, and Institutions will be informed of this action, but may not be given an opportunity to make representations about this action before it is implemented unless there are particular reasons to do so. In regard to other consequential actions, Institutions will be informed of the intention to take such actions and given the opportunity to make submissions as to why such actions should not proceed.

NHMRC will not communicate directly with researchers who are the subject of consequential action. Institutions will be required to advise researchers about such actions.

Duration of consequential action

Should NHMRC take consequential action, the action will remain in effect until at least one of the following circumstances occurs:

- The term of the consequential action has expired.
- NHMRC concludes, and advises the Institution, that there is no longer an outstanding actual, perceived or potential risk to NHMRC or the Commonwealth (financial or reputational).
- Following advice from the Institution, the risks identified have been adequately addressed with the result that consequential action is no longer appropriate.

While the duration of consequential action will depend on the specifics of the case and the factors above, actions will not generally exceed a period of five years.

7. Confidentiality and treatment of information

NHMRC treats all notifications and other matters dealt with under this policy with sensitivity and a high level of discretion. This is particularly important as even unfounded allegations can have adverse reputational effects on researchers.

Disclosure of information by NHMRC

To the extent possible, information provided to NHMRC about research integrity matters will be treated by NHMRC as confidential. NHMRC officers are bound by the *Public Service Act 1999* (including the Australian Public Service Code of Conduct) and Regulations, and the *Criminal Code Act 1995.* All paper files related to research integrity matters are stored in locked, secure filing cabinets and only a small number of officers will have access to either secure electronic or hard copy information, on a need-to-know basis.

NHMRC is subject to the *Privacy Act 1988* in relation to its collection, storage, use and disclosure of personal information. It is also subject to the *Freedom of Information Act 1982*. Consultation with the Institution may occur in relation to an application to access certain documents in accordance with this legislation. Details of NHMRC's Freedom of Information (FOI) procedures and the NHMRC Privacy Policy are available on the NHMRC website.

Other institutions

Where NHMRC applications or grants affected by precautionary or consequential actions include researchers outside the Institution which is investigating a research integrity matter or which employs an affected researcher, NHMRC expects the responsible Institutions to inform external affected researchers of any actions or potential actions at the earliest possible opportunity. However, NHMRC will contact other Institutions about such actions if this is necessary to ensure the appropriate use of Commonwealth resources and/or to minimise the impact of such actions on collaborating researchers.

As a matter of standard practice, where other Australian Government agencies are affected or likely to be affected by a matter, NHMRC will, to the extent legally possible, share information with those agencies.

Correspondence from NHMRC

NHMRC expects that any correspondence sent by NHMRC to an Institution will be treated as confidential and will not be disclosed without the Institution first consulting NHMRC except where:
- the correspondence is required by law to be produced by the Institution, **or**
- where the Institution is giving effect to its responsibility to inform affected researchers (e.g. Specified Personnel) of actions proposed or taken by NHMRC under this policy.

An officer at an Institution in receipt of correspondence from NHMRC may disclose that information to other members of the Institution to the extent required to manage and investigate a potential breach of the Code or to give effect to this policy or the Funding Agreement.

Media policy

In order to protect the privacy of all parties involved and to ensure procedural fairness while a matter is under assessment or investigation, NHMRC does not comment on individual matters in the media. Should NHMRC respond to a media enquiry, it will only refer to information:
- publically released by the relevant Institution, or
- agreed for release by relevant parties, or
- about NHMRC's policies and processes.

8. Reviews and complaints

Reconsideration of NHMRC decisions under this policy

Unless otherwise provided under this policy, any requests for reconsideration of an NHMRC decision must be lodged in writing, via email to integrity@nhmrc.gov.au within four weeks of the notification of NHMRC's decision to the Institution. Requests must set out the reasons and provide all supporting information. NHMRC's preference is that all requests for reconsideration be submitted via the relevant Institution's Research Integrity Office or Research Administration Office.

The reconsideration will be undertaken by the NHMRC General Manager or an independent person or panel appointed by the NHMRC General Manager. The NHMRC General Manager will advise the Institution of the outcome of the reconsideration within eight weeks of receiving the request.

Commonwealth Ombudsman

The Commonwealth Ombudsman considers and investigates complaints from people who believe they have been treated unfairly or unreasonably by an Australian Government department or agency. For more information visit the Commonwealth Ombudsman website: www.ombudsman.gov.au.

Commissioner of Complaints

The NHMRC Commissioner of Complaints (the Commissioner) is a Statutory Officer under Part 8 of the NHMRC Act. The functions of the Commissioner are to investigate complaints concerning action taken by the CEO of NHMRC (or delegate) or the NHMRC Research Committee in relation to an application for NHMRC funding. The grounds on which the Commissioner can review decisions are outlined in section 58 of the NHMRC Act.

The Commissioner cannot review the merits of a decision made under this policy. The Commissioner also has no jurisdiction to consider complaints in relation to MRFF Funding.

For more information on the grounds for making a complaint and how to make a complaint to the Commissioner of Complaints see: https://nhmrc.gov.au/about-us/publications/commissioner-complaints.

Australian Research Integrity Committee (ARIC)

ARIC provides a review system of institutional processes to respond to potential breaches of the Code. This system is intended to ensure that institutions investigate potential beaches of the Code and observe proper process in doing so. ARIC contributes to quality assurance and public confidence in the integrity of Australia's research effort.

ARIC does not review actions taken by NHMRC under this policy.

For more information on ARIC see: https://nhmrc.gov.au/australian-research-integrity-committee-aric.

9. Other concerns about research integrity raised with NHMRC

NHMRC is sometimes contacted by members of the public who wish to raise concerns or make complaints about potential breaches of the Code or other potential misconduct. Participants in NHMRC peer review processes also sometimes raise concerns about these issues. Information about how NHMRC responds in these circumstances is available on the NHMRC website. Key points include the following:

Concerns raised by members of the public

- Members of the public are encouraged to raise their concerns directly with the relevant Institution. When a person does not feel able to contact the Institution directly and contacts NHMRC, and if the concern relates to NHMRC-funded researchers or research, NHMRC may refer the complaint to the relevant

Institution. While NHMRC's strong preference is for complainants to identify themselves, anonymous complaints will be accepted, or complaints de-identified before referral.

- When NHMRC receives an anonymous complaint and the complainant cannot be contacted, NHMRC may forward the complaint in full or in part to the relevant Institution for assessment and investigation.
- Concerns may not be referred if insufficient information has been provided to make a referral, or if the concerns have already been raised with the Institution.
- NHMRC will not provide information to the complainant about a matter it has referred, other than whether or not it has referred the matter to the Institution. This applies to both identified and anonymous complainants. When NHMRC has provided the Institution with the name and contact details of the person raising the concern, NHMRC expects that Institution to contact the complainant.

Where NHMRC has referred a complaint (including an anonymous complaint) to an Institution, the Institution should treat the complaint as if it had been lodged under the Institution's process for managing and investigating potential breaches of the Code.

NHMRC asks those who raise a concern directly with NHMRC if they consent to NHMRC disclosing their name and details to an Institution.

Concerns arising during NHMRC peer review

- When an NHMRC peer reviewer has a concern about a potential breach of the Code, these concerns are raised separately from the peer review process. This is done through contacting the secretariat of the relevant funding scheme in confidence via email, explaining the issue causing concern. When appropriate, the relevant NHMRC Director will then refer the matter to NHMRC's Ethics and Integrity section. This team will consider the concerns raised and, where appropriate, contact the relevant Institution.
- NHMRC does not disclose the identity of the peer reviewer when referring a matter to an Institution, in order to maintain as far as possible the anonymity of the peer review process.

In referring a concern from a member of the public or a peer reviewer to an Institution, NHMRC will expect the Institution to provide notifications to NHMRC in accordance with Section 3 of this policy.

Further information is available in *Fact Sheet Two: Concerns about research integrity arising during NHMRC peer review*.

10. Contact details

NHMRC can be contacted about this policy or the handling of research integrity or other misconduct matters by:

Email:
integrity@nhmrc.gov.au.

Phone:
(02) 6217 9150

Ask for the Director, Ethics and Integrity Section.

Mail:
Director
Ethics and Integrity Section
National Health and Medical Research Council
GPO Box 1421
Canberra ACT 2601

Appendix A Definitions

For the purposes of this policy, the following definitions apply.

Allegation (about a breach of the Code) is a claim or assertion arising from a preliminary assessment that there are reasonable grounds to believe a breach of the Code has occurred. May refer to a single allegation or multiple allegations (as per the Investigation Guide).

Breach is a failure to meet the principles and responsibilities of the Code. May refer to a single breach or multiple breaches (as per the Code and Investigation Guide).

Code means the *Australian Code for the Responsible Conduct of Research, 2018.*

Complaint is used to describe a concern that is raised or identified about a potential breach of the Code (as per the Investigation Guide).

Consequential action means any action initiated by NHMRC in response to a finding of a breach of the Code or other misconduct.

Fraud is defined as 'dishonestly obtaining a benefit, or causing a loss, by deception or other means' and requires intent. For further information see NHMRC's [Fraud Control Framework](#). Note: some forms of fraud may also constitute a breach of the Code (for example, the fabrication of information in a grant application).

Institution means both an NHMRC Administering Institution (which is an Institution approved by NHMRC to receive and administer NHMRC funding) and any institutions in receipt of MRFF funding administered by NHMRC. A list of NHMRC Administering Institutions is available on the [NHMRC website](#).

Institutional action means any precautionary, disciplinary or preventative action taken by an Institution in response to a complaint or allegation of a potential breach of the Code or other misconduct or a proven breach of the Code or other misconduct.

Investigation is used to describe the action of investigating an allegation of a breach of the Code by a Panel, following the preliminary assessment. The purpose of the investigation is to determine whether a breach of the Code has occurred, and if so, the extent of that breach, and to make recommendations about further actions (as per the Investigation Guide).

Investigation Guide means the *Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research, 2018.*

Misconduct includes, but is not limited to:
- research misconduct (as defined in the Code and Investigation Guide)
- fraud related to NHMRC or MRFF funding or activities
- corrupt conduct or criminal behaviour.

MRFF means the Medical Research Future Fund established by the *Medical Research Future Fund Act 2015*.

MRFF funding is limited in this policy to funding from the MRFF that is administered by NHMRC.

NHMRC activities include, but are not limited to, NHMRC committees and peer review processes.

NHMRC applicant means any person who is listed under *applicant* (i.e. a Chief Investigator, Scholar, Fellow, Associate Investigator, etc.) on an NHMRC grant application in a current funding round.

NHMRC grant means a grant application for which NHMRC funding has been approved.

NHMRC grantee means a Chief Investigator, Scholar or Fellow who is listed on a Schedule (to the NHMRC Funding Agreement) as a person who is required to perform all or part of a research activity. An NHMRC Grantee also means the same as 'Specified Personnel' under the NHMRC Funding Agreement.

Precautionary action means any temporary action initiated by NHMRC to manage any risks, at any time prior to the conclusion of a research integrity matter.

Preliminary assessment is used to describe the gathering and evaluating of evidence to establish whether a potential breach of the Code warrants further investigation (as per the Investigation Guide).

Probity Event is as defined in the [NHMRC Funding Agreement](#).

Research misconduct is a serious breach of the Code which is also intentional or reckless or negligent (as per the Code and Investigation Guide).

Research integrity matter includes the receipt of a complaint (which may relate to an alleged breach of the Code or alleged research misconduct), the preliminary assessment, investigation (where relevant), institutional decisions in response to assessments or investigations and any actions taken by the Institution in response to complaints, allegations or findings.

Specified Personnel is as defined in the [NHMRC Funding Agreement](#).

Appendix B Notifications to NHMRC: summary table

Notifications required to be made regardless of the stage of the matter		
Circumstance	**Notification to NHMRC required**	**Timeframe**
Institution identifies an imminent or real risk of harm to humans, animals or the environment and has suspended or intends to suspend the research activity.	**Yes**	As soon as possible and no later than one week after the decision to suspend the research activity has been made.
Institution suspends funding to an individual or team involved in NHMRC-funded research.	**Yes**	As soon as possible and no later than one week after the decision to suspend funding is made.

Stage of matter	**Notification to NHMRC required**	**Timeframe**
Upon receipt of complaint		
Complaint received – no immediate or real risk of harm to humans, animals or the environment identified by the Institution, with no suspension or intention of suspending research activity, and no suspension of funding by the Institution warranted prior to the preliminary assessment.	**No**	N/A
Preliminary assessment		
Preliminary assessment finalised.	**Yes**, if : - it has been established that a complaint, if proven, would constitute a breach of the Code and the complaint has been resolved without the need for an investigation - the matter is referred for investigation under the Code. **Yes**, regardless of the outcome (including if the matter is referred to other institutional processes), if NHMRC was previously notified of the matter or had referred the	Within two weeks of the outcome of the preliminary assessment.

| | matter to the Institution.

No, if NHMRC was not previously aware of the complaint and the outcome is:
- no potential breach of the Code, or
- a breach is found that is otherwise exempt from notification (see section 3.2). | |
| --- | --- | --- |
| Preliminary assessment takes longer than twelve weeks from the date of receipt of the complaint. | **Yes** | As soon as it is determined that the preliminary assessment will take more than twelve weeks or at the end of the twelfth week if the assessment is not complete. |
| **Investigation of potential breaches of the Code** | | |
| Investigation finalised. | **Yes** – regardless of the outcome. | Within two weeks of the completion of the investigation. |

Appendix C Content of notifications

If an obligation to notify NHMRC of a research integrity matter arises (see Section 3), the table below provides guidance to Institutions about information they should provide with the notification. NHMRC may seek more information if required.

Note that the information in this table should be applied as relevant to each case. The type of information provided will depend on the timing of the particular notification (e.g. whether the notification is being made upon receipt of a complaint or concern, during or upon conclusion of a preliminary assessment or during or upon conclusion of an investigation) and whether any information has previously been provided by the Institution.

1.	Complaints or outcomes	a) If required as per Section 3 of this policy to notify NHMRC **at the complaint stage or during a preliminary assessment,** a copy of the complaint as received or a brief summary. Summaries are to include:

a) If required as per Section 3 of this policy to notify NHMRC **at the complaint stage or during a preliminary assessment,** a copy of the complaint as received or a brief summary. Summaries are to include:

- The names of any NHMRC-funded researchers involved in the grant application or research (including the grant identification number) and their role in the alleged breaches and/or funded research if available. Refer to Section 5 of this policy concerning who NHMRC considers an involved researcher.
- Information about the nature of the alleged breaches.
- Advice on whether funding for any NHMRC-funded projects has been suspended by the Institution.
- Advice on whether the Institution has suspended, or intends to suspend, the research activity.

When a researcher or body of research appears to be the subject of multiple similar complaints, a single summary notification of the similar complaints, and how many received, is acceptable.

b) If notifying NHMRC **following completion of a preliminary assessment**, a copy of the advice provided to the Institution's Designated Officer (DO) and the DO's determination about the next steps required, or a summary of this. If a summary is provided, it must at least include the following information:

- The names of any NHMRC-funded researchers involved in the grant application or research (including, where relevant, the grant identification number), and their role in the alleged breaches and/or funded research.
- The nature of the alleged breaches and an outline of and rationale for the findings.
- Any relevant contextual information, such as whether the breach was likely to have occurred inadvertently or involved intent, recklessness or negligence, or if there was a single incidence or repeated or persistent instances of the conduct.
- In the event an admission has been made by a researcher or the evidence obtained during the preliminary assessment is sufficient to find a breach of the Code occurred, advice about the seriousness of any breach of the Code.
- What, if any, corrective action the Institution has already instituted.

c) If notifying NHMRC **following completion of an investigation**, the investigation report or a summary of the report. If a summary of the report is provided, it must at least include the following information:

- The investigation panel's terms of reference and composition.
- The names of any NHMRC-funded researchers involved in the grant application or research (including the grant identification number) and their role in the alleged

		breaches and/or funded research.
		- The nature of the alleged breaches and an outline of and rationale for the findings. - Any relevant contextual information, such as whether the breach was inadvertent or involved intent, recklessness or negligence, or if there was a single incidence or repeated or persistent instances of the conduct. - The Responsible Executive Officer's (REO's) decision about whether or not a breach of the Code has occurred. - Advice about the seriousness of any breach of the Code or, for institutions that use the term 'research misconduct', whether the breach meets the Code's definition of research misconduct. If reports are provided in full, redactions are permissible for sections of reports that contain personal or sensitive information that does not concern NHMRC-funded researchers, NHMRC-funded research or NHMRC activities.
2.	*Risks*	Advice on and details of any risks identified by the Institution including, but not limited to, possible harm to humans, animals or the environment or the reputation of NHMRC, and how the Institution is managing these risks.
3.	*Decisions*	Advice on any relevant decisions the Institution has made concerning the matter. This will differ depending on the stage of the research integrity matter, but could include, for example, the Institution's decisions about: - whether particular researchers are involved in complaints - assessment or investigation findings and further progress of a matter - whether any NHMRC grants or applications are affected by the alleged or proven conduct.
4.	*Institutional action*	Advice on and details of any action the Institution has taken, or is considering, in response to the research integrity matter, including actions being taken in response to the outcomes of preliminary assessments or investigations. Actions could include, for example, suspension of funding, corrective actions, attention to any systemic issues and advice to other organisations such as relevant funding bodies, authorities or regulators.
5.	*Timeframe*	An indicative timeframe for the Institution's preliminary assessment (if notified prior to completion) and/or investigation. NHMRC acknowledges this will only be an estimate. NHMRC uses this information as a prompt to seek updates and, where there are potential risks, to make an informed decision about any action it may need to take.
6.	*Referrals*	Details of any referrals that the Institution has made, or is actively considering, in response to the research integrity matter, for example, to the relevant state or territory crime commission or Health Complaints Commissioner.

Research Integrity Policy

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Contents

1. Introduction

1.1 The Australian Research Council

The Australian Research Council (ARC) is a Commonwealth entity within the Australian Government. The ARC's purpose is to grow knowledge and innovation for the benefit of the Australian community through funding the highest quality research, assessing the quality, engagement and impact of research and providing advice on research matters.

The ARC funds research and researchers under the National Competitive Grants Program (NCGP). The NCGP consists of two elements—Discovery and Linkage. Within these elements are a range of schemes structured to provide a pathway of incentives for researchers to build the scope and scale of their work and collaborative partnerships. The majority of funding decisions under the NCGP are made on the basis of peer review.

The ARC evaluates the quality of research undertaken in higher education institutions through the Excellence in Research for Australia (ERA) program. ERA is an established evaluation framework that identifies research excellence in Australian higher education institutions by comparing Australia's research effort against international benchmarks. ERA assesses quality using a combination of indicators and expert review by research evaluation committees.

The ARC is also responsible for developing and implementing an Engagement and Impact (EI) assessment, which assesses the engagement of researchers with end-users, and shows how universities are translating their research into economic, social, environmental and other impacts.

1.2 Purpose of policy

Responsible research conduct is critical to the success of, and maintenance of public confidence in, Australia's research efforts. Research must be developed, undertaken and reported according to appropriate ethical, legal and professional frameworks, obligations and standards in a research environment underpinned by a culture of integrity.

The *Australian Code for the Responsible Conduct of Research, 2018* (the Code) establishes a framework that provides a foundation for high-quality research, credibility and community trust in the research endeavour. As the ARC expects the highest standards of integrity in all aspects of research it funds, including in grant applications, adherence to the Code is a prerequisite for the receipt of ARC funding.

The ARC further expects the highest standards of integrity among the individuals who conduct ARC business, including those who assess grant applications and evaluate research excellence.

The purpose of this policy is to promote and support research integrity and safeguard confidence in the value of publicly funded research by:

- making transparent the ARC's role in ensuring research integrity and addressing breaches of the Code;

- establishing a framework to support the integrity of the ARC's grant application, peer review, grant selection and research evaluation processes, funding decisions and research; and

- raising awareness of the importance of research integrity and the possible consequences for research institutions and individuals if appropriate standards are not maintained.

1.3 Commencement, review and enforcement

The *Research Integrity and Research Misconduct Policy* (the policy) commenced on 13 April 2015, the date it was first publicly released. ARC Funding Rules/Grant Guidelines and Funding/Grant Agreements published after the commencement of the policy require ARC-funded institutions to comply with the policy.

This version of the policy (2021.1) will come into effect on 1 July 2021. It will not apply retrospectively and the version that is to be applied in any particular instance will depend upon when a complaint is received. For complaints that were received by an institution before the commencement date of this policy, versions 1.0, 2.0 or 3.0 will apply—whichever version was in effect on the date of receipt of the complaint.

The ARC will review the policy every two years. The policy will also be reviewed immediately after any changes are made to the Code, which may delay or bring forward any review by the ARC.

The date of effect for any amendments to the policy will be the date on which an amended version of the policy is publicly released.

1.4 ARC roles and responsibilities

Research Integrity Office
The ARC Research Integrity Office is the point of contact for all matters within the scope of this policy, and is responsible for all associated administrative arrangements within the ARC. Individuals or institutions with questions regarding any matters in this policy, or anyone wishing to notify the ARC of a matter within the scope of this policy, may contact the ARC Research Integrity Office via the details provided in section 11 ('Contacts').

Research Integrity Officer
The ARC Research Integrity Officer manages the Research Integrity Office and provides advice to the ARC Senior Research Integrity Officer.

Research Integrity Review Committee
The ARC Research Integrity Review Committee will consider and make recommendations to the ARC Senior Research Integrity Officer on precautionary and consequential actions under Section 7.1 of this policy. The Committee is chaired by the ARC Research Integrity Officer.

Senior Research Integrity Officer
The ARC Senior Research Integrity Officer is responsible for making decisions under section 7.1 regarding any precautionary and consequential actions if the integrity of the ARC's processes, funding decisions or research outcomes are considered at risk as a result of an alleged or proven breach of the Code. The Senior Research Integrity Officer is advised by senior ARC staff, the Research Integrity Officer, and Legal Counsel, as appropriate.

2. Scope

2.1 Overview

This policy outlines requirements for institutions, and individuals engaged in ARC business, to report to the ARC on research integrity matters, and the action the ARC may take in response to reported breaches of the Code.

It also describes how the ARC can refer concerns or complaints to research institutions, who, in accordance with the Code, are responsible for managing and investigating potential breaches of the Code.

The ARC does not investigate concerns or complaints about potential breaches of the Code. An exception to this is that the ARC may instigate its own investigation where the matter involves potential fraud, such as misuse of funding, as the ARC has obligations under the Commonwealth Fraud Control Framework.

This policy complements and supports all ARC Funding Rules/Grant Guidelines and Funding/Grant Agreements, which require compliance with this policy, the Code, the documents specified in section 2.3 of this policy, and any related successor documents.

2.2 Application

The policy applies to complaints about, and findings of, breaches of the Code that relate to:

- current or past ARC-funded projects;
- current ARC-funded researchers, regardless of whether the matter relates to their current ARC-funded projects;
- current ARC grant applications;
- named applicants on grant applications in current ARC selection rounds, regardless of whether the matter relates to an ARC grant application; and
- ARC employees and anyone engaged on ARC business such as College of Experts members, committee members, panel members, external assessors and all other contractors.

The policy also applies to any other Commonwealth funding for research delivered through or by the ARC.

2.3 Breaches of the Code and research misconduct

Definition of a breach of the Code

For the purposes of this policy, and consistent with the Code and the *Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research* (the Investigation Guide), a "breach" is defined as a failure to meet the principles and responsibilities of the Code. It may refer to a single breach or multiple breaches.

The definition of a breach of the Code encompasses a failure to comply with any of the principles or requirements contained in the following documents:

- the NHMRC/ARC/UA *National Statement on Ethical Conduct in Human Research 2007 (updated 2018)*;
- the NHMRC *Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders (2018)*
- *the AIATSIS Code of Ethics for Aboriginal and Torres Strait Islander Research (2020)*
- the NHMRC/ARC/CSIRO *Australian code for the care and use of animals for scientific purposes, 8th edition (2013)*;

- Australia Council for the Arts *Protocols for using First Nations Cultural and Intellectual Property in the Arts (2020)*

- any Commonwealth and/or State or Territory legislation where that legislation relates to research integrity.

Institutions are required to exercise judgement in determining whether there has been a failure to comply with the principles in the applicable documents and, therefore, whether a breach of the Code has occurred.

Breaches of the Code occur on a spectrum, from minor (less serious) to major (more serious). Where a breach is found, institutions are required to consider the factors outlined in section 2.2 of *the Investigation Guide* to determine the seriousness of the breach.

Definition of research misconduct

Research institutions are not required to use the term 'research misconduct'. For institutions that choose to apply the term, the Code provides the following recommended definition:

> *'Research misconduct is a serious breach of the Code which is also intentional or reckless or negligent.'*

Section 2.3 of *the Investigation Guide* provides guidance on using the term research misconduct.

Examples of breaches[1]

Examples of breaches of the Code include, but are not limited to, the following:

i. Not meeting required research standards

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

ii. Fabrication, falsification, misrepresentation

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

iii. Plagiarism

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

iv. Research data management

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

v. Supervision

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

vi. Authorship

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

vii. Conflicts of interest

- Failure to disclose and manage conflicts of interest

viii. Peer review

- Failure to conduct peer review responsibly

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[1] Examples contained in the *Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research*

3. Reporting research integrity matters—requirements for institutions

The Code requires institutions to foster and support responsible research conduct, provide mechanisms for receiving concerns or complaints about potential breaches of the Code, and to investigate and resolve potential breaches as they arise.

Under ARC Funding/Grant Agreements institutions are responsible for reporting to the ARC on potential and actual breaches of the Code in accordance with this policy.

This section outlines the reporting requirements for institutions, including when and what to report to the ARC. For any questions regarding these requirements, please contact the ARC's Research Integrity Office (see section 11 'Contacts').

3.1 When is reporting required?

1. Before the completion of a preliminary assessment

Where a matter relates to a complaint about a potential breach of the Code, institutions must report to the ARC **before** the completion of a preliminary assessment if:

a) an institution has suspended funding to an individual or team involved in ARC funded research. Institutions must notify the ARC as soon as possible and no later than **one week** after the funding is suspended;

b) the complaint or evidence collected identifies an imminent or real risk of harm to humans, animals or the environment and the institution has suspended, or intends to suspend, the research activity related to an ARC grant. Institutions must notify the ARC of the risks no later than **one week** after the risks have been identified;

c) the preliminary assessment is expected to take longer than **12 weeks** from the date of receipt of the complaint. Notifications should be made as soon as it is determined that the preliminary assessment will take longer than **12 weeks**. Following this notification, progress updates should be provided to the ARC every **6 weeks** until the preliminary assessment is complete.

2. On the outcome of a preliminary assessment

Institutions must inform the ARC within **two weeks** of the outcome of a preliminary assessment where:

a) it has been established that a complaint, if proven, would constitute a breach of the Code, and the complaint has been resolved without the need for an investigation;

b) the matter has been referred to an investigation; or

c) irrespective of the outcome of the preliminary assessment, the ARC was aware of the complaint before the completion of the preliminary assessment and has notified the institution that reporting to the ARC is required (see also section 3.1(5)).

3. While an investigation is underway

Where a matter relates to a complaint about a potential breach of the Code, institutions must report to the ARC while an investigation is underway if:

a) an institution has suspended funding to an individual or team involved in ARC funded research. Institutions must notify the ARC as soon as possible and no later than one week after the funding is suspended;

b) the complaint or evidence collected identifies an imminent or real risk of harm to humans, animals or the environment and the institution has suspended, or intends to suspend, the

research activity related to an ARC grant. Institutions must notify the ARC of the risks no later than **one week** after the risks have been identified;

c) an investigation takes longer than **12 weeks** from the date of commencement of the investigation. Regular progress updates should be provided to the ARC every **12 weeks** while an investigation is underway.

4. On the outcome of an investigation

Institutions must inform the ARC within **two weeks** of the outcome of any investigation into potential breaches of the Code.

The requirements for institutions to report to the ARC on matters identified by the institution are summarised in Diagram 1.

Diagram 1 – Standard reporting requirements
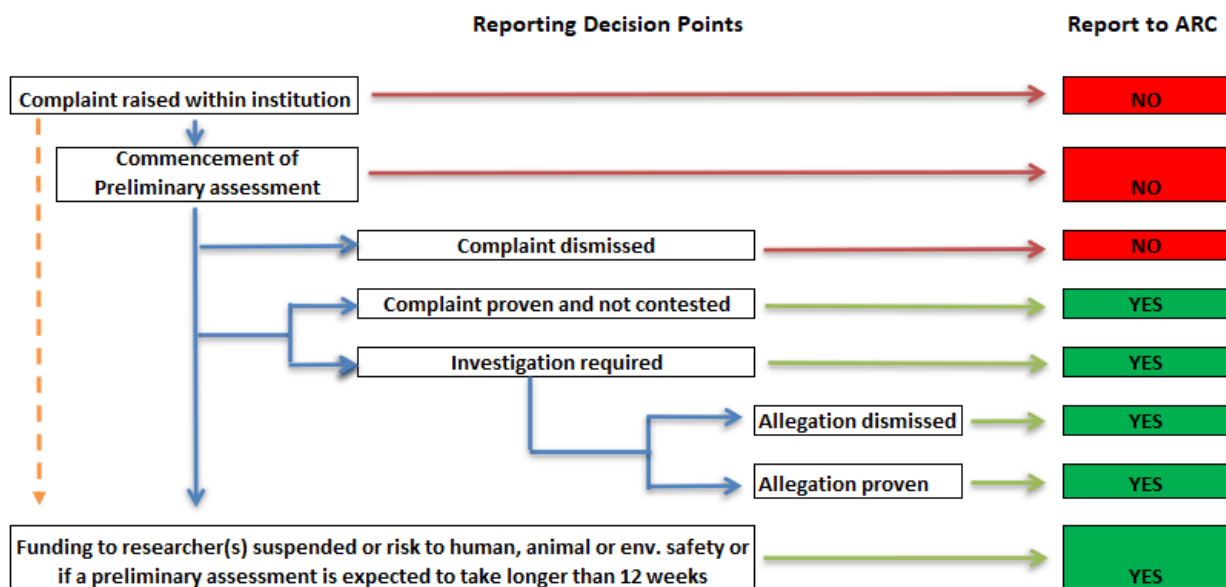
5. Specific requirements for matters referred to institutions by the ARC

In instances where the ARC refers a matter that has been identified by the ARC or raised by a member of the public, the outcome of the preliminary assessment **must be** reported to the ARC regardless of whether the complaint has been dismissed.

Where a matter is referred by the ARC, that institution is required to confirm within **two weeks** whether a preliminary assessment will be conducted. It must then report to the ARC the outcome of the preliminary assessment **within 12 weeks** of the date the matter was referred, including if the matter has been dismissed.

Where the ARC has provided the name and contact details of the individual who made the complaint, the ARC expects that the institution will provide sufficient assurance to this individual that the matter has been addressed.

On occasions, the ARC will become aware of a complaint (through, for example, a member of the public or media) while a preliminary assessment is underway. In these cases, the ARC will notify the institution that the ARC is aware of the complaint, request an update on the status of the matter, and advise that reporting requirements under 3.1 and 3.2 of this policy apply.

The requirements for institutions to report to the ARC on research integrity matters of which the ARC was aware prior to the completion of the preliminary assessment are summarised in Diagram 2.

Diagram 2 – Reporting requirements for matters the ARC is aware of

Reporting Decision Points	Report to ARC

Complaint referred to institution by ARC	
Preliminary assessment	YES
Complaint dismissed	YES
Complaint proven and not contested	YES
Investigation required	YES
Allegation dismissed	YES
Allegation proven	YES
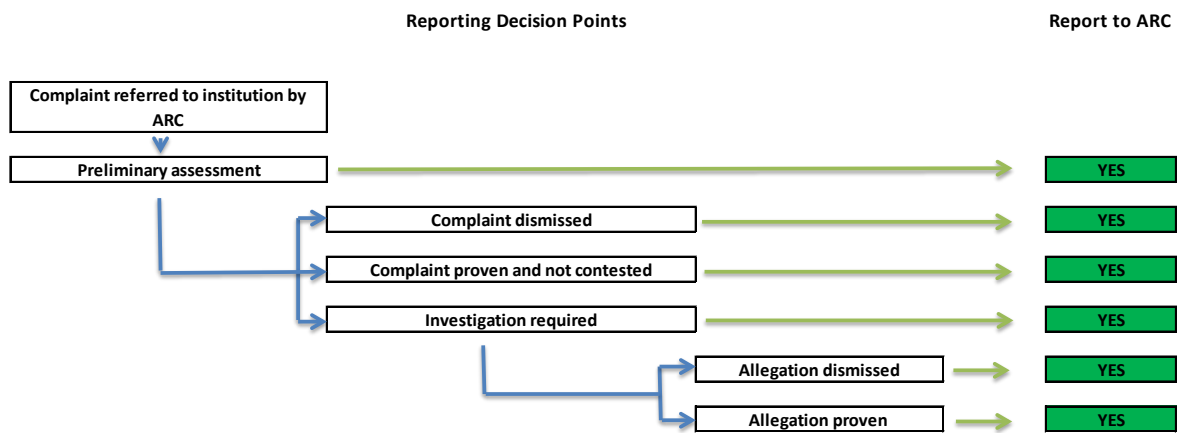
6. When not to report

Institutions are not required to inform the ARC when:

a) an individual implicated in a research integrity matter is engaged in ARC business as an assessor or committee member and is not otherwise covered by the policy. Individuals engaged in ARC business are required to self-report directly to the ARC (see section 4); or

b) the institution is not aware that the individual is a named investigator on an ARC grant application submitted by another institution.

7. Collaborative research projects involving more than one institution

Where a matter directly relates to an ARC-funded research project and the implicated researcher is not located at the Administering Organisation, the investigating institution:
- should consider notifying the Administering Organisation when a potential breach of the Code is referred to an investigation; and
- must notify the Administering Organisation if a breach requiring corrective or disciplinary action has occurred.

Where possible, the Administering Organisation should notify any other participating organisations, including any Partner Organisations, involved in the project. The ARC acknowledges that the details that can be provided will sometimes be subject to the privacy law obligations that exist in their state or territory jurisdiction.

3.2 Information required by the ARC

1. For all research integrity matters

For all research integrity matters reported to the ARC, the institution must provide:
- the name(s) of the individual(s) implicated in the potential or actual breach;
- an overview of the complaint or allegation(s), including, if applicable, any identified risks as per section 3.1(1) and 3.1(3)
- ARC project IDs for any ARC-funded projects or grant applications implicated in the potential or actual breach;
- notification of whether funding and/or research activity for any ARC-funded projects has been suspended by the institution;

- an indicative timeframe for the completion of the preliminary assessment or investigation (if still underway);

- confirmation that the complaint has been, or is being, managed and investigated by the institution in accordance with the Code, either using the processes set out in the Investigation Guide or through other equivalent processes.

2. When a matter has been referred for an investigation

When notifying the ARC that **a matter has been referred for an investigation**, the institution must provide the information listed at section 3.2 (1), an outline of the findings of the preliminary assessment, and the Designated Officer's determination. This must include sufficient details to enable the ARC to understand the seriousness of the allegations, and any risks relevant to ARC grants or grant applications.

3. Outcome of a preliminary assessment or an investigation

When notifying the ARC of the **outcome of a preliminary assessment** (where a complaint has been resolved and/or corrective actions implemented without the need for an investigation) or **an investigation**, the institution must provide:

- the information listed at section 3.2 (1), where applicable;

- an outline of and rationale for the findings, and the decision about whether or not a breach (or potential breach if reporting on the outcome of a preliminary assessment) has occurred. This should include sufficient information to enable the ARC to understand the facts and the seriousness of any breach, and consider any implications for ARC grants or grant applications. To fulfil this requirement institutions may wish to submit the preliminary assessment or investigation report, or a summary document that outlines the outcome of the complaint in sufficient detail; and

- an outline of any action being undertaken by the institution in response to the matter, including action to correct the public record and/or mitigate against repeated breaches.

The purpose of requiring this information is to allow the ARC to determine whether the allegations or findings have the potential to undermine the integrity of ARC processes, funding decisions or research outcomes, or confidence in the value of publicly funded research. Should the institution consider that there is a legal reason why certain information cannot be provided, the institution should advise the ARC of its reasons.

4. Self-reporting where individuals engaged in ARC business are implicated in research integrity matters

ARC employees and anyone currently engaged on ARC business, such as ARC College of Experts members, Selection Advisory Committee members, ERA Research Evaluation Committee members, EI Assessment Panel members and other contractors, are required to advise the ARC Research Integrity Office **within two weeks** when:

- a breach is admitted by or proven against them (and not contested) without the need for a formal investigation;

- a formal investigation of which they are a subject is instigated; or

- a formal investigation of which they are a subject is concluded (regardless of whether an allegation is proven or dismissed).

Sufficient information regarding the allegation and/or finding should be provided to enable the ARC to assess whether the matter provides a risk to the integrity of ARC processes and, therefore, whether any action is required in relation to the individuals' involvement in ARC business.

5. Reporting of matters identified through ARC business

ARC employees and anyone engaged on ARC business, such as ARC College of Experts members, Selection Advisory Committee members, external assessors, ERA Research Evaluation Committee members, EI Assessment Panel members and other contractors are required, as soon as practical, to report to the ARC Research Integrity Office all potential breaches and any matter potentially affecting research integrity identified through the conduct of ARC business.

Sufficient information should be provided to allow the ARC to assess whether there is a basis for referring the matter to the institution; and to enable the relevant institution to progress a preliminary assessment (if required).

Individuals notifying the ARC of complaints relating to a potential breach must provide:

- their name and contact details;

- the name of the individual(s) who they allege has/have committed a breach;

- the name of the institution at which the potential breach may have occurred;

- the nature and details of the potential breach;

- when the potential breach occurred;

- ARC project IDs, where known, for any ARC-funded projects or grant applications implicated in the potential breach.

Subject to the ARC agreeing that a potential breach may have occurred, the ARC Research Integrity Office will refer the matter to the relevant institution for handling in accordance with the requirements of the Code and the Investigation Guide. To protect the confidentiality of the ARC's processes, the name of any assessor or committee member who raised the concern with the ARC will not be provided to the institution.

Institutions are required to report to the ARC on matters that the ARC has referred to them in accordance with section 3 of this policy.

6. Concerns raised by members of the public—pathways for making complaints to institutions via the ARC

Members of the public are able to notify the ARC Research Integrity Office if they are concerned that a breach relating to ARC-funded research or ARC business may have occurred.

Sufficient information should be provided to allow the ARC to assess whether there is a basis for referring the complaint to the institution, and to enable the relevant institution to progress a preliminary assessment, if required.

Individuals notifying the ARC of complaints relating to a potential breach must provide:

- their name and contact details, unless they wish to make an anonymous complaint;

- the name of the individual(s) who they allege has/have committed a breach;

- the name of the institution at which the potential breach may have occurred;

- the nature and details of the potential breach;

- when the potential breach occurred;

- ARC project IDs, where known, for any ARC-funded projects or grant applications implicated in the potential breach; and

- an indication of whether they consent to the ARC providing their contact details to the institution responsible for investigating the alleged incident(s).

Without sufficient information the ARC is unable to refer the matter to the institution.

If the ARC assesses that there is sufficient information to indicate that a breach may have occurred, the ARC has a responsibility to ensure the matter is appropriately addressed. The ARC may refer the matter to the relevant institution without express permission of the complainant or parties involved.

The ARC will not provide further information to the complainant about a matter it has referred. However, the complainant will be advised whether or not a matter has been referred. Where, with the complainant's permission, the ARC has provided the institution with the name and contact details of the complainant, the ARC expects that the institution will contact the complainant and provide sufficient assurance that the matter has been addressed.

Anonymous correspondence or referrals will be considered, but without sufficient detail the ability of an institution to investigate a complaint, or provide feedback when the matter has been finalised, may be limited.

Members of the public may also notify an institution directly if they are concerned that a breach may have occurred.

7. ARC actions

7.1 Processes for ARC actions

The ARC may take precautionary and consequential actions if it considers that a matter compromises or potentially compromises the integrity of its peer review processes, grant selection processes, funding decisions, and research outcomes, or if it has the potential to undermine confidence in the value of publicly funded research. The ARC will ensure a fair and robust process for making decisions regarding the nature and application of legally permissible actions.

Precautionary actions

The ARC may take precautionary actions once notified that a preliminary assessment has determined a need for a formal investigation. The ARC may also implement precautionary actions while an appeal process is underway following a finding of a breach of the Code. Precautionary actions are temporary measures implemented while the investigation or institutional appeal process is underway with the purpose of mitigating risks to the ARC.

Precautionary actions may include, but are not limited to:

- requiring institutions to suspend ARC-funded projects while an investigation or appeal process is underway;

- placing conditions on grants that address or mitigate any potential or proven risks;

- suspending or ceasing the progression of ARC grant applications in accordance with the relevant Funding Rules;

- preventing and /or suspending the involvement of individuals in ARC assessment, peer review and committee activities;

Where a matter has been referred to a formal investigation, or while an appeal process is underway, the ARC Research Integrity Office may update ARC records to ensure that the

respondent(s)[2] does not participate in ARC assessment, peer review and committee activities while the investigation or appeal process is underway.

The ARC Research Integrity Office will inform the institution if this action is taken. Should the respondent(s) already be actively participating in ARC assessment, peer review or committee activities, the ARC Research Integrity Office will discuss the matter with the institution and require that the respondent(s) remove themselves from these activities until such time as the matter has been finalised.

In most cases, to ensure the integrity of ARC processes, the ARC will suspend or prevent individuals from being engaged in ARC assessment, peer review and committee activities but will generally not take any other precautionary action. However, in serious cases where the ARC believes that there would be a high risk to the integrity of ARC processes or reputation from not taking action, the ARC will consider applying one or more of the additional precautionary actions outlined above.

Whilst the ARC will not generally take precautionary action prior to a formal investigation being instigated, where an individual is engaged in ARC assessment, peer review or committee activities and their continued involvement could pose a high risk, the ARC may suspend the individual's involvement prior to the conclusion of any preliminary assessment and/or formal investigation.

Consequential actions

The ARC may take consequential actions once the outcomes of an investigation (including corrective actions if applicable) have been reported to the ARC. Consequential actions may include, but are not limited to:

- ceasing and/or recovering any or all ARC funding relating to a Funding/Grant Agreement(s) in accordance with the provisions in the relevant Funding/Grant Agreement(s);

- ceasing the progression of ARC grant applications in accordance with the relevant Grant Guidelines;

- placing conditions on the consideration of any future grant applications (such as additional certifications and/or eligibility provisions);

- placing conditions on ARC grants that address or mitigate any identified risks (such as additional reporting);

- ceasing the involvement of individuals, and preventing their future involvement, in ARC peer review, assessment and committee activities.

Actions taken by the ARC, and the duration for which they apply, will be proportionate to the nature and potential consequences of the breach and will take into account actions taken by the ARC in response to similar matters and any corrective measures already taken by the institution. Where the ARC decides to place conditions on the consideration/eligibility of future grant applications or remove or prevent individuals from participating in ARC peer review, assessment and committee activities, the duration of the action will normally be between two and five years. The ARC may also take into account whether a matter is subject to further review by ARIC or another body.

8. Privacy and confidentiality

The ARC respects privacy and confidentiality. In managing all information related to research integrity and breaches of the Code, we will manage personal information in accordance with the *Privacy Act 1988.*
The ARC will not disclose any confidential information collected under this policy without the consent of the institution or individual the information relates to. The ARC will not have breached its obligations to the extent that the ARC discloses confidential information:

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[2] Person or persons subject to a complaint or allegation about a potential breach of the Code

a) to its officers, employees, agents, external professional advisers or contractors solely to comply with obligations, or to exercise rights, under this Policy;

b) to its internal management personnel solely to enable effective management or auditing of a Funding / Grant Agreement, Scheme or the NCGP;

c) for a purpose directly related to the enforcement or investigation of a possible breach of any Commonwealth, State, Territory or local law;

d) to the Minister, or in response to a demand by a House or a Committee of the Commonwealth Parliament;

e) within the ARC, the Department or another Commonwealth entity or authority, where this serves the ARC's, the Department's or the Commonwealth's legitimate interests;

f) as required or permitted by any other law, or provided for under a contract; or

g) that is in the public domain.

All information reported by institutions to the ARC under the policy will be handled confidentially by the ARC Research Integrity Office. All information will be appropriately classified and only accessible to this Office. The information will be stored in locked cabinets and restricted areas of ARC IT systems. If ARC action is required in response to an allegation or finding of a breach of the Code, information that is essential to enabling and implementing decisions will be disclosed to appropriate ARC officers on a strictly need to know basis. This information is restricted to the name and institution of the relevant individual(s) and the action that needs to be implemented.

8.1 Access to personal information

Under Australian Privacy Principle 12 ('access to personal information'), in Schedule 1 of the *Privacy Act 1988*, individuals are entitled to obtain, on request, personal information about them that is held by the ARC. Requests to obtain personal information relating to matters reported under this policy can be made to the ARC Privacy Officer at privacy@arc.gov.au.

9. Appeals

If an institution wishes to appeal a precautionary or consequential action taken by the ARC under this policy, the appeal must be lodged, in writing, preferably through the relevant institution's Designated Officer[3].

If an individual affected by a precautionary or consequential action wishes to appeal, they must make a request to their institution's Designated Officer[2] to do this on their behalf. Where an institution does not agree to the individual's request to lodge an appeal, the individual may then appeal directly to the ARC.

The appeal must be received by the ARC within **four weeks** of the date the Administering Organisation is notified of a decision by the ARC to implement an action, or **six weeks** in the case of an appeal by an individual that is not supported by their institution. The appeal should be sent to the ARC research integrity office refer to see section 11 ('Contacts').

Appellants should provide the ARC with all the information necessary to enable the appeal to be considered without the need for further written or oral explanation or reference to additional material.

Appeals will be considered by an appropriate senior ARC officer who was not involved in making the original decision.

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[3] A senior professional or academic institutional officer or officers appointed to receive complaints about the conduct of research or potential breaches of the Code and to oversee their management and investigation where required.

10. The role of the Australian Research Integrity Committee (ARIC)

The Australian Research Integrity Committee (ARIC) reviews the processes undertaken by institutions in response to specific complaints about potential breaches of the Code. ARIC is jointly established by the ARC and the National Health and Medical Research Council (NHMRC). While the ARC and NHMRC provide secretariat support to ARIC, it acts as an independent body.

If a preliminary assessment or investigation into a potential breach has been finalised by an institution, and one of the parties is concerned that the process did not offer procedural fairness or comply with the Code and/or relevant institutional procedures, the party may request a review of the process by ARIC. Additionally, in instances where institutional delay and/or inaction is alleged, an ARIC panel may decide to review whether the delay is unreasonable or breaches the Code.

The ARC may refer matters to ARIC where concerns about processes followed by institutions have been raised with, or identified by, the ARC.

Further information about ARIC is available on the ARC website at www.arc.gov.au

11. Contacts

To notify the ARC of a breach or potential breach of the Code, or for any questions regarding this policy, please contact the ARC via the details below.

By email
You can email the Research Integrity Office at researchintegrity@arc.gov.au.

By phone
You can telephone the ARC during business hours (except public holidays) on **02 6287 6600**. Please ask for the Research Integrity Office.

By mail
You can write to the ARC at:

Research Integrity Office
Australian Research Council
GPO Box 2702
CANBERRA ACT 2601

In person
The ARC office is located at 11 Lancaster Place, Canberra Airport, Canberra. The reception (Level 2) is open Monday – Friday from 9am – 5pm AEST, excluding public holidays and public service holidays. Appointments are recommended to ensure appropriate staff availability.

Version	Date Approved	Approved By	Brief Description
Version 2021.1	7 June 2021	PSEC endorsed CEO approved	Replaces version 3.0 issued June 2019