



# Research Misconduct Procedure (2019)

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## DEFINITIONS

### SCOPE AND APPLICATION

The University of Adelaide has an obligation to comply with the [Australian Code for the Responsible Conduct of Research 2018](#) ('the Code'). This Procedure<sup>1</sup> is designed to meet the requirements of the Code and the [Responsible Conduct of Research Policy](#), in relation to the University's processes for receiving, investigating and managing Complaints of Breaches of the Code and Research Misconduct. It is informed by the [Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research, 2018](#) ('Guide').

This Procedure applies to all staff, students and Titleholders of the University of Adelaide who are involved in, or who assist with, the conduct of [Research](#) associated with the University.

Allegations relating to student misconduct are to be managed through the relevant policies (e.g. Student Misconduct Policy, Student Misconduct Rules or Academic Integrity Policy). This Procedure will only apply to Research activities in undergraduate or postgraduate (course work or research) awards where a student has allegedly behaved contrary to the Code.

## 1. COMPLAINT HANDLING PRINCIPLES

1.1 The principles of [procedural fairness](#) will be applied to the management and investigation of potential Breaches of the Code.

1.2 All Complaints alleging a potential Breach of the Code or Research Misconduct will be treated seriously. The University will use reasonable endeavours to consider the interests of interested parties as determined by the Responsible Executive Officer and/or Designated Officer in the particular circumstances, which may include:

- a) the person bringing the Complaint ('Complainant');
- b) the person against whom the Complaint is made ('Respondent');
- c) staff and students working with a Complainant and/or a Respondent;
- d) research publishers;
- e) funding bodies;
- f) Affiliated Organisations; and
- g) the public.

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<sup>1</sup> Minor amendments to the Procedure were approved on 30 July 2020 and 1 September 2021.

1.3 Before lodging a Complaint, confidential advice may be sought from [Research Integrity Advisers](#), Heads of School, the Office of Research Ethics, Compliance and Integrity, or other relevant sources.

1.4 Research Integrity Advisers can be approached in confidence to advise a staff member, research student or Titleholder who is unsure about a research conduct issue and may be considering whether to make a Complaint. The Research Integrity Adviser will discuss the matter, the Code and the policies and procedures of the University, and explain the options for taking action.

1.5 The University will only consider anonymous Complaints based on the information provided (as per clause 2.2), or under circumstances associated with the [Whistleblower Policy](#).<sup>2</sup> A person making a Complaint or disclosure can seek appropriate protection against victimisation under the Whistleblower Policy. The [Public Interest Disclosure Act 2018 \(SA\)](#) also provides protection for those who make appropriate disclosures relating to the integrity of public administration.

1.6 The Responsible Executive Officer will inform the relevant research funding agencies of a Complaint relating to Research conduct and, where required, of outcomes of an investigation, in accordance with relevant laws or where the University is obliged to do so as part of an agreement with a research funding agency. Where required, the Office of General Counsel will inform law enforcement bodies (for example, the Independent Commissioner Against Corruption).

1.7 Complaints and investigations will be kept confidential to the extent possible. However, it may be necessary to disclose an investigation and the Complaint to relevant witnesses and third parties such as experts or Affiliated Organisations, to obtain relevant information, as determined by the Responsible Executive Officer and/or Designated Officer. Disclosure will also occur where it is required by law, or contractual arrangements with funding bodies and Affiliated Organisations.<sup>3</sup>

1.8 Complaints involving either multiple Respondents or multiple concerns will be managed in the following ways:

- i. Where a single Complaint involves multiple named Respondents, it will be dealt with as a single process, unless it is determined by the Designated Officer to be prejudicial to one or more of those Respondents, or relates to 1.8 (ii).
- ii. Where a Complaint involves multiple named Respondents, and where at least one Respondent is from the University of Adelaide and one or more Respondents are from another institution, the Designated Officer will determine whether to conduct a joint investigation with the relevant institution.
- iii. Where, during the investigation of a Complaint, new concerns become apparent relating to persons other than those identified in the original Complaint, the Designated Officer will determine whether these should be investigated under a new, separate process or, where appropriate, referred to the appropriate institution.
- iv. Where a Complaint includes concerns of misconduct not specifically related to Breaches of the Code (e.g. discrimination, fraud, unfair treatment, etc.), the Designated Officer will refer those concerns to the appropriate area (e.g. Human Resources, General Counsel, Student Behaviour and Conduct Committee) to be dealt with as a separate process. In such cases, the process may be conducted concurrently, and where this occurs, the appropriate areas will co-ordinate their approaches to minimise the impact on all parties involved.
- v. Where multiple Complaints are made against a named Respondent, they will normally be dealt with as a single process.

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<sup>2</sup> The Whistleblower Policy permits the lodgement of anonymous Complaints where the disclosure is supported by the provision of all relevant details and evidence to substantiate the disclosure.

<sup>3</sup> For funding received from the United States Public Health Services (PHS), compliance with the PHS Policies on Research Misconduct [42CFR Part 93](#) may require notification of any Research Misconduct within PHS awards to the Office of Research Integrity (ORI) and/or the National Institute of Health immediately. This Procedure will be followed noting the specific requirements of the ORI.

1.9 Complaints may be dismissed at any stage for a variety of reasons, including if the Designated Officer determines them to be vexatious and/or made in bad faith. The Complainant in such a case may be subject to appropriate sanctions.

1.10 In instances where the Responsible Executive Officer becomes aware of a potential Breach of the Code or Research Misconduct, even though no formal Complaint has been lodged, they will assess whether or not to instigate the evaluation and investigation processes outlined in this Procedure. This includes concerns about potential Breaches as identified by the Research Integrity Officer or, in matters relating to Ethics or Compliance approvals, by the Manager, Office of Research Ethics, Compliance and Integrity.

1.11 Where a Complaint is received, or a potential Breach identified, by the Manager, Office of Research Ethics, Compliance and Integrity regarding an animal or human research ethics approval, or research compliance, they will undertake an Initial Evaluation to determine if it should be resolved locally, referred to the Chair of the relevant committee, or compliance area, or referred to the Research Integrity Officer for investigation under this Procedure. The Manager will notify the Research Integrity Officer of identified Breaches as they occur, and will provide an annual report to the Responsible Executive Officer on such Complaints.

1.12 Well-being support will be offered to Complainants and Respondents as appropriate. University staff have access to the Employee Assistance Program, and University students may contact the Education and Welfare Officers.

1.13 All parties directly involved with the investigation of a Complaint will disclose any Conflicts of Interest, as and when they arise.

1.14 If at any point, the Responsible Executive Officer or Designated Officer identify opportunities for improvement in areas of the University in relation to research integrity practices, they will inform relevant parties.

## 2. MAKING A COMPLAINT

2.1 A Complaint alleging a potential Breach of the Code or Research Misconduct must be made in writing to the Research Integrity Officer in the Office of Research Ethics, Compliance and Integrity ([researchintegrity@adelaide.edu.au](mailto:researchintegrity@adelaide.edu.au)).

- Complaints received by other members of the University should be forwarded to the Research Integrity Officer.
- If appropriate, a Complaint can also be made to an Authorised Disclosure Officer under the [Whistleblower Policy](#), or to the Office of Public Integrity under the [Public Interest Disclosure Act 2018 \(SA\)](#).

[Appendix 1](#) provides a flowchart outlining the University's procedure for dealing with Complaints.

2.2 Complainants should provide all available information pertinent to the Complaint, and must include the name of the Respondent(s).

2.3 In determining the appropriate level of involvement of, and communication with, a Complainant, consideration will be given to the extent to which a Complainant may be affected by the outcome of an investigation.

## 3. INITIAL EVALUATION

3.1 On receipt of a Complaint, the Research Integrity Officer will acknowledge receipt of the Complaint and inform the Responsible Executive Officer and General Counsel. Note that anonymous Complaints will only be dealt with in accordance with clause 1.5 of this Procedure.<sup>4</sup>

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<sup>4</sup> For Public Interest Disclosures, the Complainant must be informed within 30 days of what action is being taken.

3.2 If the Complaint involves an Affiliated Titleholder, the Research Integrity Officer will inform the Responsible Executive Officer of the University's requirements to the Affiliated Organisation.

3.3 The Responsible Executive Officer will appoint a Designated Officer to oversee the management and investigation of the Complaint.

3.4 If at any stage the Responsible Executive Officer or the Designated Officer forms the view that the Complaint concerns the safety of animals and/or human research participants and/or the environment, they will inform the Manager, Office of Research Ethics, Compliance and Integrity, who will initiate any actions required under University or legislative requirements, and/or inform appropriate authorised areas, and report.

3.5 The Designated Officer will evaluate the Complaint and determine if it relates to a potential Breach of the Code. The Designated Officer may conduct, or request the confidential assistance of other members of University staff to conduct, an Initial Evaluation. This Initial Evaluation will be undertaken as discreetly and expeditiously as possible, without necessarily making reference to the Respondent(s).

3.6 Where the Designated Officer determines that the Complaint includes concerns about misconduct which are not specifically related to Breaches of the Code, e.g. discrimination, fraud, unfair treatment, etc., such concerns will be referred to the appropriate area.

3.7 The Designated Officer will inform the Complainant, in writing, of the next steps to be taken.

**Responsibility: Responsible Executive Officer**

- a) Appoint a Designated Officer to oversee the management and investigation of the Complaint.

**Responsibility: Designated Officer**

- b) Undertake an Initial Evaluation.
- c) Provide written acknowledgement to the Complainant of receipt of his/her Complaint and the next steps to be taken.
- d) Refer complaints that do not relate to Breaches of the Code to the appropriate area.

#### **4. PRELIMINARY ASSESSMENT**

4.1 Where the Designated Officer forms the view that the Complaint relates to a potential Breach of the Code, they will arrange for a Preliminary Assessment.

4.2 The Preliminary Assessment will be conducted by an Assessment Officer appointed by the Designated Officer. The Assessment Officer will be an academic member of staff experienced in research, at least holding a Level D appointment, and who is in a position senior to that of the Respondent in each case.

4.3 Subject to the principles of confidentiality under the [Whistleblower Policy](#) (if applicable), the Designated Officer will inform the Responsible Executive Officer, General Counsel, the Director of Human Resources, Dean of Graduate Studies (when involving HDR students or HDR supervisors) and other interested parties on a need to know basis, of the Complaint and the commencement of a Preliminary Assessment.

4.4 The Assessment Officer will gather and assess facts and information, and take immediate steps to secure any relevant evidence including experimental material, IT records, other documents and names of witnesses, as necessary, and may seek clarification from the Complainant if required. In cases involving Affiliated Titleholders and where additional evidence is required from the Affiliated Organisation, the Assessment Officer will request the Designated Officer's assistance in making contact.

4.5 The Designated Officer will advise the Respondent in writing of the nature of the Complaint and the Preliminary Assessment process, including the appointment of an Assessment Officer.

4.6 The Assessment Officer may conduct inquiries relevant to the Complaint. Where specialist understanding of the subject matter or area of practice is necessary to assess the Complaint (for example, research with Aboriginal and Torres Strait Islander participants or highly technical scientific research), the Assessment Officer should consult with a subject matter expert. Any party called to an interview in relation to the Complaint will be provided with a summary of the interview, and be given 10 days to return their signed

approval of the interview summary. In the event of non-response a note of uncooperative interaction may be included in the Preliminary Assessment Report.

4.7 The Assessment Officer may discuss the matter with the Respondent to clarify facts and/or request additional information. If the Respondent is requested to meet with the Assessment Officer, the Respondent may bring a support person. The Assessment Officer will provide the Respondent with:

- sufficient detail to understand the nature of the Complaint; and
- ten (10) working days to provide the required information and/or a written response.

4.8 The Assessment Officer will provide a written report to the Designated Officer which includes:

- i. a summary of the process undertaken;
- ii. an inventory of the facts and information gathered and analysed;
- iii. an evaluation of facts and information;
- iv. how the potential breach, if any, relates to the principles and responsibilities of the Code and/or institutional processes; and
- v. recommendations for further action.

In the event the Assessment Officer considers the complaint is vexatious, etc., as per principle 1.9, they will highlight this in their report.

4.9 Upon receipt of the Preliminary Assessment report, the Designated Officer will consider the report and, based on the facts and information presented, determine whether to:

- i. dismiss the Complaint; or
- ii. resolve the Complaint at the local level with or without corrective actions; or
- iii. refer the matter to other University processes; or
- iv. where relevant, refer the matter to another institution; or
- v. proceed with the steps towards an Investigation.

4.10 Where the Designated Officer determines that the Complaint will be dismissed, the process will end.

4.11 Where an evaluation of the facts and information supports a referral of formal allegation(s) for investigation, i.e. that the Complaint if proven would constitute a Breach, the Designated Officer will assess the potential Breach for seriousness giving consideration to factors presented in the Guide.<sup>5</sup> These factors will assist the Designated Officer to determine whether the Breach would constitute Research Misconduct, and in such cases, if it would be a serious case of Research Misconduct.

4.12 Pursuant to 4.11, the Designated Officer will provide the Respondent with sufficient detail to enable them to understand and consider the precise nature of the determination. The Respondent will be asked to confirm whether they admit or contest the determination, and be given ten (10) working days from the receipt of the Designated Officer's letter to respond in writing.

4.13 Following receipt of the Respondent's response, as per 4.12, if the Respondent admits to a determination of a potential Breach or Research Misconduct, and no further investigation is deemed necessary, the Designated Officer will inform the Responsible Executive Officer who will decide upon the required referrals for possible sanction. The Responsible Executive Officer will inform the Designated Officer of the referrals.

4.14 If the Respondent fails to respond, or neither admits nor contests the determination, the Designated Officer will either finalise the matter or refer to an Investigation.

4.15 The Designated Officer will establish an Investigation if:

- i. the Respondent contests a determination of a potential Breach or Research Misconduct; or
- ii. the Designated Officer determines that it is necessary to identify appropriate corrective actions, or any other parties that may be complicit; or
- iii. there are any other matters for which the Designated Officer determines it is appropriate.

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<sup>5</sup> NHMRC (2018) *Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research*, p.6.

4.16 The Designated Officer will inform the Complainant, Respondent, the Responsible Executive Officer, General Counsel and other relevant parties of their decision pursuant to clauses 4.9 to 4.15.

- In cases where the Respondent is the recipient of external research funding, the Responsible Executive Officer will inform the relevant funding agency, where appropriate, of the outcome of the Preliminary Assessment.
- Where the Respondent is an Affiliated Titleholder, the Responsible Executive Officer will inform the Affiliated Organisation of the outcome of the Preliminary Assessment.

4.17 Where the Respondent is a University of Adelaide staff member, and there is a determination of a potential Breach that could warrant termination of employment<sup>6</sup>, the Responsible Executive Officer will provide a report which includes the allegations raised, the findings under the Code, mitigating circumstances (if any) and the Respondent's response to the allegations, with a recommendation of termination of employment to the Deputy Vice-Chancellor (Academic), in accordance with clause 8.2.8 of the [University Enterprise Agreement](#). The Respondent will be provided with a copy of the report that is provided to the Deputy Vice-Chancellor (Academic).

4.18 Where the Respondent is a student, and there is a determination of a potential Breach, the Responsible Executive Officer may refer the matter to the Student Conduct Officer for determination by the Student Misconduct Tribunal for action in accordance with the Student Misconduct Rules.

4.19 Where the Respondent is a Titleholder of the University of Adelaide and there is a determination of a potential Breach, the Responsible Executive Officer may take action as per the *Titleholder - Conferral of Honorary Roles Procedure*, and refer the matter to the Affiliated Organisation where relevant.

4.20 The Responsible Executive Officer will inform the Designated Officer, General Counsel and other relevant parties<sup>7</sup> of their decision in relation to sanctions.

**Responsibility: Responsible Executive Officer**

- a) Where the Respondent admits to a determination of a Breach or Research Misconduct following a Preliminary Assessment, decide upon the required referrals for possible sanction.
- b) Inform the Complainant, the Respondent, the Designated Officer, General Counsel and other relevant parties, of his/her decision in relation to sanctions.
- c) Inform funding agencies or Affiliated Organisations of the outcomes of the Preliminary Assessment, as appropriate.

**Responsibility: Designated Officer**

- d) Organise a Preliminary Assessment and appoint an Assessment Officer.
- e) Inform the Respondent of the Preliminary Assessment process.
- f) Contact Affiliated Organisations if required.
- g) On receipt of the Preliminary Assessment report, make a determination on how to proceed.
- h) In the case of a contested determination of a potential Breach of the Code or Research Misconduct, establish an Investigation.
- i) Inform the Complainant, the Respondent, the Responsible Executive Officer, General Counsel and other relevant parties, of his/her determination.

**Responsibility: Assessment Officer**

- j) Conduct a Preliminary Assessment of the Complaint by making any inquiries they consider appropriate.
- k) Provide a written report on their process, evaluation of facts and potential Breach with associated reasoning to the Designated Officer.

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<sup>6</sup> University of Adelaide Enterprise Agreement.

<sup>7</sup> Referrals for resolution at the local level will be communicated by the REO. If the matter relates to a Public Interest Disclosure, the Office of Public Integrity will be a relevant party.

## 5. INVESTIGATION

5.1 Where the Designated Officer has determined it appropriate to establish an Investigation under clause 4.15, they will:

- i. prepare a clear statement of the allegations and the terms of reference for the Investigation;
- ii. appoint the Investigation Panel, having consulted with the Responsible Executive Officer;
- iii. seek legal advice on matters of process where appropriate;
- iv. inform the Respondent, the Complainant and any other relevant parties of the decision to conduct the Investigation;
- v. provide the Respondent with the composition of the Panel, allowing the Respondent the opportunity to raise any concerns;
- vi. arrange for the Panel to be provided with a copy of the original Complaint, the Preliminary Assessment report and its associated evidence, and any additional information they may request; and
- vii. arrange for executive support to the Panel in undertaking administrative functions and drafting correspondence.

5.2 The Investigation may be conducted by one or more persons noting that the composition (numbers, level of independence from the University, gender, diversity, etc.) of the Panel will be determined by factors including the potential consequences for those involved, the seniority of those involved, and the need to maintain public confidence in Research. However, it will include at least the following member attributes:

- knowledge and experience in the relevant field of Research;
- familiarity with the responsible conduct of Research; and
- prior experience on similar panels or relevant experience or expertise.

All academic members of the Panel will hold a Level D appointment or higher, and be in a position senior to that of the Respondent in each case.

Where there is more than one member on the Panel, the Designated Officer will appoint one of the members as a Chair.

5.3 The Panel may include members internal or external to the University, taking into account the need for members to be free from bias or conflicts of interest. All members will be required to complete a Conflict of Interest Statement and a Confidentiality Agreement.

5.4 The Investigation Panel will:

- i. apply the principles of Procedural Fairness in undertaking the Investigation;
- ii. act expeditiously, fairly, impartially and confidentially, and ensure the Investigation is demonstrably conducted free from bias or preconception or conflicts of interest;
- iii. consider all material relevant to the matter, and request additional material if required;
- iv. develop an Investigation plan;
- v. permit the University and Respondent, and if they so request, their representatives and/or support person (in the case of the Respondent), to be present at all hearings where evidence is taken or submissions are being made;
- vi. interview any other persons as determined by the Panel;
- vii. consider on a case-by-case basis whether to permit legal or specialist representation on request; and
- viii. prepare a written report for the Designated Officer detailing their findings of fact and associated reasoning, providing a determination based on the evidence and on the balance of probabilities as to whether the Respondent has breached the Code.

5.5 If the Respondent does not make representations to, or appear before, the Panel, in a timely manner, the Investigation will continue in their absence.

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

- i. the schedule of meetings and/or hearings they are asked to attend;
- ii. the relevant parts of the terms of reference for the Investigation, if appropriate;
- iii. how the Panel intends to conduct interviews;
- iv. notice that they may be represented or have a support person present;
- v. whether the interviews will be recorded;

- vi. whether an opportunity will be provided to comment on matters raised in the interview;
- vii. disclosure of conflicts of interest;
- viii. the confidentiality requirements; and
- ix. the Panel's composition and procedures.

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

- i. assesses the evidence (including its veracity) and considers if further evidence may be required;
- ii. may request expert advice to assist the Investigation;
- iii. arrives at findings of fact about the allegation(s);
- iv. identifies whether the Code has been Breached;
- v. considers the seriousness of any Breach;
- vi. provides a report on its findings of fact consistent with its terms of reference; and
- vii. makes recommendations as appropriate.

5.8 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 Designated Officer, who may decide to amend them. 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 of the Investigation.

5.9 The Panel is encouraged to reach a consensus. If the Panel has dissenting views there should be opportunity for these views to be included in the draft and final report. If included in the draft report, it must be provided to the Respondent.

5.10 On the completion of its Investigation, the Panel will provide a draft written report to the Respondent, allowing a reasonable timeframe (dependent on the complexity of the matter) to comment. The draft report, or a summary of the information, may be provided to the Complainant if they will be directly affected by the outcome.

5.11 Following consideration of a response as per clause 5.10, the Panel will present its final report to the Designated Officer.

5.12 For University staff members, the Preliminary Assessment/Investigation meets the investigation and response to allegations criteria of clause 8.2.5 and 8.2.6 of the [University of Adelaide Enterprise Agreement](#).

**Responsibility: Designated Officer**

- a) Prepare a clear statement of the allegations and the terms of reference for the Investigation.
- b) Appoint the Investigation Panel, having consulted with the Responsible Executive Officer.
- c) Seek legal advice on matters of process where appropriate.
- d) Inform the Respondent, the Complainant and any other relevant parties of the decision to conduct the Investigation.
- e) Provide the Respondent with the composition of the Panel, allowing the Respondent the opportunity to raise any concerns.
- f) Arrange for the Panel to be provided with a copy of the original Complaint, the Preliminary Assessment report and its associated evidence, and any additional information they may request.
- g) Arrange for executive support to the Panel in undertaking administrative functions and drafting correspondence.

## 6. OUTCOMES

6.1 Upon receipt of the Report of the Investigation Panel, the Designated Officer will consider the findings of fact, evidence presented and any recommendations made by the Panel. The Designated Officer will subsequently provide the Panel's report to the Responsible Executive Officer with a set of recommendations, including any appropriate corrective actions or sanctions if required.

6.2 Based on the report of the Investigation Panel, the recommendations of the Designated Officer, and his/her own determinations, the Responsible Executive Officer will:

(a) for University staff members where there is a finding of a Breach that constitutes a major or serious contravention warranting termination of employment<sup>8</sup>, provide a report to the Deputy Vice-Chancellor (Academic) which includes the allegations raised, the findings under the Code, mitigating circumstances (if any) and the Respondent's response to the allegations with a recommendation of termination of employment, in accordance with clause 8.2.8 of the [University Enterprise Agreement](#). The Respondent will be provided with a copy of the report. The staff member may respond by writing to the Deputy Vice-Chancellor (Academic) within 5 working days from the date of receipt of the report. For termination of employment, the Deputy Vice-Chancellor will advise the staff member in writing of the proposed recommendation to the Vice-Chancellor.

(b) for staff members where there is a finding of a Breach or Research Misconduct which does not constitute a major or serious contravention, decide upon the required corrective and/or relevant sanctions or actions.

(c) for research students, determine whether the findings should be referred to the Student Conduct Officer for determination by the Student Misconduct Tribunal for action in accordance with the Student Misconduct Rules.

(d) for Titleholders of the University of Adelaide where there is a determination of a Breach, take action as per the *Titleholder - Conferral of Honorary Roles Procedure*, and refer the matter to the Affiliated Organisation where relevant.

6.3 The Respondent will be advised in writing by the Responsible Executive Officer of the findings of the Investigation, and any recommended corrective actions, sanctions or disciplinary procedures.

6.4 The Responsible Executive Officer will report all findings of a Breach or Research Misconduct, and actions taken by the University in response to them, to the Complainant, the Vice-Chancellor, relevant senior University managers, relevant funding agencies, journals, Affiliated Organisation, researchers, professional registration bodies, the general public and other relevant parties<sup>9</sup>, as determined by the Responsible Executive Officer. Efforts will be made to correct the public record of the research, including publications if a Breach or Research Misconduct has affected the accuracy or trustworthiness of research findings and their dissemination.

6.5 Where it is determined that no Breach or Research Misconduct has occurred, the University will make reasonable efforts to restore the reputation of the Respondent, if required.

6.6 If the Responsible Executive Officer determines that a member of University staff or a student enrolled in a course at the University has improperly made a Complaint as per clause 1.9, they may refer the matter to the Director, Human Resources, (for staff), or to an authorised officer (for students) as per the Student Misconduct Rules, to determine whether any further action should be taken.

**Responsibility: Designated Officer**

- a) Provide the Investigation Panel's report to the Responsible Executive Officer with recommendations.

**Responsibility: Responsible Executive Officer**

- b) Depending on whether a finding of Breach or Research Misconduct is determined, refer the findings for appropriate sanctions.
- c) Inform the Respondent and the Complainant of the outcomes of the Investigation.
- d) Report findings of a Breach or Research Misconduct to relevant parties and correct the public record as required.

## 7. REVIEW PROCESS

7.1 The process, but not the outcome, of an Investigation may be appealed by the Respondent. Only requests for a review of an Investigation on the grounds of Procedural Fairness will be considered. A request for review

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<sup>8</sup> University of Adelaide Enterprise Agreement 2017-2021.

<sup>9</sup> If the matter relates to a Public Interest Disclosure, this will include the Office of Public Integrity.

with justification must be made in writing to the Review Officer within 10 working days of the Respondent being informed of the Investigation outcome by the Responsible Executive Officer.

7.2 The Review Officer will consider whether the Investigation was conducted in accordance with the principles of Procedural Fairness. They will report the outcome of the appeal to the Vice-Chancellor for final determination.

7.3 Staff members also have the right to request a review of a decision to recommend termination of employment, as per the University of Adelaide [Enterprise Agreement](#).

7.4 Any recommendation for disciplinary action associated with a finding of a Breach or Research Misconduct may be appealed by students in accordance with the Student Misconduct Rules.

7.5 When notifying parties of the outcome, they will be informed of their right to request a review by the Australian Research Integrity Committee in relation to processes taken under this Procedure.

**Responsibility: Review Officer**

- a) Manage the appeals process relating to the process of an Investigation.

## DEFINITIONS

### **Affiliated Organisation**

An Organisation that has signed an Affiliate Agreement with the University.

### **Allegation**

A claim or assertion arising from a preliminary assessment that there are reasonable grounds to believe a breach of the Code has occurred, and may refer to a single or multiple allegations.

### **Assessment Officer**

A person appointed by the Designated Officer to conduct a Preliminary Assessment of a Complaint about research conduct in the context of the Code. The Assessment Officer will be an academic member of staff experienced in research, at least holding a Level D appointment, and who is in a senior position to the Respondent in each case.

### **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. This may refer to a single or multiple breaches. Examples of Breaches include fabrication, falsification or misrepresentation of research data; plagiarism; inappropriate maintenance of research records, inadequate supervision or mentoring; conducting research without necessary ethical approvals; and misleading ascription of authorship.

### **Investigation**

A process to investigate an allegation of a Breach of the Code following a Preliminary Assessment, to determine formally whether a Breach has occurred and, if so, the extent of that Breach.

### **Code**

Refers to the *Australian Code for the Responsible Conduct of Research 2018*.

### **Complaint**

A written document containing a concern or complaint about research conduct in the context of the Code.

### **Complainant**

The person or persons who has made a Complaint about the conduct of research.

**Conflict of Interest**

A conflict of interest arises when an individual's personal, external or financial interests, or those of a person with whom they have a close personal relationship, come into conflict with the performance of their duties to the University. A conflict of interest may be actual, perceived or potential. Refer to the [Conflict of Interest Procedure](#).

**Designated Officer**

A senior University officer appointed by the Responsible Executive Officer to oversee the management and investigation of complaints about the conduct of research or potential breaches of the Code. This person will normally be a Pro Vice-Chancellor in the Division of Research and Innovation.

**Initial Evaluation**

A brief evaluation to determine whether a Complaint warrants the establishment of a Preliminary Assessment.

**Preliminary Assessment**

An initial investigation undertaken by the Assessment Officer to gather and evaluate facts and information, and assess whether the Complaint, if proven, would constitute a Breach of the Code.

**Procedural Fairness**

The principles that are applied to the management and investigation of a potential Breach of the Code, namely: parties have an opportunity to be heard before a decision is made that will affect their interests; there is an absence of bias in the investigation; decision-making is based on evidence before the decision-makers; and decisions are communicated with reasons.

**Representative**

Means a person chosen (including a union representative) by an affected staff member to represent them in relation to a research investigation.

**Research**

The concept of research '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'.<sup>10</sup>

**Responsible Executive Officer**

A senior University officer with responsibility for receiving reports of the outcomes of assessment or investigation of potential or found breaches of the Code and deciding on the course of actions to be taken, and defined as an 'area manager' in the University of Adelaide Enterprise Agreement. This person will normally be the Deputy Vice-Chancellor (Research). For individual cases where the Deputy Vice-Chancellor (Research) has a perceived or actual conflict of interest or is otherwise precluded from acting as the Responsible Executive Officer, they will inform the Vice-Chancellor who will appoint an alternative Responsible Executive Officer for that case.

**Research Integrity Advisers**

Research Integrity Advisers are senior staff members with research experience, wisdom, analytical skills, empathy, knowledge of the University's policy and management structure, and familiarity with the accepted practices in research. They are available to provide confidential advice to staff and students about what constitutes a research conduct issue, and the procedures for dealing with Complaints of a Breach of the Code. A list of Research Integrity Advisers is available at:

<https://www.adelaide.edu.au/research-services/oreci/integrity/advisers/>

**Research Integrity Officer**

Professional staff member responsible for supporting investigations into Complaints about the conduct of research ([researchintegrity@adelaide.edu.au](mailto:researchintegrity@adelaide.edu.au)).

**Research Misconduct**

A serious Breach of the Code which is also intentional or reckless or negligent. Repeated or continuing findings of Breaches of the Code may also constitute Research Misconduct. Research Misconduct does not include honest differences in judgement.

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<sup>10</sup> The Australian Code for the Responsible Conduct of Research, 2018, p.5

**Respondent**

The person subject to a Complaint relating to a potential Breach of the Code.

**Review Officer**

A senior University officer with responsibility for receiving requests for a procedural review of an investigation of a Breach of the Code. This person will normally be the Deputy Vice-Chancellor (Academic).

**Support Person**

A person chosen by the staff member to provide emotional support during a University process. They accompany the staff member to meetings and may take notes on a staff member's behalf but they may not attend a meeting as an advocate and should not act or speak on behalf of the staff member.

**Titleholders**

Persons on whom the University has conferred the following titles: Adjunct, Affiliate, Clinical, Lecturer-in-Charge, Visiting, Visiting Research Fellow, Honorary Visiting Research Fellow, Visiting Fellow or Field Associate/Visiting Associate.

**Vexatious and/or bad faith Complaints**

- “vexatious” means without reasonable or probable cause or excuse; harassing; annoying; instituted maliciously or on the basis of improper motives; intended to harass or annoy.
- “bad faith” means brought with an ulterior motive. For example, motivated by ill will, hostility, malice, personal animosity, lack of fairness or impartiality, lack of total honesty such as withholding information. It includes serious carelessness, recklessness and intentional fault. It can be established by direct or circumstantial evidence.

**Whistleblower**

A person who makes or attempts to make an appropriate disclosure of wrongdoing and wants to avail themselves of protection against victimisation. (Refer to the [Whistleblower Policy](#)). Note that authorship is not in the scope of the Whistleblower Policy. May relate to an ‘Informant’ under the [Public Interest Disclosure Act 2018 \(SA\)](#).

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## Appendix 1: Research Misconduct Procedure flowchart

AO = Assessment Officer; DO = Designated Officer; ORECI = Office of Research Ethics, Compliance and Integrity; REO = Responsible Executive Officer; Research Integrity Officer = RIO; Review Officer = RO

