

Research Integrity Breach Investigation

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1.0 Purpose

This Procedure supports *Responsible Conduct of Research Policy* and outlines the processes for managing and investigating potential breaches of the *Australian Code for the Responsible Conduct of Research 2018* (the 2018 Code).

2.0 Scope

This Procedure sets out the principles and procedures for the receiving, investigating and management of potential breaches of the *Australian Code for the Responsible Conduct of Research, 2018 (the Code)*. It is informed by the *Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research (The Investigation Guide 2018)* and Griffith University's *Responsible Conduct of Research Policy*.

This Procedure applies to all staff, students (including higher degree by research (HDR) candidates), and adjunct appointments, academic title holders, visiting appointments and contractors who are involved in, or who assist with, the conduct of research under the auspices of Griffith University.

Allegations relating to student general misconduct are managed through the *Student General Conduct Procedure* and allegations relating to a student breach of academic integrity are managed through the *Student Breaches of Academic Integrity Procedure*. Concerns related to HDR candidates are referred to the Dean (Research) who is responsible for referring the matter to the Senior Manager HDR Operations, Griffith Graduate Research School (GGRS). If the GGRS identifies that the matter potentially involves a breach of research integrity, it is referred to the Research Ethics and Integrity Manager to be managed under *this* Procedure.

All alleged breaches raised will be taken seriously and investigated as appropriate, even if a matter is raised anonymously or if the complainant withdraws the matter at any point during this procedure.

3.0 Procedure

3.1 Breaches of the Code

- 3.1.1 A breach of the Code means a failure by a researcher to meet one or more of the principles or responsibilities outlined in the Australian Code for the Responsible Conduct of Research, 2018 (the Code).
- 3.1.2 Examples of a breach of the Code may include, but are not limited to:

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 ethics review body;
- Conducting research without the requisite approvals, permits or licences;
- Misuse of research funds;
- Failing to conduct research related to Aboriginal and Torres Strait Islander peoples in a respectful manner and in conformity with the Ethical Conduct in Research with Aboriginal and Torres Strait Islander Peoples and Communities: Guidelines for Researchers and Stakeholders;
- Concealing or facilitating breaches (or potential breaches) of the Australian Code by others.

Fabricating, falsifying and misrepresenting research

- Fabricating, falsifying or misrepresenting research data or source material;
- Falsifying and/or misrepresenting any matter in the course of seeking or obtaining funding, or reporting to funding bodies.

Plagiarism

- Plagiarising someone else's work, including theories, concepts, research data and source material;
- Duplicating publication (also known as redundant or multiple publication, or self-plagiarism), without proper acknowledgment of the source or sources.

Research Data Management

- Failing to appropriately maintain and retain research records, data and/or source material;
- Inappropriate destruction of research records, research data and/or source material;
- Inappropriately disclosing, or accessing, Research records, Research data, and/or source material.

Supervision

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

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.

Failing to disclose and/or manage conflicts of interest

- Failing to disclose or manage conflicts of interest which relate to the conduct of research, in accordance with the Griffith University *Conflict of Interest Policy*;
- Failing to appropriately manage or disclose conflicts of interest to relevant parties, including supervisors, ethics committees, publishers or funding agencies in accordance with their respective requirements.

- 3.1.3 Breaches of the Code can occur on a spectrum, from minor (less serious) to major (more serious). 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.

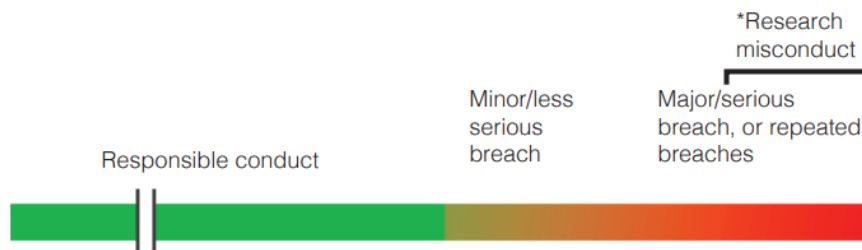


Figure 1: Spectrum of breaches from the Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible conduct of Research.

- 3.1.4 The following factors may be considered (without excluding others), when determining whether a Breach of the Code constitutes a serious breach:

- the extent of the departure from accepted practice;
- the extent to which research participants, the wider community, animals or the environment are, or may have been, affected by the breach;
- the extent to which there is, or may have been, incorrect information on the public record, or the potential to have incorrect information on the public record;
- the extent to which the breach affects the soundness or reliability of the research;
- the level of experience of the Researcher;
- whether there has been a prior Breach of the Code by the Researcher;
- whether any institutional failures have contributed to the breach;
- any other mitigating or aggravating circumstances.

- 3.1.5 Research Misconduct is a serious Breach of the Code, which is also intentional, reckless or negligent. However, it is important to note that:

- Research Misconduct does not include honest differences in judgement or unintentional errors (unless they result from behaviour that is reckless or negligent);
- Repeated or persistent breaches will likely constitute a serious breach, which may amount to Research Misconduct.

3.2 Breach handling responsibilities and principles

- 3.2.1 The principles of procedural fairness will be applied to the management and investigation of potential breaches of the Code.
- 3.2.2 The Assessment Officer (AO) responsibilities outlined in this procedure will be undertaken by the Manager, Research Ethics and Integrity, or a nominee appointed by the Designated Officer (DO).
- 3.2.3 The Designated Officer responsibilities outlined in this procedure will be undertaken by the Director, Office for Research, or a nominee appointed by the Responsible Executive Officer (REO).

- 3.2.4 The Responsible Executive Officer responsibilities outlined in this procedure will normally be undertaken by the Deputy Vice-Chancellor (Research). Where the matter warrants an investigation aligning to potential research misconduct by a Griffith University staff member, the Director, Human Resources will be the Responsible Executive Officer. The Vice-Chancellor may appoint an alternate nominee as Responsible Executive Officer.
- 3.2.5 A nominee must be appointed where the responsible person has a direct or perceived conflict of interest in the matter.
- 3.2.6 A nominee performing the responsibilities of Responsible Executive Officer cannot be the Assessment Officer or Designated Officer.
- 3.2.7 Throughout this process, the Designated Officer, Assessment Officer or Responsible Executive Officer is responsible for identifying whether the Complainant, Respondent, or other parties require protection from potential adverse consequences to ensure support measures are in place, where available. This includes circumstances where a power imbalance may be evident, for example, where the matter is raised by a student or staff member in a junior position.
- 3.2.8 Researchers have a responsibility to act in accordance with Griffith University's Code of Conduct and not undertake any form of reprisal or threatening behaviour should a potential breach of the Australian Code for the Responsible Conduct of Research relevant to their research be raised.
- 3.2.9 Investigation Panel members (appointed as per this Procedure) will ensure they:
- Declare all conflicts of interest prior to commencement of an investigation;
 - Work within Griffith University's policies, procedures, guidelines and processes;
 - Work within the terms of reference for the Panel;
 - Maintain confidentiality;
 - Conduct investigations into potential breaches in a timely manner to avoid undue delays and to mitigate the impact on those involved. The time taken for the investigation will vary depending on the complexity of the complaint; and
 - Adhere to the Guide for Managing and Investigating Potential Breaches of the Australian Code.
- 3.2.10 The Deputy Vice Chancellor Research 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.
- 3.2.11 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.

3.3 Reporting a complaint about the conduct of research

- 3.3.1 Before a Complainant lodges a Complaint, confidential advice may be sought from Research Integrity Advisers, Heads of School, or the Office for Research.
- 3.3.2 A Complaint alleging a potential breach of the Code must be made in writing to the Manager, Research Ethics and Integrity in the Office for Research (research.integrity@griffith.edu.au). Complaints relating to a potential research integrity matter received by other members of the University should be forwarded to the Manager, Research Ethics and Integrity.

- 3.3.3 Complaints, in order to be effectively pursued and investigated, must be raised in a manner that identifies specific details, including the name of the Respondent(s), and includes sufficient evidence to enable the potential breach to be assessed.

3.4 Initial Evaluation

- 3.4.1 On receipt of a Complaint, the Assessment Officer will acknowledge receipt of the Complaint in writing (where possible) and inform the Designated Officer. Anonymous complaints will be considered based on the information provided. The assessment of anonymous complaints may be limited if further information is required but cannot be provided.
- 3.4.2 The initial evaluation will take into consideration whether the complaint constitutes a Public Interest Disclosure (PID). Any complaint that may constitute a public interest disclosure (PID), under the *Public Interest Disclosure Act 2010 (Qld)*, must be referred to the Chief Operating Officer (or to the Vice Chancellor if the disclosure is about the Chief Operating Officer), in line with the *Public Interest Disclosure Policy*. PIDs are considered to be protected disclosures, and the investigation process outlined in the *Public Interest Disclosure Policy* ensures that complainants (sometimes referred to as whistleblowers) are afforded additional protections. If the complaint constitutes a PID, then further investigation under the breach investigation procedure will not occur.
- 3.4.3 The Assessment Officer will oversee the initial evaluation of the Complaint.
- 3.4.4 If at any stage 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, Research Ethics and Integrity who will initiate any actions required under University or legislative requirements, and/or inform appropriate authorised areas, and report.
- 3.4.5 The Designated Officer will evaluate the Complaint and determine if it relates to a potential breach of the Code. The Designated Officer may 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).

Table 1. Determination and Actions Following Receipt of a Complaint.

DETERMINATION	ACTION(S)
1. The matter is not specific or does not include sufficient evidence, and further clarification should be sought from the Complainant before proceeding.	<ul style="list-style-type: none"> • AO to contact Complainant and seek further information. • Upon receipt of further information, the AO is to recommence the initial evaluation. • If the complainant is not able to provide sufficient information or wishes to remain anonymous, in some cases further investigation may not be possible.
2. The matter is not related to a breach of the Code and should be dismissed.	<ul style="list-style-type: none"> • AO to formally communicate determination to the Complainant. • AO to notify the Respondent at own discretion, dependent upon nature of the matter.

DETERMINATION	ACTION(S)
3. The matter is not related to a breach of the Code but includes concerns which may be dealt with via other University processes (e.g. corrupt conduct, discrimination, fraud, unfair treatment, a breach of the University's Code of Conduct, etc).	<ul style="list-style-type: none"> • AO to formally communicate determination to the Complainant. • DO to refer matter to the appropriate University office (e.g. Human Resources, Legal Services Integrity Unit) for further action.
4. The matter without further assessment is deemed to be a breach of the Code of a minor nature and can be appropriately addressed at the local level with or without corrective actions.	<ul style="list-style-type: none"> • DO to formally communicate determination to the Complainant. • DO to formally communicate receipt of the matter and determination to the Respondent. • DO to refer matter to appropriate Academic Group, Element or University office (e.g. Human Resources) for resolution, or to implement corrective actions, if applicable.
5. The matter relates to a potential breach of the Code, and the nominated AO is advised to commence a Preliminary Assessment as per section 3.1.3.	<ul style="list-style-type: none"> • DO to formally communicate determination to the Complainant. • DO to formally communicate receipt of the matter and determination to the Respondent. • DO to formally refer the matter to AO for Preliminary Assessment. • DO to notify REO of initiation of preliminary assessment.

(Terms: DO is the Designated Officer; REO is the Responsible Executive Officer; AO is the Assessment Officer)

3.5 Preliminary Assessment

- 3.5.1 The purpose of a preliminary assessment is to gather facts and information and evaluate the evidence to establish the seriousness of the potential breach and establish whether the matter warrants a formal investigation.
- 3.5.2 In referring the matter to an Assessment Officer to commence a Preliminary Assessment, the Designated Officer will provide the Assessment Officer with guidance as to the scope of the assessment.
- 3.5.3 The Designated Officer will inform the Responsible Executive Officer, the Director, Human Resources, the Dean, Griffith Graduate Research School (when involving HDR candidates or HDR supervisors), and other interested parties on a need to know basis, of the Complaint and the commencement of a Preliminary Assessment.
- 3.5.4 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.

- 3.5.5 The Assessment Officer has the authority to secure all documents and evidence necessary to undertake the Preliminary Assessment.
- 3.5.6 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 Indigenous participants), the Assessment Officer should consult with a subject matter expert.
- 3.5.7 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 be accompanied by a support person, who may be an employee of the University. 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.
- 3.5.8 At the completion of the Preliminary Assessment, the Assessment Officer will provide a written report to the Designated Officer which includes:
- a summary of the process undertaken;
 - an inventory of the facts and information gathered and analysed;
 - an evaluation of facts and information;
 - an assessment of the seriousness of any potential breach;
 - how the potential breach, if any, relates to the principles and responsibilities of the Code and if it may be a consequence (in full or in part) of institutional processes; and
 - recommendations for further action.

Table 2. Determination and Actions Following a Preliminary Assessment.

DETERMINATION	ACTION(S)
1. The matter is not related to a breach of the Code or is unsubstantiated and should be dismissed.	If required, the DO will ensure efforts are made to restore the reputation(s) of the Respondent(s).
2. The matter is a breach of the Code of a minor nature, which can be resolved locally without further investigation, with or without corrective action/s.	DO to refer matter to appropriate Academic Group, Element or University unit for resolution. The appropriate Academic Group, Element or University office is then required to implement corrective actions, if applicable.
3. The matter is not related to a breach of the Code but may be referred to other University processes (e.g. the matter is considered as corrupt conduct, or a breach of the University's <i>Code of Conduct</i> , or is vexatious).	DO to refer matter to the appropriate University office (e.g. Human Resources; Corporate Services) for further action.
4. The matter is a potential breach of the Code and also includes issues outside the ambit of the University's <i>The Responsible Conduct of Research Policy</i> .	DO to refer corresponding matters to the appropriate University office (e.g. Human Resources; Corporate Services) for further action.

	DETERMINATION	ACTION(S)
5.	The matter is a potential breach of the Code that occurred under the auspices of another institution and must be referred to that institution.	DO to refer matter to the applicable external institution.
6.	The matter is a potential breach of the Code that occurred under the auspices of the University and requires further investigation, or relates to potential research misconduct.	DO refers the matter for investigation as per Section 3.6 of this procedure.
7.	The matter, with no further evaluation, is deemed to encapsulate research misconduct pursuant to the appropriate Staff Enterprise Agreement or terms of employment, or <i>Student General Conduct Procedure</i> .	DO to refer the matter to the Director, Human Resources to be dealt with in accordance with the relevant Griffith University Enterprise Agreement. DO to refer the matter to the relevant Dean GGRS for matters involving HDR candidates.

(Terms: DO is the Designated Officer)

3.5.9 In supporting the above actions, the Designated Officer will:

- maintain a record of all determinations relating to a Preliminary Assessment including the reasons for those decisions and provide the record to the Responsible Executive Officer within 10 working days of the determination being made.
- communicate the outcome of the Preliminary Assessment to the Complainant, Respondent, and other relevant parties. Funding bodies (eg. National Health and Medical Research Council (NHMRC), Australian Research Council (ARC), other employer organisations (if the respondent/s are not Griffith staff members) or other regulatory bodies should be advised when appropriate.
- where the determination is that the matter is referred for investigation, the Designated Officer will advise the Respondent that the investigation findings may form the basis of actions outlined in the Disciplinary and other matters provisions of the applicable enterprise agreement or terms of employment, Student Breaches of Academic Integrity Procedure or Student General Conduct Procedure.
- ensure that any process issues that may have contributed to the matter are referred to the appropriate Academic Group, Element or University unit for corrective action.

3.6 Investigation

Investigating a Potential Breach

- 3.6.1 The purpose of an Investigation is to make findings of fact which allow the Designated Officer to determine if a breach of the Code has occurred, the seriousness and extent of the breach, and any recommended actions.
- 3.6.2 For Griffith University staff members, where the matter warrants an investigation aligning to potential research misconduct, staff misconduct or serious misconduct, the Director, Human Resources will be the Responsible Executive Officer. Consistent with the process under the relevant enterprise agreement, the Director, Human Resources will consider whether the allegation warrants formal action. For the purpose of making that

decision, the Director, Human Resources, may request the Designated Officer to initiate an investigation, consistent with the procedures outlined below.

3.6.3 Once the Designated Officer is requested to initiate an Investigation, the Designated Officer will:

- prepare a clear statement of the concerns and the terms of reference for the Investigation;
- appoint the Investigation Panel, having consulted with the Responsible Executive Officer and the Deputy Vice Chancellor (Research) where the Responsible Executive Officer is the Director, Human Resources;
- seek legal advice on matters of process where appropriate; and
- inform the Respondent, the Complainant and any other relevant parties of the decision to conduct the Investigation.

The Investigation Panel

3.6.4 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. There may also be instances where some or all Panel members should be external to the University.

3.6.5 In selecting Panel members, the Designated Officer and Responsible Executive Officer will ensure the Panel 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.

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

3.6.6 Once the Panel is established, the Designated Officer will:

- inform the Respondent about the process of the Investigation, including the role of a support person;
- provide the Respondent with an opportunity to respond to both the allegation and, the composition of the Panel allowing the Respondent the opportunity to raise any concerns;
- 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;
- inform the Panel of the reporting requirements; and
- arrange for executive support to the Panel in undertaking administrative functions and drafting correspondence.

3.6.7 The Investigation Panel will:

- be appointed in writing, and external members will be appropriately indemnified;
- be provided with terms of reference for the investigation and all relevant documentation, including the preliminary assessment report;

- adhere to the principles of procedural fairness;
- act expeditiously, fairly, impartially and confidentially, and ensure the Investigation is demonstrably conducted free from bias or preconception or conflicts of interest;
- consider all material relevant to the matter, and request additional material if required;
- develop an Investigation plan: incorporating identification of the avenues of inquiry, including interviewing people who the Panel considers relevant to the matter; and all associated timelines;
- prepare a written Investigation Report for the Designated Officer detailing their findings of fact and associated reasoning, and providing a determination based on the evidence as to whether the Respondent has breached the Code.

Conducting the Investigation

- 3.6.8 The Panel is to investigate whether, having regard to evidence and on the balance of probabilities, the Respondent has breached the Code. To do this, the Panel:
- will assess the evidence (including its veracity) and consider if further evidence may be required;
 - may request expert advice to assist the investigation;
 - will arrive at findings of fact about the allegation(s);
 - will identify whether the principles and responsibilities of the Code have been breached;
 - will consider the seriousness of any breach; and
 - will make recommendations as appropriate, including recommendations for corrective actions.
- 3.6.9 The Respondent will be provided the opportunity to respond to the evidence in writing or in person.
- 3.6.10 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 expand or 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.
- 3.6.11 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 Investigation Report.

The Investigation Report

- 3.6.12 On the completion of the Investigation, the Panel will prepare an Investigation Report, consistent with its terms of reference. A summary of the relevant information will be provided to the respondent with a timeframe of 15 working days to comment. The Initial Investigation Report, or a summary of the information, may be provided to the Complainant if they will be directly affected by the outcome.
- 3.6.13 Following consideration of a response as per clause 8.12, the Panel will present its final Investigation Report to the Designated Officer.
- 3.6.14 The Designated Officer will then consider the findings of fact, evidence presented, and any recommendations made by the Panel in the Investigation Report. The Designated Officer will subsequently provide the Investigation Report to the Responsible Executive

Officer with a set of recommendations, including any recommendation of appropriate corrective actions or sanctions if required.

3.7 Investigation outcomes

3.7.1 The purpose of an Investigation is to make findings of fact which allow the Designated Officer to determine if a breach of the Code has occurred, the seriousness and extent of the breach, and any recommended actions.

- make a determination in accordance with Table 3; and
- determine the appropriate communication mechanisms, including if and when the full Investigation Report is disclosed.

Table 3. Determination and Recommendation of Actions Following Investigation of an Allegation.

DETERMINATION		ACTION(S)
1.	No breach of the Code has occurred; the allegation has no basis in fact.	<ul style="list-style-type: none"> • If required, the REO will ensure efforts are made to restore the reputation(s) of the Respondent(s). • The REO may refer frivolous or vexatious allegations to the applicable University process
2.	A breach of the Code has occurred.	<ul style="list-style-type: none"> • The REO will take into account the extent and seriousness of the breach when determining the response, which may include: <ul style="list-style-type: none"> ○ determining whether the breach of the Code constitutes misconduct or serious misconduct; ○ determining and assigning or recommending corrective and/or relevant discipline or actions; ○ the breach is referred to another applicable University process; or ○ referring Adjunct, Honorary or Visiting appointments to the conditions of appointments in the <i>Adjunct, Honorary or Visiting Academic Appointments Procedure</i>. • The DVCR will ensure that: <ul style="list-style-type: none"> ○ efforts are taken to correct the public record of the research, including publications if the breach has affected the accuracy of research findings; and ○ any process issues identified as leading to the breach are referred to the appropriate Academic Group or University unit for corrective action.

(Terms: REO is the Responsible Executive Officer)

- 3.7.2 The Responsible Executive Officer will communicate all decisions and actions to the Respondent and Complainant, ensuring that both parties are notified of the means by which they can request a review.
- 3.7.3 The Responsible Executive Officer may also inform the Vice-Chancellor, relevant senior University managers, relevant funding agencies, journals, researchers, professional registration bodies, the general public and other relevant parties, as necessary and determined by the Responsible Executive Officer. Efforts will be made to correct the public record of the research, including publications if a breach has affected the accuracy or trustworthiness of research findings and their dissemination.
- 3.7.4 If the Responsible Executive Officer determines that a member of University staff or a University HDR candidate has improperly made a Complaint as per clause 3.11, they may refer the matter to the Director, Human Resources (for staff), or to an authorised officer (for students) as per the Student General Conduct Procedure, to determine whether any further action should be taken.

3.8 Requests to review an investigation

- 3.8.1 Requests for a review of an Investigation will only be considered on the grounds that:
- An identified breach of the principles of procedural fairness; or
 - New information that could affect the recommendation of the Responsible Executive Officer has become known.
- 3.8.2 Any review will be conducted in accordance with the applicable process under the relevant enterprise agreement or the *Student Review and Appeals Policy*.
- 3.8.3 When notifying parties of the outcome, all parties will be informed of their right to request a review by the Australian Research Integrity Committee in relation to processes taken under this Procedure.

4.0 Definitions

Allegation means 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 means the person appointed by the Designated Officer to conduct a Preliminary Assessment of a complaint about a potential breach of the Code. This role will be undertaken by the Manager, Research Ethics and Integrity Office for Research, or a nominee appointed by the Designated Officer.

Code means the Australian Code for the Responsible Conduct of Research 2018 jointly published by the National Health and Medical Research Council, the Australian Research Council and Universities Australia.

Breach means behaviour by a researcher that fails to meet the principles or responsibilities of the Code or fails to comply with relevant policies or legislation. This may refer to a single breach or multiple breaches. Examples of breaches of the Code include, but are not limited to, 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.

Complainant means a person or persons who made an official complaint about a potential breach of the Code. May refer to a single complainant or multiple complainants.

Designated Officer means the person appointed by the Responsible Executive Officer to oversee the management and investigation of complaints about a potential breach of the Code. This role will be

undertaken by the Director, Office for Research or nominee appointed by the Responsible Executive Officer.

Procedural Fairness are 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.

Research is defined within the Griffith University *Responsible Conduct of Research Policy*, clause 3.

Respondent(s) means a person(s) who has/have received a complaint against them for potential breach(es) of the Code.

Research Misconduct means major, serious breach(es) of the Code, including intentional or reckless or negligent behaviour. Repeated or persistent breaches will likely constitute a serious breach (the Guide, Section 2.2). Research misconduct is considered serious misconduct within the relevant Griffith University Enterprise Agreement.

Research Integrity Advisers means the appointed listed at <https://www.griffith.edu.au/research/research-services/research-ethics-integrity/research-integrity/research-integrity-advisers>. Research Integrity Advisers are experienced researchers with considerable knowledge of the responsible conduct of research and the challenges new and experienced researchers face. They are available to be consulted on research conduct issues and alleged breaches of the Code.

Responsible Executive Officer means the senior University officer, appointed by the Vice Chancellor, responsible for receiving reports of the outcomes of assessment or investigation of potential or actual breaches of the Code and deciding on the course of actions to be taken. This role will normally be undertaken by the Deputy Vice Chancellor (Research). Where the matter warrants an investigation aligning to potential research misconduct by a Griffith University staff member, the Director, Human Resources will be the Responsible Executive Officer. The Vice-Chancellor may appoint an alternate nominee as Responsible Executive Officer.

Support person is a person who accompanies a respondent/complainant to an interview. The support person must not speak on the other person's behalf nor be a practising solicitor or barrister.

Under the auspices of the University is defined within the Griffith University *Responsible Conduct of Research Policy*, clause 4.

University means Griffith University established pursuant to the *Griffith University Act 1998*.

5.0 Information

Title	Research Integrity Breach Investigation Procedure
Document number	2024/0000029
Purpose	University's official procedure for investigating potential breaches of the Australian Code for the Responsible Conduct of Research.
Audience	Staff
Category	Academic

Subcategory	Research
UN Sustainable Development Goals (SDGs)	This document aligns with Sustainable Development Goal/s: 16: Peace, Justice and Strong Institutions
Approval date	27 March 2024
Effective date	27 March 2024
Review date	2028
Policy advisor	Manager, Research Ethics and Integrity
Approving authority	Deputy Vice Chancellor (Research)

6.0 Related policy documents and supporting documents

National Codes/Guidance	<p>Australian Code for the Responsible Conduct of Research 2018</p> <p>Australian Code for the Care and Use of Animals for Scientific Purposes 2013</p> <p>Guide to managing and investigating potential breaches of the Australian Code for the Responsible Conduct of Research 2018</p> <p>Authorship</p> <p>Management of data and information in research</p> <p>Peer review</p> <p>Disclosure of interests and management of conflicts of interest</p> <p>Supervision</p> <p>Collaborative Research</p> <p>Publication and dissemination of research</p> <p>Research Integrity Advisors Guide</p> <p>Griffith University Act 1998</p> <p>Griffith University Academic Staff Enterprise Agreement 2023-2025</p> <p>Public Interest Disclosure Act 2010 (Qld)</p>
Policy	<p>Code of Conduct</p> <p>Conflict of Interest Policy</p>

[Consultancy and Commercial Research Policy](#)
[Health Safety and Wellbeing Policy](#)
[Higher Degree by Research Policy](#)
[Information Management Policy](#)
[Information Security Policy](#)
[Information Technology Code of Practice](#)
[Intellectual Property Policy](#)
[Private Practice Policy](#)
[Public Interests Disclosure Policy](#)
[Responsible Conduct of Research Policy](#)
[Research Quality Framework](#)
[Student Conduct, Safety and Wellbeing Policy](#)
[Student Academic Integrity Policy](#)

Procedure

[Adjunct, Honorary or Visiting Academic Appointments Procedure](#)
[Dissertation Management Procedure](#)
[Higher Degree by Research \(HDR\) Supervision Procedure](#)
[Retention Periods for Research Data and Primary Material Schedule](#)
[Student General Conduct Procedure](#)
[Student Breaches of Academic Integrity Procedure](#)
[University Sector Retention and Disposal Schedule](#)

Local Protocol

[Animal Ethics Committee webpage](#)
[Code of Practice for the Supervision of Higher Degree Research Candidates](#)
[Equivalence to a Doctoral Qualification: HDR Supervisor Registration Guidelines](#)
[Griffith University Guidelines for Animal Care and Use in Teaching and Research](#)
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