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Purpose

This procedure outlines how the University of Tasmania (the University) manages complaints about potential breaches of research integrity, including potential breaches of the *Australian Code for the Responsible Conduct of Research, 2018* (the Code) and/or the University Research Policy and relevant procedures.

Applicable governance instruments

Instrument	Section	Principles
Higher Education Standards Framework (Threshold Standards) 2021	5.2 – Academic and Research Integrity	N/A
Australian Code for the Responsible Conduct of Research (National Health and Medical Research Council, Australian Research Council, Universities Australia; 2018) (the Code)	All	N/A
Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research, 2018 (the Investigation Guide)	All	N/A
National Statement on Ethical Conduct in Human Research (National Health and Medical Research Council, Australian Research Council, Australian Vice-Chancellors' Committee, 2018)	All	N/A
Australian Code of Practice for the Care and Use of Animals for Scientific Purposes (National Health and Medical Research Council, Commonwealth Scientific and Industry Research Organisation, Australian Research Council, Australian Vice-Chancellors' Committee, 8 th Edition 2013)	All	N/A
<i>Personal Information Protection Act 2004 (Tas)</i>	Part 3 - Personal Information Protection Principles	N/A
<i>Privacy Act 1988 (Cth)</i>	Part 3 – Information Privacy	N/A
University of Tasmania Staff Agreement 2017-2021	Part J - Managing Underperformance and Misconduct	N/A
<i>Student Academic Integrity Ordinance</i>	All	N/A
<i>Academic Promotions, Honorary and Adjunct Titles Policy</i>	2 - Academic Honorary and Adjunct Titles	2.4
<i>Behaviour Policy</i>	All	All
<i>Research Policy</i>	2 Responsible Conduct of Research	2.1 - 2.2
<i>Compliance Policy</i>	2 Conflict of Interest	2.1-2.2
<i>Data and Information Governance Policy</i>	1 Privacy	All

Procedure

1. Background

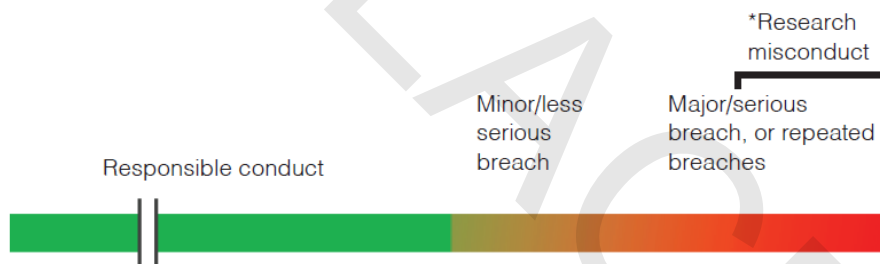
- 1.1. This procedure is aligned with the Australian Code for the Responsible Conduct of Research (the Code) and the supporting *Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research, 2018* (the Investigation Guide), related legislation, regulation and guidelines, as well as University policies and procedures.
- 1.2. The University is responsible for providing mechanisms to receive concerns or complaints about potential breaches of the Code, and investigate and resolve those potential breaches. The relevant principles of the Code are:
 - a) Principle 4: Fairness in the treatment of others; and
 - b) Principle 7: Accountability for the development, undertaking and reporting of research.
- 1.3. This procedure applies to:
 - a) All staff and students involved in the conduct of research/research activities at, or under the auspices of, the University; and
 - b) anyone who has a concern or complaint regarding research conduct involving the University.

2. Definition of a Breach

- 2.1. A “breach” is defined as a failure to meet the obligations of the Code and may be referred to as a single breach or multiple breaches. Examples of a breach include, but are not limited to:
 - a) not meeting required research standards
 - i. 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
 - ii. failing to conduct research as approved by an appropriate ethics review body
 - iii. conducting research without the requisite approvals, permits or licences
 - iv. misuse of research funds
 - v. concealment or facilitation of breaches (or potential breaches) of the Code by others
 - b) Fabrication, falsification, misrepresentation
 - i. fabrication of research data or source material
 - ii. falsification of research data or source material
 - iii. misrepresentation of research data or source material
 - iv. falsification and/or misrepresentation to obtain funding
 - c) Plagiarism
 - i. plagiarism of someone else’s work, including theories, concepts, research data and source material
 - ii. duplicate publication (also known as redundant or multiple publication, or self-plagiarism) without acknowledgment of the source

- d) Research data management
 - i. failure to appropriately maintain research records
 - ii. inappropriate destruction of research records, research data and/or source material
 - iii. inappropriate disclosure of, or access to, research records, research data and/or source material
- e) Supervision
 - i. failure to provide adequate guidance or mentorship on responsible research conduct to researchers or research trainees under their supervision
- f) Authorship
 - i. failure to acknowledge the contributions of others fairly
 - ii. misleading ascription of authorship including failing to offer authorship to those who qualify or awarding authorship to those who do not meet the requirements
- g) Conflicts of interest
 - i. failure to disclose and manage conflicts of interest
- h) Peer review
 - i. failure to conduct peer review responsibly

2.2. The University recognises that breaches of the Code occur on a spectrum, from minor or less serious to major or more serious (see Appendix 1 – Breach Severity Matrix).



Source: [Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research 2018](#), National Health and Medical Research Council, Australian Research Council and Universities Australia. Commonwealth of Australia, Canberra.

- 2.3. For the purposes of investigating of an allegation of research misconduct under this Procedure, “research misconduct” means a serious breach of the Code which is also intentional or reckless or negligent.
- 2.4. The seriousness of a breach of research integrity will be determined on a case-by-case basis, with due consideration of:
- a) the extent of the departure from the principles and responsibilities of research integrity
 - b) the extent of the departure from accepted research practice
 - c) the extent to which research participants, the wider community, animals and the environment are, or may have been, affected
 - d) the extent to which the breach affects the trustworthiness of research
 - e) the level of experience of the researcher/s

- f) whether there are repeated breaches by the researcher/s
- g) whether institutional failures have contributed to the breach
- h) any other mitigating or aggravating circumstances.

3. Guiding Principles

- 3.1. Researchers must ensure that their research conduct and practice reflect the principles and responsibilities as set out in the Code.
- 3.2. The University will manage concerns and complaints and investigate potential breaches of the Code related to research and researchers for which the University is responsible.
- 3.3. The University will apply the principles of procedural fairness as defined in the [Investigation Guide](#) to all aspects of the management of a potential breach of the Code, including any assessment or investigation.
 - a) The principles of procedural fairness do not include a right to legal representation.
 - b) A Panel convened under Section 10 to investigate an allegation of research misconduct will consider whether to permit legal or specialist representation on a case-by-case basis.
- 3.4. Conflicts of interest must be declared and managed in accordance with the University's *Conflicts of Interest Procedure*.
- 3.5. Where a breach may amount to a Public Interest Disclosure, the complaint will be referred to a University Public Interest Disclosure Officer for assessment. The Public Interest Disclosure Officer will:
 - a) manage the matter under the *Public Interest Disclosure Procedure* where it is determined to be Public Interest Disclosure, or
 - b) refer the matter back to this Procedure where it is determined not to be Public Interest Disclosure.
- 3.6. Where possible, the University will maintain the confidentiality of all persons involved in a complaint about a potential breach of the Code. The University may share information about the management and resolution of potential breaches of the Code with, or seek input from, other internal and external parties where required to do so and subject to any privacy requirements.
- 3.7. Complainants and respondents are also expected to maintain the confidentiality of complaint/s regarding a potential breach of the Code
- 3.8. Complaints must be made responsibly. A complaint must be:
 - a) made in good faith and without malice, and should not be false or frivolous; and
 - b) based on facts that have not been substantially the subject of a previous complaint made by the same complainant that has already been investigated and that may meet the definition of a breach of the Code.
- 3.9. The University will ensure those making a complaint (complainants) and subjects of the complaint (respondents) are informed of available resources to support their welfare throughout the course of an investigation process, including the use of a support person where appropriate.
- 3.10. The University will ensure the appropriate level of involvement of and communication with a complainant throughout a preliminary assessment and/or investigation based on the extent to which they may be affected by the outcome of those processes:
 - a) Complainants who may be directly affected by the outcome will be provided with as much information as possible, subject to privacy requirements.

- b) Complainants who have only a general concern in the matter will be provided with sufficient information to convey the outcome.

3.11. The University may take immediate action at any stage during the consideration of a complaint or as otherwise permitted under the *University of Tasmania Staff Agreement 2017-2021* to:

- a) minimise the risk of harm to humans, animals, and/or the environment; and
 b) safeguard research data and records, University property, internal or external funds provided by funding bodies and materials that may be relevant to an investigation.

Actions taken may require referral or notification to external agencies or trigger other institutional responsibilities and processes.

3.12. The University will use its best endeavours to act and respond to complaints in such a way as to minimise unnecessary delays, recognising that making and responding to complaints are often difficult and complex. Where timeframes need to be extended, all parties will be informed, while also ensuring that appropriate supports are in place.

4. Institutional Roles

4.1. Key roles in the investigation and management of allegations of potential breaches are:

Responsible Executive Officer	Deputy Vice-Chancellor Research (DVCR)	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	Executive Director, Research Operations	Receives complaints about the conduct of research or potential breaches of the Code and oversees their management and investigation where required.
Assessment Officer	Head of Academic Unit	A person requested by the Designated Officer to conduct a preliminary assessment of a complaint about research conduct in the context of the Code. The Designated Officer may also act as the Assessment Officer.
Research Integrity Advisor	University appointed network of Research Integrity Advisors	A person or persons with knowledge of the Code and institutional processes nominated by the University to promote the responsible conduct of research and provide advice to those with concerns or complaints about potential breaches of the Code.
Investigation Panel	Appointed by the Responsible Executive Officer	One or more appropriately qualified persons appointed by the Responsible Executive Officer to investigate whether a breach of the Code has occurred.
Research Integrity Office	Research and Research Training Portfolio	Responsibility for the management of research integrity at the University.

5. Informal Resolution of Research Disagreements

- 5.1. Where a matter is a disagreement between researchers and not yet a complaint about a potential breach of the Code, the parties should make a good faith effort to resolve the matter informally wherever possible and appropriate.
- 5.2. Informal resolution attempts may include an initial consult with a Research Integrity Advisor and:
 - a) an informal meeting in a neutral and private location with the other person(s) involved; and/or
 - b) assisted resolution at the organisational unit level, with the support of a third party from within the University, such as the person's line manager, Head of School or Associate Dean Research Performance; and/or
 - c) if the matter relates to authorship, the *Authorship of Research Procedure* may be applied.
- 5.3. A record of the process and any outcomes should be made, and a copy retained by each party.
- 5.4. Where a matter cannot be resolved informally or where a potential breach is revealed through the process, a complaint must be lodged in accordance with Section 6.

6. Raising a Concern or making a Complaint

- 6.1. All complaints of potential breaches of the Code should be made to the Designated Officer via email at: Research.Integrity@utas.edu.au.
- 6.2. Anyone who has concerns about research integrity or questionable research practices, is encouraged to first discuss their concerns with their immediate supervisor or a Research Integrity Advisor. In limited circumstances, for example, where neither of these is appropriate, the individual can contact Research.Integrity@utas.edu.au.
- 6.3. Anyone who has reasonable grounds to believe that a potential breach of the Code has occurred can and should make a complaint promptly.
- 6.4. The University may investigate a complaint of a potential breach of the Code under this Procedure on its own motion without a complainant.
- 6.5. Any complaint concerning a potential breach of the Code received by another area of the University must be referred to the Designated Officer for consideration.
- 6.6. Complainants should:
 - a) make the complaint in writing (a verbal complaint may not provide sufficient information to inform the conduct of an investigation);
 - b) identify the person against whom the allegation is being made;
 - c) identify the type of breach alleged to have occurred (e.g., misleading ascription of authorship or fabrication of results);
 - d) identify relevant details as accurately as possible, including the date/s and place/s when and where the potential breach occurred; and
 - e) provide as much supporting evidence as possible.
- 6.7. All concerns and complaints received by the Designated Officer will be assessed as to the extent to which a complaint can be investigated. This will be determined based on by the amount of

information available. For example, confidential and anonymous complaints may reduce the ability of the University to assess the complaints and compromise procedural fairness and natural justice.

- 6.8. The extent to which a complaint can be investigated may also be affected, for example, in cases where the:
- a) complaint is lodged by a third party, who has no direct involvement in the research;
 - b) complainant requests that their identity is withheld from the respondent; or
 - c) complainant requests that their identity is withheld from the respondent and any member involved in the management of the complaint.

7. Receipt of complaint and initial evaluation

- 7.1. The Designated Officer receives all complaints.
- 7.2. Upon receipt of a complaint, the Designated Officer will:
- a) where appropriate, take immediate action in accordance with clause 3.11
 - b) undertake an initial evaluation as discreetly and expeditiously as possible, without necessarily referring to the respondent(s) to determine:
 - i. if a complaint relates to a potential breach;
 - ii. if the complaint is reasonably the responsibility of the University; and
 - iii. whether the complaint falls within the jurisdiction of this procedure or within another relevant framework including whether it is a public interest disclosure
 - c) ensure appropriate and effective communication with the complainant occurs in accordance with clause 3.10.
- 7.3. In undertaking the evaluation, the Designated Officer or their delegate may engage with the complainant, the respondent or other relevant stakeholders, to inform the appropriate consideration of the complaint.
- 7.4. Where the Designated Officer determines the complaint represents a potential breach of the Code, the complaint will proceed to a preliminary assessment in accordance with Section 8.
- 7.5. Where the Designated Officer determines the complaint does not represent a potential breach of the Code, the complaint may be dismissed or referred to other institutional processes (such as, staff or student conduct processes), as appropriate.

Complaints related to Collaborative Research Across Multiple Institutions

- 7.6. Where the University and one or more other institutions receive a formal complaint about, or in connection with, research in relation to the same subject matter, the University and those institutions will confer and determine the most appropriate institution to conduct a preliminary assessment and investigation into the complaint.
- 7.7. The University may adopt the findings and recommendations of a preliminary assessment and investigation conducted by an institution other than the University provided that the process and outcomes are consistent with the [Investigation Guide](#) (recognising that the other institution's employment or student disciplinary agreements may contain specific binding obligations that deviate from the Investigation Guide). Those findings and recommendations shall be provided to the Responsible Executive Officer for consideration and action.

8. Preliminary assessment

- 8.1. The purpose of the preliminary assessment is to collect and evaluate facts and information to determine whether a complaint, if proven, would constitute a breach of the Code.
- 8.2. The Designated Officer will refer the complaint to the appropriate Assessment Officer to conduct the preliminary assessment.
- 8.3. The Designated Officer will inform the respondent that the University has received a complaint about the research and that a preliminary assessment process has been initiated.
- 8.4. In conducting the preliminary assessment, the Assessment Officer will:
 - a) identify, collect, document, and secure relevant facts and information; and
 - b) consider the need to consult with, and consult as appropriate:
 - i. the complainant and respondent to collect or clarify facts, information or documentation;
 - ii. the Designated Officer and other relevant institutional stakeholders; and/or
 - iii. internal or external experts, to provide specific and/or independent advice to facilitate the preliminary assessment.
- 8.5. Where the Assessment Officer determines that it is necessary to discuss the complaint with the respondent during the preliminary assessment to clarify facts and/or information, the Assessment Officer will notify the respondent and provide them with:
 - a) sufficient detail to understand the nature of the complaint;
 - b) an opportunity to respond in writing, within 10 working days; and
 - c) an invitation to attend a meeting with the Assessment Officer to discuss the complaint. In the event that a meeting with the respondent is held:
 - i. the Assessment Officer will provide a summary of the interview to the respondent; and
 - ii. the Respondent will be given 10 days to return their signed approval of the interview summary.
- 8.6. Upon completion of the preliminary assessment, the Assessment Officer will provide a written report to the Designated Officer that includes:
 - a) a summary of the process that was undertaken;
 - b) an inventory of the facts and information that was gathered and analysed;
 - c) an evaluation of the facts and information;
 - d) an explanation of how the potential breach relates to the principles and responsibilities of the Code and/or institutional processes; and
 - e) recommendations for further action.
- 8.7. The Designated Officer will consider the advice and determine, based on the facts and information provided in the Assessment Officer's report, whether the complaint be:
 - a) dismissed and further actions considered in accordance with Section 11
 - b) resolved locally, with or without corrective or educative actions
 - c) referred to the Responsible Executive Officer to proceed with an investigation in accordance with Section 9 or
 - d) referred to other institutional processes, as appropriate.

- 8.8. Following the making of the determination, the Designated Officer will provide the outcome, as appropriate, to the respondent, complainant and other relevant stakeholders.

9. Investigation Stage

- 9.1. Following a determination that a matter be referred to investigation, the Designated Officer will:
- a) determine the applicable University instrument, policy or procedure under which an investigation is to be performed in accordance with clause 9.2 or 9.3
 - b) prepare the statement of allegations of any potential breach of the Code;
 - c) seek advice from other areas of the University, as appropriate;
 - d) seek legal advice on matters of process, as appropriate; and
 - e) provide a recommendation on how to proceed with the investigation to the Responsible Executive Officer for approval.

- 9.2. Where the respondent is a:

- a) student, the investigation will be conducted in accordance with the relevant behaviour or academic integrity ordinance, policy or procedure;
- b) University employee to which the *University of Tasmania Staff Agreement 2017-2021* applies, the investigation will be conducted in accordance with that Agreement.

A report from an investigation conducted under a) or b) will be sent to the Responsible Executive Officer, including any relevant recommended corrective and educative actions.

- 9.3. An investigation will be conducted in accordance with Section 10 of this procedure where the respondent:

- a) is a University adjunct, clinical or associate title holder;
- b) is a visiting scholar, visiting research fellow or other party affiliated with the University;
- c) is a University employee to whom the *University of Tasmania Staff Agreement 2017-2021* does not apply, or
- d) has left the University.

- 9.4. Where a respondent has multiple affiliations with the University, the appropriate pathway for investigation will be determined during the preliminary assessment as a respondent will not undergo multiple investigations for the one matter.

- 9.5. 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 an alternative process.

10. Investigation under this procedure

- 10.1. The purpose of the investigation is for the Investigation Panel to make findings of fact to allow the Responsible Executive Officer to assess whether a breach of the Code has occurred, the extent of the breach and the recommended actions.
- 10.2. Following a determination that a matter be referred to investigation under this procedure, the Designated Officer will notify the respondent, and provide them with:
- a) sufficient detail to understand the nature of the complaint;

- b) an opportunity to respond in writing, within 10 working days; and
- c) an invitation to attend a meeting with the Responsible Executive Officer to discuss the complaint and the response. In the event that a meeting with the respondent is held:
 - i. the Investigation Panel will provide a summary of the interview to a respondent; and
 - ii. the respondent will be given 10 days to return their signed approval of the interview summary.

10.3. The Responsible Executive Officer will make one of the following determinations:

- a) that the complaint be dismissed;
- b) that the complaint be referred to an Investigation Panel in accordance with clause 10.4 (this may be required even where the breach is admitted by the respondent);
- c) where the breach is admitted, and no further investigation is required:
 - i. that corrective or educative actions to be taken; or
 - ii. that the matter is to be referred to another institutional process for consideration of disciplinary actions.

10.4. Where the Responsible Executive Officer determines that the complaint requires further investigation, the Designated Officer will:

- a) request the Responsible Executive Officer nominate an Investigation Panel (the Panel), and Chair in accordance with clause 10.5.
- b) notify the respondent and provide them with the composition of the Panel and the opportunity to raise any concerns about the Panel membership within 10 working days.

Composition of the Investigation Panel

10.5. In nominating the Panel, the Responsible Executive Officer will consider:

- a) the expertise and skills required, including:
 - i. an appropriately qualified Chair
 - ii. appropriate level of experience and expertise in the relevant discipline
 - iii. the need for a person/s with prior experience of similar panels or relevant experience
 - iv. knowledge and understanding of research integrity and related processes.
- b) the appropriate number of members
- c) the diversity of members required, including gender
- d) the need for members to be free from conflicts of interest or bias.

10.6. The Responsible Executive Officer may adjust the Panel membership in response to concerns raised by the respondent, where a perceived or actual conflict of interest might be viewed as influencing the impartiality of the Panel.

10.7. 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.

Conducting the investigation

- 10.8. Once finalised the Panel will convene, develop an investigation plan, and conduct the investigation in keeping with the principles of procedural fairness, Behaviour Policy, the terms of reference as appropriate, institutional process, the Investigation Guide and the Code.
- 10.9. 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), subject to privacy requirements.
- 10.10. All those asked to give evidence are to be provided with relevant, and if necessary de-identified, information including:
- a) the schedule of meetings and/or hearings they are asked to attend
 - b) the relevant parts of the terms of reference for the investigation, if appropriate
 - c) advice as to how the Panel intends to conduct interviews
 - d) whether they may be accompanied by a support person
 - e) advice about whether the interviews will be recorded
 - f) whether an opportunity will be provided to comment on matters raised in the interview
 - g) disclosing interests
 - h) the confidentiality requirements
 - i) the Panel's procedures.
- 10.11. The Panel is to determine whether, having regard to the evidence and on the balance of probabilities, the respondent has breached the Code. To do this, the Panel:
- a) assesses the evidence (including its veracity) and considers if more may be required
 - b) may request expert advice to assist the investigation
 - c) arrives at findings of fact about the allegation
 - d) identifies whether the principles and responsibilities of the Code have been breached
 - e) considers the seriousness of any breach
 - f) provides a report into its findings of fact consistent with its terms of reference
 - g) makes recommendations as appropriate.

Outcomes from the investigation

- 10.12. On completing the investigation, the Panel will prepare a written report of the investigation, including findings of fact, and any recommendations, to be submitted to the Responsible Executive Officer, who will provide the report to the respondent and invite them to:
- a) respond in writing within 10 working days
 - b) attend a meeting with the Responsible Executive Officer to discuss their response to the investigation outcome and recommendations. In the event that a meeting with the respondent is held:
 - i. the Responsible Executive Officer will provide a summary of the interview to the respondent; and
 - ii. the respondent will be given 10 days to return their signed approval of the interview summary.

- 10.13. Following completion of the requirements at clause 10.12, the Responsible Executive Officer will:
- a) determine whether, or not, there has been a breach of the Code;
 - b) decide on the seriousness and extent of the breach; and
 - c) decide on a course of action which may include:
 - i. educative, corrective actions; and/or
 - ii. disciplinary actions in accordance with the relevant procedure and/or terms of appointment, and/or
 - iii. referral to other institutional processes.
- 10.14. The Designated Officer will:
- a) communicate the decisions and actions as determined by the Responsible Executive Officer, to the respondent and complainant. The draft investigation report or summary of relevant information will be provided to the complainant if they will be affected by the outcome (subject to privacy requirements)
 - b) inform other parties (such as funding bodies, agencies, authorities or other institutions) as relevant and/or required; and
 - c) inform the respondent, and the complainant of their right to request a review of the investigation in accordance with Section 15.
 - d) take any relevant actions in accordance Section 12.
- 10.15. The University is obliged to address the findings of an investigation appropriately, even where a respondent ceases their relationship with the University prior to or during an investigation. This may include appropriate and lawful disclosure, correction of the research record, or referral of the matter to the respondent's home institution.

11. Finalising complaint processes

Finding of no breach of the Code

- 11.1. In all situations where matters are dismissed, appropriate steps to restore the reputation of the respondent, may be warranted.
- 11.2. Where a complaint is found to have been made in bad faith, is vexatious or frivolous, actions may be taken by the University to address this with the complainant, in keeping with appropriate institutional processes.

Systemic issues

- 11.3. Where any systemic issues are identified, the Responsible Executive Officer will refer these as appropriate within the University to ensure they are addressed.

Correcting the public record

- 11.4. Where appropriate, efforts or actions should be undertaken to correct the public record of research including publications.

Reporting to external bodies

- 11.5. In all situations where a research integrity matter relates to research involving an external partner or funded by an external body, reporting to external bodies will be in accordance with their policies and agreements.

12. Unacceptable Behaviour and Conduct

- 12.1. Where research conduct might constitute unacceptable behaviour and conduct (as defined in the [Behaviour Policy](#)), the matter should be reported to the Designated Officer for referral for assessment under the University's Behaviour Policy and Procedure as appropriate. The Designated Officer will engage with appropriate areas of the University, such as the Safe and Fair Community Unit (SaFCU) and/or People and Wellbeing, to facilitate alignment of processes if required.

13. Corrupt Conduct and/or Criminal Behaviour

- 13.1. If at any point it appears research conduct might constitute corrupt conduct or criminal behaviour the matter should be reported to the Designated Officer, who will seek advice from the University's Legal Office, including whether the matter should be referred to an appropriate body (e.g., law enforcement, the Tasmanian Integrity Commission).
- 13.2. Where an external agency chooses to investigate, the Designated Officer will seek advice about 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.
- 13.3. Following completion of an external investigation, the University will consider if there are outstanding matters, relevant to the Code, to be addressed internally, and may decide to initiate further internal processing.

14. Inconsistency with Workplace Agreements and this Procedure

- 14.1. In the event of any inconsistency between the Staff Agreement and this Procedure concerning definitions and/or procedures regarding misconduct involving University staff, the Staff Agreement will prevail.

15. Requesting a Review of an Investigation

- 15.1. A respondent or complainant may apply for a review of an investigation on the grounds of procedural fairness.
- 15.2. Applications for a review will be considered by the Review Officer appointed by the Responsible Executive Officer.
- 15.3. Applications for a review must be made in writing to the Designated Officer within 10 working days of receiving the decision and actions determined by the Responsible Executive Officer, and should:
- a) clearly outline the procedural fairness grounds relied upon; and
 - b) include any supporting material or documentation.
- 15.4. Upon receipt of an application for a review, the Designated Officer will:
- a) acknowledge receipt of the application and provide the applicant with information about the review process; and
 - b) refer the application to the Review Officer to conduct the review.
- 15.5. On completion of the review, the Review Officer will provide a review report and recommendation to the Responsible Executive Officer that either:
- a) the original decision be upheld;
 - b) the original decision be withdrawn; or
 - c) a process for correcting or addressing any procedural fairness failings of the original investigation.

- 15.6. The Designated Officer will communicate the outcomes of the review to the respondent and complainant and take any relevant actions in accordance with Section 13.
- 15.7. In addition, respondents and complainants are entitled to seek an external review of an investigation conducted in accordance with this procedure by the Australian Research Integrity Committee and/or the Tasmanian Ombudsman.

Related procedures

Adjunct, Clinical and Associate Titles Procedure

Behaviour Procedure

Student Academic Integrity Procedure

Conflict of Interest Procedure

Honorary Academic Titles Procedure

Public Interest Disclosure Procedure

Versions

<u>Version</u>	Action	Approved By	Business Owner/s	Approval Date
1	Approved	Deputy Vice-Chancellor (Research)	Director, Academic Quality and Standards	13 August 2021
2	Approved	Deputy Vice-Chancellor (Research)	Executive Director, Research Operations	11 August 2022

Appendix 1: Breach Severity Matrix

		Guidance for Severity					
		Responsible Conduct	Minor	Moderate	Major		
Contributing Factors to Conduct	Departure from accepted practice	No departure	Minor departure - non intentional or not reckless or not negligent	Minor departure - intentional or reckless or negligent	Major departure - intentional or reckless or negligent		
	Extent to which research participants, the wider community, animals and the environment are, or may have been, affected by the breach	No impact	Minor affect - non intentional or not reckless or not negligent	Minor affect - intentional or reckless or negligent	Major affect		
	Extent to which it affects the trustworthiness of research	No impact	Minor extent - non intentional or not reckless or not negligent	Minor affect - intentional or reckless or negligent	Major affect - intentional or reckless or negligent		
	Level of experience of the researcher	Any Experience and No breach	New to Research and Minor Breach	Long Term Researcher and Minor Breach	Long Term Researcher and Multiple Minor Breaches	Any Experience and Major Breach	Any Experience and Repeated Breaches
	Whether there are repeated breaches by the researcher	No breach	One minor breach	Two or more minor breaches	Major Breach	Two or more major breaches (escalating personal outcome)	
	Whether institutional failures have contributed to the breach	No breach and no failures	One institutional failure - non intentional or not reckless or not negligent	More than one institutional failure - non intentional or not reckless or not negligent	One institutional failure - intentional or reckless or negligent	More than one institutional failure - intentional or reckless or negligent	
	Any other mitigating or aggravating circumstances.	Case by case basis taking into account severity of breach and intentionality or recklessness or negligence					

Source: Based on [Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research, 2018](#) (the Investigation Guide).

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Definitions and acronyms can be found at: <https://www.utas.edu.au/policy/policy-definitions>

Related policy and procedures can be found at: <https://www.utas.edu.au/policy>