



# MANAGING AND INVESTIGATING POTENTIAL BREACHES OF THE RESEARCH CODE PROCEDURE

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<b>First Approved by:</b>	Deputy Vice-Chancellor (Research and Sustainable Futures)		
<b>Custodian title &amp; e-mail address:</b>	Deputy Vice-Chancellor (Research and Sustainable Futures) <a href="mailto:dvcri-office@uow.edu.au">dvcri-office@uow.edu.au</a>		
<b>Author:</b>	Director, Research Services Office		
<b>Responsible Division &amp; Unit:</b>	Researcher Development and Integrity Unit		
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	<p>Managing and Investigating Potential Breaches of the Research Code Policy (under review - link to be added when available)</p> <p><a href="#">Respect for Diversity Policy</a></p> <p><a href="#">Risk Management Policy</a></p> <p><a href="#">Student Conduct Rules</a></p> <p><a href="#">University of Wollongong (Academic Staff) Enterprise Agreement</a></p> <p><a href="#">University of Wollongong (Professional Services Employees) Enterprise Agreement</a></p> <p><a href="#">Workplace Health and Safety Policy</a></p> <p><a href="#">University Code of Conduct</a></p>
<b>Relevant Legislation &amp; External Documents:</b>	<p><a href="#">Australian Code for the Care and Use of Animals for Scientific Purposes</a></p> <p><a href="#">General Retention and Disposal Authority GDA-23</a></p> <p><a href="#">Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research 2018</a></p> <p><a href="#">NHMRC Research Integrity and Misconduct Policy 2019</a></p> <p><a href="#">NHMRC Research Integrity Advisors Guide 2022</a></p> <p><a href="#">Public Interest Disclosures Act 1994 No 92</a></p> <p><a href="#">Public Interest Disclosures Act 2022 (NSW)</a></p> <p><a href="#">State Records Act 1998</a></p> <p><a href="#">The Australian Code for Responsible Conduct of Research 2018</a></p> <p><a href="#">The Australian Research Council Research Integrity Policy 2021</a></p>
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## 1 Introduction/Background

1. This procedure outlines the processes for managing and investigating potential breaches of the UOW Code of Practice – Responsible Conduct of Research in compliance with the Australian Code for the Responsible Conduct of Research (2018) and supporting ‘Guides’ and the UOW ‘Managing and Investigating Potential Breaches of the Research Code Policy’.
2. In some cases, the University may deviate from the steps outlined in this procedure if it decides it is appropriate and necessary to do so, having regard to the circumstances of that case, but in all cases the principles of procedural fairness will be applied, and the parties involved or affected will be provided adequate details of the process(es) to be followed.
3. This procedure has been adapted (and in some parts duplicated) from the Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research (2018)(the Guide), authored by the National Health and Medical Research Council (NHMRC), the Australian Research Council (ARC) and Universities Australia.

## 2 Scope/Purpose

1. This procedure applies to all persons at the University of Wollongong. This includes staff, students and all other persons conducting research as a university affiliate or while visiting the University.
2. The cessation of a respondent’s employment, candidature or visitation will not affect the application of this procedure.

## 3 Definitions

Word/Term	Definition (with examples if required)
Alternative Dispute Resolution Strategy	Mediation, conciliation or any other form of facilitated dispute resolution process designed to allow the complainant and the respondent to reach a mutual understanding on the issues in dispute and on strategies to resolve the complaint.
AO	Assessment Officer. See Section 5, Roles and Responsibilities for details.
Balance of probabilities	The civil standard of proof, which requires that, on the weight of evidence, it is more probable than not that a breach has occurred.
Breach	A failure to meet the principles and responsibilities of the Code, may refer to a single breach or multiple breaches
Bullying	The Fairwork Ombudsman defines bullying as when a person or group of people repeatedly act unreasonably towards a worker or a group of workers; the behaviour creates a risk to health and safety.  Unreasonable behaviour includes victimising, humiliating, intimidating or threatening. Whether a behaviour is unreasonable can depend on whether a reasonable person might see the behaviour as unreasonable in the circumstances.
Concern	A person may express concern about a research practice and seek advice about it in relationship to the Code, without making a complaint. A concern may form the



	basis for Triage or Initial Assessment. Once a determination is made to refer a concern to Investigation, it becomes a complaint, and is analysed to identify allegation/s.
Corrective action	Action initiated by the University to correct a specific breach, improve research conduct more generally, or to modify administrative processes. E.g. actions deemed necessary to correct the research record, address researcher behaviour or improve systemic issues.
Disciplinary action	Action by the University to discipline a member of staff, a student or HDR candidate for unsatisfactory performance, misconduct or serious misconduct and is limited to:  Academic Staff: As defined in the current University of Wollongong (Academic Staff) Enterprise Agreement.  Professional Staff: As defined in the current University of Wollongong (Professional Services Employees) Enterprise Agreement.  Students and HDR Candidates: As defined by the University Student and HDR Candidate Conduct Rules and Procedures.
DO	Designated Officer. See Section 5, Roles and Responsibilities for details.
HDR students	Masters or doctoral students who are undertaking research degrees. If it is alleged that an HDR student has engaged in an act of misconduct while undertaking a coursework subject, they will be investigated according to the Academic Misconduct (Coursework) Procedures. If the misconduct is alleged to have occurred during the course of their research project, then they will be investigated according to the Managing and Investigating Potential Breaches of the Research Code Policy.
Investigation	The action of investigating an allegation of a breach of the Code by a Panel established for that purpose.
Local resolution	Corrective actions undertaken within a Faculty, Department or Centre in response to a complaint or following a preliminary assessment.
Remedial action	Action initiated by the University following a finding of a breach of the Code. These include corrective actions and/or any other actions directed by the Responsible Executive Officer.
Responsible Executive Officer	The Responsible Executive Officer (REO). See Section 4, Roles and Responsibilities for details.
Risk assessment	The overall process of risk identification, risk analysis and risk evaluation to determine if any action is required to address any immediate potential harms related to the complaint and minimise adverse impacts arising during the course of investigation of the complaint.



Support person	A support person's role is to provide personal support, within reasonable limits, to the respondent or the complainant. Their role is not to advocate, present or speak on the other person's behalf. A lawyer may be a support person, but they must act within the parameters of the role.
The Code	NHMRC (2018) Australian Code for the Responsible Conduct of Research.
The Guide	NHMRC (2018) Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research.
The Panel	The Panel is the name of the body that conducts the Investigation. It may be one or more persons depending on the nature of the matter referred for investigation.
NHMRC	National Health and Medical Research Council.
REO	Responsible Executive Officer. See Section 5, Roles and Responsibilities for details.
RIA	Research Integrity Advisor. See Section 5, Roles and Responsibilities for details.
RIO	Research Integrity Officer. Professional staff position in the RIEO. Undertakes aspects of complaint management and investigation as required.
RIEO	Research Integrity and Ethics Office. See Section 5, Roles and Responsibilities for details.
RIT	Research Integrity Team. The unit within the RIEO responsible for research integrity.
RO	Review Officer. See Section 5, Roles and Responsibilities for details.

## 4 Key Principles

### General Obligations

1. Parties to this Procedure must also adhere to the University Code of Conduct or for students the University Student Conduct Rules, the Conflict of Interest Policy, and the Code of Practice – Responsible Conduct of Research.
2. If staff (including Research Integrity Advisors during the provision of advice) or students become aware of a potential breach of the Code, they are obligated to report it.
3. If staff or students become aware of adverse consequences, such as bullying, harassment, or loss of employment, experienced by a complainant for making a complaint, or a respondent named in a complaint, these must be reported in line with the appropriate University policy and procedure.

### Management of a complaint

4. On receipt of a complaint all reasonable efforts will be made to protect the Complainant and any interested parties from adverse consequences such as through concealing the identity of the



Complainant or any other interested party who provides information throughout the management of a complaint where this may be necessary and appropriate.

5. The general principle of timeliness applies at all times. However, potential breaches occur along a spectrum, and some are more complex and serious than others, requiring more time for the collection of evidence, deliberation, and the exercise of judgement.
6. To avoid actual or apprehended bias, to the extent possible no individual will be appointed to more than one decision making role in an investigation.
7. Those involved in the management of a potential breach of the Code under this procedure are expected to adhere to the safety and wellbeing principles of the Managing and Investigating Potential Breaches of the Research Code Policy. Communication with complainants and respondents should, throughout the process, include appropriate referrals to available support services and advise of the right to a support person.
8. Where a matter is dismissed, a complainant may be provided with an opportunity to discuss the decision with the Designated Officer or their delegate.
9. Urgency provisions may be implemented at any step of the Procedure, under which a recommendation for interim measures may be made by the Designated Officer or their delegate to the Deputy Vice-Chancellor, as deemed necessary. For example, this may occur where an alleged breach is a serious risk to humans, animals or the environment; involves the possibility of interference with evidence; or is otherwise considered to be serious enough to warrant immediate action.
10. Throughout the management of a potential breach under this procedure the Designated Officer and Assessment Officer will at all times maintain confidentiality and will require all parties to observe confidentiality. The Complainant will be notified where it is considered that procedural fairness requires the disclosure of the complainants' identity.
11. The Research Integrity Team must maintain and manage records of documents, communication and actions related to a concern or complaint in line with the University records management and privacy policies.
12. If systemic issues are identified, these must be referred to the appropriate University process by the Designated Officer or their delegate.

### **Cross institutional arrangements**

13. If the alleged breach of the Code occurred when the Respondent was a student at, or employed by, another institution, the matter may be referred to that institution for action.
14. Where a complaint is received in the context of a multi-institutional collaboration, the institution undertaking the preliminary assessment and investigation will be determined on a case-by-case basis taking into consideration: the lead institution; where the complaint was lodged; any contractual arrangements; and where the alleged events occurred. A clear communication strategy should be included in the preliminary risk assessment.

### **Matters involving other internal complaints handling processes**

15. There may be times when a complaint involves several matters that need to be managed by different internal complaints handling processes. It may be appropriate for the complaints handling to be conducted sequentially by different units, from the most to least serious matter; or it may be appropriate for the complaints handling to be conducted contemporaneously (during the same



period) through joint management. The Designated Officer or their delegate will determine, in consultation with other Units, the best possible complaints handling process in such circumstances.

16. If at any stage of the management of a complaint there are findings that relate to potential fraud and corruption, or other breaches of The University Code of Conduct or other University policies, the finding must be referred in a timely manner to the appropriate University process for assessment and investigation.

### **Circumstances where a process may be discontinued**

17. Processes initiated under this procedure may be suspended on the grounds of procedural fairness or where there is an external investigation or inquiry into the same factual matters as those alleged to constitute a breach of the Code.
18. If at any stage the Respondent admits to allegation(s) the Designated Officer, or their delegate, may proceed to advise the Responsible Executive Officer (REO) to make a determination without further investigation.
19. If at any point it becomes apparent that a complaint about a breach of the Code is frivolous, misconceived or otherwise lacking in substance, the process may stop, in the absence of other aspects of the investigation that need to be considered. The decision to stop the process must be documented with reasons. The University may act if a person makes a complaint that is frivolous or in bad faith. Examples of frivolous or bad faith complaints include but are not limited to: fabricating a complaint; making repeated unsubstantiated complaints; seeking to revisit complaints that have been raised and addressed previously; and falsifying identity.

## **5 Reporting a Potential Breach of the Code**

1. Obtaining advice about a potential breach
  - A person with a query about a potential breach of the Code should familiarise themselves with the University of Wollongong Code of Practice – Responsible Conduct of Research and Managing and Investigating Potential Breaches of the Research Code Policy and the Guide.
  - Advice should be obtained from a Research Integrity Advisor (RIA) prior to making a complaint about a potential breach of the Code. A Research Integrity Advisor is a Faculty member who can provide advice about research integrity, responsible research practices, policies and procedures.
  - Advice may be sought from a Research Integrity Officer (RIO) within the Research Integrity Team.
  - The RIA or RIO are obliged to report a potential breach of the Code if they become aware of one. Should the person wish their query to remain confidential with no further action, it should be framed as a hypothetical without disclosure of identifying details.
2. Reporting a potential breach
  - A complaint should be made in writing through the University's online Complaints Management System or via email to the Research Integrity Team at [uow-researchintegrity@uow.edu.au](mailto:uow-researchintegrity@uow.edu.au).
  - A complaint made verbally will be confirmed with the Complainant in writing.





- A complaint made anonymously will be accepted however this may limit the University's ability to investigate the matter.
- Complaints relating to a potential breach of the Code received by Faculties, Research Institutes or other University Divisions must be forwarded to the Research Integrity Team at [uow-researchintegrity@uow.edu.au](mailto:uow-researchintegrity@uow.edu.au) for action.

## 6 Triage

1. Acknowledgement of the complaint or concern will be provided in writing, ideally within 3 working days of its receipt. Referral to support services should be included as appropriate.
2. The senior officer responsible for the Research Integrity Team will appoint a Designated Officer to manage the initial review.
3. If a complainant seeks protections under public interest disclosure legislation, or the DO identifies the need for protections afforded under the University's Fraud and Corruption Policy, the Designated Officer should refer the matter to a designated Disclosure Officer, Disclosure Coordinator, or the Vice Chancellor promptly without further assessment.
4. The Designated Officer may make discreet enquiries or seek confidential advice to determine whether the complaint relates to a potential breach of the Code and involves:
  - i. The conduct of research; and
  - ii. UOW researcher/s.
5. If the complaint does not satisfy these conditions, it will be either:
  - i. Dismissed;
  - ii. Referred to other University processes; or
  - iii. Referred to an appropriate external body.
6. If the complaint satisfies the conditions of clause 6.4 and relates to circumstances where several complaints about a person or persons are made through different complaints processes, or the complaint includes elements that are governed by different policies and procedures, the Designated Officer should seek internal advice e.g. from Governance or Legal Services, to determine which policy and procedure takes precedence; the order in which assessment and investigation will proceed; whether co-investigation is possible; and the protocols to be established to manage the matter.
7. Subject to the outcome of any enquiries made per clause 6.4, the Designated Officer will determine whether the matter will be:
  - i. Managed at the local level without the need to proceed to a preliminary assessment.
  - ii. Managed according to the Managing and Investigating Potential Breaches of the Research Code Policy and proceed to preliminary assessment.
  - iii. If the complaint relates to the ethical conduct or biosafety of research approved by a University Ethics Committee or Biosafety Committee, referred in the first instance to the Chair of the appropriate committee in writing to evaluate and take appropriate actions in accordance with the terms of reference for that committee. The matter should be referred back to the DO with a written report of the committee's finding if the committee forms the opinion that a breach of the Code of Practice – Responsible Conduct of Research may have occurred.



- iv. If the complaint relates to more than one person, managed separately for each person or managed together under this procedure. Where managed together, care must be taken to consider each person's conduct separately with separate findings made.
    - v. Where other institutions are involved the Designated Officer will consult with the relevant parties before determining the process to be followed.
8. If the complaint relates to a Higher Degree by Research (HDR) candidate, an application to withdraw from enrolment will not be actioned until the outcome of any Preliminary Assessment or Investigation.
9. Once the Designated Officer has made a determination on how to manage a complaint, the Complainant will be notified in writing, ideally within three (3) working days. This notification should include:
  - summary details of the concern or complaint
  - summary of the determination on how the complaint will be managed and the next steps to be taken
  - available support services as relevant
  - contact information for the Research Integrity & Ethics Office
  - a copy of the relevant internal and/or external policies, procedures and guidelines that guided the Triage decision.

## 7 Preliminary Assessment

1. The purpose of the Preliminary Assessment is to gather and evaluate facts and information, and assess whether the complaint, if proven, would constitute a breach of the Code.
2. The Designated Officer will appoint an Assessment Officer to conduct a Preliminary Assessment. In doing so, the Assessment Officer will:
  - i. Conduct a risk assessment and prepare a risk management plan if required, to mitigate further risks, protect those involved and put the relevant protections in place (for example, a support person).
  - ii. Identify allegations within the complaint.
  - iii. Confirm the identified allegations with the Complainant.
  - iv. Notify the Respondent. The notification should include:
    - a statement outlining the complaint, allegation/s and any other adverse material, in an appropriate level of detail
    - a summary of the process being undertaken and the next steps in the process with an estimated timeline
    - available support services
    - a copy of the relevant internal and/or external policies, procedures and guidelines
    - their responsibility to maintain confidentiality and comply with the Code and right to support, safety and procedural fairness as outlined in the Policy



- v. Where appropriate, conduct interviews.
  - vi. Obtain expert advice if required.
  - vii. Consider if additional allegations or concerns should be raised with the Respondent.
  - viii. Collect and collate facts of the matter.
  - ix. Prepare a Preliminary Assessment Report with recommendations for the Designated Officer. In making recommendations on the seriousness of a potential breach the Assessment Officer should be guided by the factors detailed in The Guide.
3. If, during the Preliminary Assessment, the complaint is found to be unrelated to a breach of the Code or includes details of behaviours that may be managed through another University process, the Assessment Officer will refer the complaint back to the Designated Officer with this finding. The Designated Officer may refer the complaint, or parts of the complaint, to another process pursuant to the relevant University Policy, Code, Procedure or Enterprise Agreement.
  4. The risk assessment will be updated periodically throughout the Preliminary Assessment.
  5. The Assessment Officer may seek to interview a complainant or respondent where this is considered necessary to complete the Preliminary Assessment. Where this occurs parties must be advised of the option to bring a support person.
  6. During the Preliminary Assessment, and prior to completing the Assessment Report, a complainant and/or respondent, as appropriate, should be invited to provide feedback and clarify information provided, within a specified timeline provided by the Assessment Officer.
  7. Upon consideration of the Preliminary Assessment Report, the Designated Officer will determine on the basis of the information available whether the allegation of a breach of the Code should be:
    - i. Dismissed.
    - ii. Resolved locally with or without corrective actions.
    - iii. Referred for Investigation.
    - iv. Referred to other institutional processes.
  8. The Complainant and Respondent will be notified in writing of the outcome of the Preliminary Assessment with sufficient information to explain how the decision was reached in relation to each allegation. The level of information provided to the Complainant in relation to the outcome will vary on a case-by-case basis and will depend on the details received in the complaint, the significance of the matter to the Complainant, confidentiality and privacy considerations, and the safety and wellbeing of all parties.
  9. Where the complaint is referred to investigation, the information provided to the Complainant and Respondent must include:
    - a statement outlining the complaint and allegation/s, in an appropriate level of detail and the respondent will be invited to respond in writing
    - a statement of their responsibility to maintain confidentiality and comply with the Code and right to support, safety and procedural fairness as outlined in the Policy
    - the option to utilise a support person and a clear statement of the support persons role, as per The Guide



- a summary of the process that was undertaken
- the outcome of the Preliminary Assessment
- an overview of the next steps in the process
- available support services.

## 8 Referral to Investigation

1. Where the Respondent admits to the allegation(s) in full the Designated Officer may make a finding that a breach of the Code has occurred, the extent of the breach, and recommend actions to the REO for determination.
2. Where the Respondent denies the allegations in full or part the Designated Officer may convene a Panel to conduct an Investigation.

## 9 Investigation

1. The purpose of the Investigation is to make findings of fact and make recommendations to enable the Responsible Executive Officer (REO) to determine whether a breach of the Code has occurred, the extent of the breach and recommended actions.

### Composition of the Panel

2. In convening a Panel, the Designated Officer will:
  - Develop the Terms of Reference for the Investigation.
  - Appoint members of the Panel including a Chair.
  - Seek legal advice on matters of process where necessary.
3. In determining the size and composition of the Panel, factors such as the potential consequences for those involved, the seniority of those involved and the need to maintain public confidence in research should be considered. The Designated Officer may determine that some or all Panel members should be external to the University to ensure independence from both the University and the parties involved.
4. In selecting Panel members, the Designated Officer will consider:
  - The expertise and skills required
  - An appropriately qualified Chair.
  - Appropriate level of experience and expertise in the relevant discipline.
  - The need for prior experience of similar investigation panels or other relevant experience.
  - Knowledge and understanding of the responsible conduct of research.
  - Appropriate number of members.
  - Actual or perceived conflicts of interest.
  - Gender/diversity of members.



5. Once members have been selected, the Respondent and Complainant will be advised of the Panel's composition and provided an opportunity to raise specific concerns.
6. Panel members will be appointed in writing and external members indemnified. Panel members are expected to:
  - Comply with applicable University policies and procedures.
  - Work within the Terms of Reference for the Panel.
  - Respect undertakings of confidentiality.
  - Identify and manage risk.
  - Remain sensitive to participants' welfare and flexible according to individual needs to ensure a fair investigation.
  - Adhere to the principles of procedural fairness.
  - Complete the investigation in a timely manner.
  - Prepare a written report documenting findings of fact and recommendations.
7. The Research Integrity Team will provide secretariat support to the Panel, develop a timeframe and communication plan, update the risk assessment and maintain the record of evidence.

### **Conduct of the Investigation**

8. Prior to its initial meeting, Panel members will be:
  - i. Required to sign a confidentiality agreement and a conflict of interest declaration.
  - ii. Provided with all available information including the Terms of Reference, initial complaint, Preliminary Assessment Report, information gathered by the Assessment Officer, records of communication with the parties.
9. During its initial meeting the Panel should:
  - i. Disclose and manage relevant interests. If an interest cannot be managed, the relevant Panel member must be recused.
  - ii. Develop an investigation plan based on the Terms of Reference.
10. Any party who attends the Panel will be given adequate notification and advised that they may bring a Support Person.
11. The principles of procedural fairness generally do not include a right to legal representation. The Panel may permit legal or specialist representation at its discretion. The Panel may then seek a similar level of representation.
12. Where the Panel considers that a person may be unable to represent themselves adequately due to the complexity of the matter the Panel may take steps to ensure procedural fairness, such as through allowing extra time to consider matters or encouraging a greater reliance on written evidence.
13. The Respondent will be provided with an opportunity to respond to the allegation(s) and relevant evidence, and to provide additional relevant information. If the Respondent chooses not to respond or attend the Panel, the investigation will continue in their absence.



14. Where interviews take place, persons interviewed must be given the opportunity to review the notes of the meeting, transcript or recording of their interview and provide corrections or clarification within a specified timeframe.
15. The Complainant may be given the opportunity to respond to relevant information used in the Investigation, for example if they are directly affected by the outcome of the investigation.
16. The Panel may request the Designated Officer to amend the scope of the Investigation and/or Terms of Reference during the Investigation on the basis of new information. The Respondent and relevant others will be advised and given the opportunity to respond to any new material or allegations which arise, where appropriate.
17. The Panel is to make findings on:
  - i. Whether, having regard to evidence and on the balance of probabilities, there has been a breach of the Code for each allegation
  - ii. The seriousness of the breach(es)
  - iii. Other matters such as urgency provisions, systemic issues and/or appropriate referrals to other University processes or external bodies.

In considering the seriousness of a breach, the Panel may have regard to the following factors:

- i. The extent of the departure from accepted practice
- ii. The extent to which research participants, the wider community, animals and the environment are, or may have been, affected by the breach
- iii. The extent to which it affects the trustworthiness of research
- iv. The level of experience of the researcher
- v. Whether there are repeated breaches by the researcher
- vi. Whether institutional failures have contributed to the breach
- vii. Any other mitigating or aggravating circumstances.

### **Outcomes of the Investigation**

18. On completion of the Investigation, the Panel will prepare a draft final Investigation Report which outlines the findings of fact and any recommendations in accordance with the Terms of Reference. The draft final report, or a summary of the relevant information from the report, will be provided to the Respondent for comment on the factual correctness of the information. The draft final report or report summary may also need to be provided to the Complainant if their interests may be directly affected by the outcome.
19. Following consideration of any submissions provided in response to the draft report, the Panel will finalise its report on the findings of fact, any mitigating circumstances, any systemic issues identified and recommendations for appropriate corrective actions. If the Panel did not come to a consensus, dissenting views will also be detailed in the report.
20. The Panel will endeavour to provide the Investigation Report to the Designated Officer within fourteen (14) calendar days of completion of the Investigation.
21. The Designated Officer will consider the report and provide the final report to the Responsible Executive Officer with recommendations.
22. On receipt of the Investigation Report, The Responsible Executive Officer:



- May accept or reject some or all the recommendations made by the Panel; may ask for clarification or additional information; may identify procedural or procedural fairness issues with the management of the investigation; and otherwise determine the outcome of the investigation.
- The determination may include dismissing the allegations, initiating a review of the procedures used to arrive at the recommendations, initiating a new investigation, requesting the Panel re-convene to consider feedback in response to the Investigation Report, or making referrals to other decision makers or processes where outside the scope of their authority.
- Decides the University's response and corrective and remedial actions, within the scope of their delegated authority, taking into account the Investigation Report recommendations, the seriousness of the breach (minor or major) and any mitigating circumstances, the relevant Enterprise Agreement, and whether other institutions/relevant parties should be advised.

### **Corrective actions**

23. Corrective actions in response to a breach must be proportionate to the severity of the breach.

### **Minor Breaches**

24. A finding of a minor breach of the Code may lead to corrective actions that may include:
- Administrative corrections
  - Mediation
  - Mentoring
  - Professional development
  - Rectification of the breach and, if relevant, resubmission of the relevant work
  - Notification to external institutions such as grant or funding providers or home institution if the Respondent is a visitor to the University
  - Actions as outlined in the University Student Conduct Rules and Procedures.

### **Major Breaches**

25. A finding of a major breach of the Code may lead to corrective and/or disciplinary actions where deemed appropriate and in accordance with the relevant enterprise agreement.
26. Corrective actions in response to a major breach may include:
- Administrative corrections
  - Mediation
  - Mentoring
  - Professional development
  - Rectification of the breach and, if relevant, resubmission of the relevant work
  - Notification to external institutions such as grant or funding providers or home institution if the Respondent is a visitor to the University





- Actions as outlined in the University Student Conduct Rules and Procedures.

### **Corrective Actions Plan**

27. A Corrective Actions Plan to implement the decision of the REO will be developed by the Research Integrity Team, detailing the corrective actions required, the person responsible for each action and the nominated completion date for each action.
28. The Executive Dean or equivalent is responsible for overseeing any corrective actions required. The Executive Dean or equivalent is responsible for reporting to the REO and the Research Integrity Team regarding the corrective actions and their resolution on an agreed timeframe.
29. Where systemic issues are identified, a Corrective Actions Plan will be developed by the Research Integrity Team and referred to the appropriate University process.

### **Other**

30. Recommendations that disciplinary actions may be required for staff will be referred to People and Culture for consideration, per Definitions 'Disciplinary Actions' of this Procedure.
31. Recommendations that disciplinary actions may be required for students and HDR candidates will be managed per Definitions 'Disciplinary Actions' for this Procedure.
32. If at any stage potential fraud or corruption, or other breach of the University Code of Conduct or other University policies is identified, it must be referred to the appropriate University process in a timely manner.
33. The University may take action under the relevant code of conduct if a person makes an allegation that is frivolous or in bad faith. Examples of frivolous or bad faith include, but are not limited to:
  - Fabricating a complaint
  - Making a trivial complaint
  - Making repeated unsubstantiated complaints
  - Seeking to re-visit complaints that have been raised and addressed previously
  - Falsifying identity.

### **Communicating the Findings**

34. The Responsible Executive Officer's decision/s will be made in writing to the Designated Officer in a timely manner.
35. Following receipt, the Designated Officer will notify the Complainant and Respondent of the determination in a timely manner. The notification will include:
  - A summary of the Investigation Report highlighting the facts of the matter on which the decisions were based.
  - An outline of the next steps to be taken.
  - Information about support available.
36. The Designated Officer will endeavour to contact the immediate supervisor or alternative to ensure adequate support is in place prior to communicating the outcome to the Respondent and Complainant, where appropriate to do so.





37. The Designated Officer will also:
- Notify the relevant Executive Dean or equivalent of the outcome of the investigation and any remedial actions they are responsible for.
  - Facilitate the completion of any corrective actions.
  - Refer any recommendations regarding disciplinary actions to appropriate channels in accordance with University policy.

## Review

38. The purpose of a review is to consider whether there were deficiencies of procedural fairness during an Investigation and, accordingly, make findings about the outcome.
39. A request for a review of the Responsible Executive Officer's decision must be lodged in writing by the Respondent, or the Complainant if they are directly affected by the outcome, -to the Research Integrity Team at [uow-researchintegrity@uow.edu.au](mailto:uow-researchintegrity@uow.edu.au) within twenty (20) working days of notification of the outcome of the Investigation
40. The request must:
- i. Clearly state the procedural fairness reason/s for the request for review.
  - ii. Include all relevant documentary evidence to support the request for review.
41. The Research Integrity and Ethics Office will endeavour to acknowledge the request for a review within five (5) working days of receipt and advise the expected timeline for the decision about the request.
42. The Designated Officer can decide to accept or reject the request for a review, on the basis that it does, or does not, relate to procedural fairness.
43. Where the request for review is accepted, the Designated Officer or delegate will appoint a Review Officer who was not involved in the original decision to conduct the review. It may be necessary to appoint an external person with relevant experience and knowledge to this role.
44. The Review Officer should endeavour to complete the review within twenty eight (28) calendar days, and:
- Will either dismiss or uphold the findings of the Responsible Executive Officer (the decision maker).
  - May uphold the findings yet identify procedural issues during the management of the matter. If this is the case, the Review Officer may make recommendations to improve future processes.
  - May set aside the findings of the Responsible Executive Officer (the decision maker) if satisfied that there has been a breach of procedural fairness that had a material impact on the findings made, conclusions drawn, or consequence imposed. If this is the case, the Review Officer may recommend that part or all of the investigation be conducted afresh in a manner that ensures, to the extent possible, that there can be no actual or apprehended bias. This includes appointing different people to the various decision making roles, where possible.
45. Upon completion of the review, the Review Officer will communicate the outcome to the REO, the Research Integrity Team and any other relevant party to action recommendations as appropriate. The Research Integrity Team will notify the outcome to the person requesting the review.



46. Respondents and Complainants must be advised that they may apply to external bodies such as the Australian Research Integrity Committee and the Ombudsman for an external review of the University's investigative processes into potential breaches of the Code.

## 10 Roles & Responsibilities

1. Assessment Officer (AO): Conducts a Preliminary Assessment and provides a Preliminary Assessment Report for the Designated Officer.
2. Designated Officer (DO) is a senior officer of the University e.g., a DVC or the Associate Director of Research Integrity and Ethics, or their delegate, and is responsible for:
  - Receiving complaints.
  - Overseeing the management and investigation of complaints.
  - Appointing the Assessment Officer on a case by case basis. May act as the AO.
  - Determining whether a potential breach of the Code has occurred, and if so, how it should be managed in accordance with Section 9.22 of this Procedure.
  - Determines whether a review of an investigation is required and if so, appoints the RO.
3. Executive Dean or equivalent within a Department or Centre, is responsible for:
  - Overseeing the implementation of corrective actions arising from a preliminary assessment or investigation, or appointing a delegate to do so.
  - Reporting on the implementation of corrective actions to the Responsible Executive Officer and the Research Integrity Team.
4. The Panel is appointed by the REO on a case-by-case basis and is responsible for:
  - Conducting an investigation of the allegations consistent with its terms of reference.
  - Providing a Final Report detailing the findings of fact and any recommendations for the REO.
5. Research Integrity Advisor (RIA):
  - Is nominated by the University to promote the responsible conduct of research.
  - Has knowledge of the Code and institutional processes.
  - Provides advice to those with concerns or complaints about potential breaches of the Code.
6. Research Integrity Team (RIT) is responsible for:
  - Promoting and supporting responsible research practices by researchers at the University.
  - Receiving concerns, complaints or allegations on behalf of the DO about a potential breach of the Code.
  - Providing administrative support to the Investigation Panel, the REO and/or the DO in undertaking their functions according to this procedure.



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7. Responsible Executive Officer (REO) is a senior officer at the University such as a Deputy Vice Chancellor (normally the DVC responsible for research integrity), Vice-Chancellor or Chief Executive Officer and is responsible for:
  - Determining whether to commence an Investigation.
  - Issuing urgency provisions.
  - Issuing the terms of reference for the Investigation Panel.
  - Appointing members of the Investigation Panel.
  - Receives the Final Investigation Report and determines whether a breach of the Code has occurred and if so, the action to be taken.
8. Review Officer (RO) is a Deputy Vice Chancellor (or officer of similar seniority) not in the role of REO for the same matter, or their delegate, and is responsible for conducting a review of an Investigation on the grounds of procedural fairness where required.



## 11 Version Control and Change History

Version Control	Date Effective	Approved By	Amendment
1	3 November 2023	Vice-Chancellor	New Policy replacing the Research Misconduct and Complaints Management Procedure (rescinded).