

Managing and Investigating Potential Breaches of the QUT Code for Responsible Conduct of Research Policy

Section 1 - Purpose

(1) This Policy sets out the governing principles for the management and investigation of breaches of QUT's Code for responsible conduct of research, the 'QUT Research Code' ([QUT Code for Responsible Conduct of Research](#)).

Section 2 - Application

(2) This Policy is for managing and investigating potential breaches of the QUT Research Code by individuals involved in QUT research activities or by those who disclose their research in QUT's name, including:

- a. QUT employees, regardless of employment type, who undertake or provide assistance or support to research activities;
- b. postgraduate research students;
- c. visiting and adjunct academics or other academic or research collaborators;
- d. volunteers who contribute to or act on behalf of the University (e.g. associate Supervisors of students);
- e. individuals associated with QUT related entities; and
- f. consultants and independent contractors undertaking research-related services for QUT.

Section 3 - Roles and Responsibilities

Position	Role	Responsibility
Vice-Chancellor and President (may be delegated)	Responsible Executive Officer	Receives reports of the outcomes of processes of assessment or investigation of potential or actual breaches of the QUT Research Code and decides on actions to be taken.
Head of Research Portfolio (may be delegated)	Designated Officer (DO)	Receives complaints or concerns about the conduct of research or potential breaches of the QUT Research Code (delegated to the Director, Office of Research Ethics and Integrity). Oversees management and, where necessary, investigation of complaints.
Executive Dean/Head of Division		Makes determination, after conduct of initial assessment, on whether complaint should be escalated to Designated Officer for preliminary assessment.
Head of School		Conducts initial assessment of complaint and provides advice to Executive Dean/Head of Division.
Director, Office of Research Ethics and Integrity (may be delegated)	Assessment Officer (AO)	Coordinates the conduct of a preliminary assessment of a complaint or concern about research.

Position	Role	Responsibility
A senior QUT officer or external person	Review Officer (RO)	Conducts a procedural review of a research misconduct investigation.
Research Integrity Advisors (RIAs)	Senior academic members appointed by Executive Dean	Explains the options open to any person having raised a concern or made a concern or a complaint about the conduct of research.

Section 4 - Breaches of the QUT Research Code

(3) A failure to meet the principles and responsibilities in the QUT Research Code will constitute a breach of the QUT Research Code. A breach may occur on a single or on multiple occasions.

(4) The University recognises that breaches of the QUT Research Code will range in severity. Serious (major) breaches would typically require investigation while some minor breaches may be dealt with at the local level in accordance with Section 6, Initial Assessment.

(5) Serious breaches of the QUT Research Code may be considered to constitute research misconduct if the breach is also intentional or reckless or negligent or is repeated or persistent.

Section 5 - Receipt and Management of Complaints

Making a Complaint

(6) A complaint about a potential breach of the [QUT Code for Responsible Conduct of Research](#) can arise when there is a reasonable suspicion that one or more researchers have not conducted research in accordance with the principles and responsibilities of the QUT Research Code. Any person who considers that research at QUT has not been conducted in a responsible manner may raise concerns and have allegations managed in accordance with this Policy.

(7) Complaints should be made in writing, in a timely manner, and contain as much relevant information as possible.

(8) Complaints may be made to the University in a number of ways, including:

- internally from staff, students or committees;
- QUT's own investigations, such as internal audits;
- a report from inside QUT a report or complaint from outside QUT, such as a client, funder, collaborator or a member of the public;
- an allegation reported in the media;
- a referral from another organisation.

(9) All complaints relating to a potential breach of the QUT Research Code should be directed to the Director, Office of Research Ethics and Integrity (Director OREI). The Director OREI may request additional information from the complainant, and will refer the matter according to Referral of Complaints below.

(10) Complaints alleging potential breaches of the [QUT Code for Responsible Conduct of Research](#) will be acknowledged within five working days.

(11) Anonymous complaints will be considered and investigated where they identify potential breaches of the QUT Research Code. Any investigation will be based on the information provided and may be limited by the anonymity of the complainant.

Referral of Complaints

(12) Any complaints that are considered serious may be escalated to the Designated Officer (DO) in the first instance to progress to the Second Step – Preliminary Assessment (Section 7).

(13) Any complaint that may constitute a public interest disclosure (PID) must be referred to the Vice-President (Administration) and University Registrar for action (Section 14, Public Interest Disclosure). Allegation of corrupt conduct must also be referred to Vice-President (Administration) and University Registrar for assessment in accordance with the [Crime and Corruption Act 2001](#)

(14) The Director, Office of Research Ethics and Integrity will refer the complaint for initial assessment by the relevant head as follows.

If the respondent is:	Referral to:
Faculty/division	Head of School/Department
Head of School/Associate Dean/Head of Department	Executive Dean or equivalent
Current or former higher degree research student	Principal Supervisor's Head of School. If principal Supervisor not formally aligned to a school then to relevant Executive Dean
Other	Head of Research Portfolio - Designated Officer
Designated Officer	Vice-Chancellor and President

(15) Where a complaint involves more than one respondent, requiring referral to different individuals, the Director, Office of Research Ethics and Integrity will determine the individual responsible for conducting the initial assessment, in consultation with others involved. All relevant parties will be notified of this decision and the outcome of the initial assessment.

Section 6 - First Step - Initial Assessment

Conduct of Initial Assessment

(16) The relevant head will assess the complaint to establish whether the matter may be resolved at the local level or whether it may constitute a potentially serious breach or research misconduct, in which case it should be referred to the Designated Officer (DO).

(17) The initial assessment will consider the allegations, supporting information or evidence, the definitions of breach and research misconduct in this Policy, and any contextual information including:

- a. the extent of the departure from accepted practice;
- b. the extent to which research participants, the wider community, animals and the environment are, or may have been, affected by the breach;
- c. the extent to which the alleged breach may affect the trustworthiness of the research;
- d. the level of experience of the researcher;
- e. whether there is a pattern of breaches by the researcher;
- f. whether institutional failures have contributed to the breach; and
- g. any other mitigating or aggravating circumstances.

Consultation during Assessment

(18) The relevant head may consult any other person as deemed necessary to undertake this initial assessment, including:

- a. requesting further information or clarification from the complainant;
- b. seeking advice from the relevant Executive Dean, Head of Division or Designated Officer (DO);
- c. seeking advice from the Office of Research Ethics and Integrity;
- d. seeking advice from the Vice-President (People) and Chief People Officer; and
- e. discussing with the respondent/s whilst maintaining the confidentiality of the complainant.

Outcome of Initial Assessment

(19) On completion of this initial assessment, the relevant head will provide advice to the Executive Dean or Head of Division.

(20) After consideration of this advice, and following any further investigation and information gathering as required, the Executive Dean of the relevant faculty or Head of Division will determine:

- a. that the alleged breach is minor in nature and can be appropriately addressed at the local level;
- b. that the alleged breach is more serious in nature and may constitute potential research misconduct and will escalate to the Designated Officer (DO) for further action; or
- c. that the complaint does not represent a breach of the QUT Research Code and may be dismissed or referred to other institutional processes.

(21) It is incumbent on the Executive Dean or head of division to make a reasoned decision when determining the seriousness of the breach. All decisions and reasons for those decisions must be documented and retained in accordance with the [Records Governance Policy](#). The outcome of all local level initial assessments must be reported back to the Director, Office of Research Ethics and Integrity (OREI).

Allegations Deemed to be Minor Breaches

(22) Where the decision is made that the matter constitutes a minor breach and can be dealt with at the local level, the Executive Dean or Head of Division must notify the complainant(s) in writing.

(23) If the complainant(s) does not support this approach, they may refer the matter directly to the Designated Officer (DO).

Allegations Deemed to be Potential Serious Breaches or Potential Research Misconduct

(24) Where the decision is made that allegations constitute a potentially serious breach or research misconduct, the Executive Dean or Head of Division must refer the matter to the Designated Officer (DO) and notify the complainant and respondent in writing that the matter has been so referred.

(25) The referral to the Designated Officer (DO) must:

- a. identify the respondent/s to the complaint;
- b. identify the type of activity that is alleged to have occurred;
- c. identify relevant details as accurately as possible, including the date(s) and place(s) when and where the alleged activity occurred; and
- d. provide as much supporting evidence as possible.

Section 7 - Second Step - Preliminary Assessment

(26) The purpose of the preliminary assessment is to gather facts and information and evaluate the evidence to establish whether or not the potential serious breach of the QUT Research Code warrants further investigation.

Conduct of Preliminary Assessment

(27) On receipt of a complaint or referral after the completion of an initial assessment, the Designated Officer (DO) may authorise the Assessment Officer (AO) to undertake a preliminary assessment of the potential breach of the QUT Research Code.

(28) The Assessment Officer (AO) is responsible for the conduct of the preliminary assessment and will consult with the Designated Officer (DO) and any other persons as required. The Assessment Officer (AO) must consider, where applicable, the involvement of those in supervisory roles and the role of other institutions in the matter.

Outcome of the Preliminary Assessment

(29) On completion of the preliminary assessment, the Assessment Officer (AO) will provide a report to the Designated Officer (DO).

(30) On receiving the Assessment Officer's (AO's) preliminary assessment report, the Designated Officer (DO) may interview or seek further information or clarification from the complainant(s) and/or respondent(s).

(31) After consideration, the Designated Officer (DO) may determine that:

- a. the complaint should be referred for action to alternative QUT processes not related to conduct in research, such as managing misconduct or serious misconduct ([Disciplinary Action for Misconduct and Serious Misconduct Policy - Senior Staff](#); clause 45 of the [Enterprise Agreements \(Academic Staff\)](#) and clause 54 of the [Enterprise Agreements \(Professional Staff\)](#)), managing of unsatisfactory performance ([Managing Unsatisfactory Performance Policy - Senior Staff](#); Clause 44 of the [Enterprise Agreements \(Academic Staff\)](#) and clause 53 of the [Enterprise Agreements \(Professional Staff\)](#)), or in the case of postgraduate research students, managing misconduct ([Management of Student Misconduct Policy](#));
- b. further investigation is warranted or that the complaint is potentially research misconduct and make a recommendation to the Vice-Chancellor and President to constitute a research misconduct investigation to examine the matter (Section 8, Third Step);
- c. a complaint can be resolved without the need for further investigation, with or without corrective actions;
- d. the complaint should be dismissed.

(32) If necessary, the Designated Officer (DO) may need to arrange for appropriate notifications to be made to regulatory and professional bodies, e.g. Australian Health Practitioners Regulatory Agency (APHRA), Australian Securities and Investment Commission (ASIC); funding bodies, e.g. National Health and Medical Research Council (NHMRC), Australian Research Council (ARC); or the employer organisation (if the respondent/s is not a QUT staff member).

Section 8 - Third Step - Referral to the Vice-Chancellor and President

Advice to the Vice-Chancellor and President

(33) Upon completion of a preliminary assessment and where the matter progresses to this stage, the Designated

Officer (DO) will, in a timely manner (typically within a two-week timeframe) provide the Vice-Chancellor and President with:

- a. the preliminary assessment report, which contains findings about whether a case of prima facie research misconduct exists;
- b. a copy of the complaint, advice and recommendations of the Executive Dean or Head of Division, and all other relevant information (if applicable); and
- c. written advice on how the matter should proceed.

(34) After providing advice to the Vice-Chancellor and President, the Designated Officer (DO) should not participate any further in the matter, except where called to give evidence or expert opinion.

Decision by the Vice-Chancellor and President

(35) The Vice-Chancellor and President will consider the Designated Officer's (DO's) advice. The Vice-Chancellor and President may decide:

- a. that, based on admissions made, or other information received during the preliminary assessment, the matter should proceed to the appropriate institutional disciplinary processes;
- b. that despite admissions made by the respondent, it may be necessary to conduct further investigation to identify appropriate corrective actions, other parties that may be involved or other necessary steps;
- c. that further information is required before it can be determined whether a case of research misconduct exists; or
- d. to convene an internal or external research misconduct investigation (Refer to Section 9 below).

(36) The Designated Officer (DO) must be informed where the Vice-Chancellor and President decides not to proceed to an investigation. The Designated Officer (DO) will notify the complainant and respondent/s of the outcomes in writing.

Section 9 - Fourth Step - Research Misconduct Investigation

(37) The purpose of the investigation is to provide information and advice to allow the Vice-Chancellor and President to determine whether a breach of the QUT Research Code has occurred, the extent of the breach, whether it constitutes research misconduct and the recommended actions.

Commencement of an Investigation

(38) If the Vice-Chancellor and President decides to convene a research misconduct investigation, the following interested parties will be advised in writing:

- a. the Designated Officer (DO);
- b. the complainant;
- c. the respondent;
- d. the Vice-President (People) and Chief People Officer;
- e. the Vice-President (Administration) and University Registrar, who will consider whether action is required (if not already taken) under the [Public Interest Disclosure Act 2010](#)(Qld) or [Crime and Corruption Act 2001](#)(Qld); and
- f. any other relevant interested parties, including funding bodies or collaborating institutions.

(39) In determining whether an internal or external research misconduct investigation is required, the Vice-Chancellor

and President will have regard to:

- a. the potential consequences for the complainant(s), respondent(s) and other interested parties in the event of a finding of research misconduct;
- b. any (perceived or actual) conflicts of interest;
- c. the need to maintain public confidence in research and the University; and
- d. the need, if relevant, to meet legislative requirements or the reasonable requirements of an external funding body.

Research Misconduct Investigation Panel

(40) The Vice-Chancellor and President may elect to convene either an internal or external research misconduct investigation panel. Panels must include a person appropriately qualified as Chair, approved by the Vice-Chancellor and President.

(41) An internal research misconduct investigation panel will be constituted with a minimum membership of three people, affiliated with QUT, comprised of at least:

- a. one member with knowledge of and experience in the relevant field of research;
- b. one member who is familiar with [QUT Code for Responsible Conduct of Research](#); and
- c. one member with experience on similar panels, or other relevant expertise; and/or
- d. an external member if required.

(42) An external research misconduct investigation panel will be constituted with a minimum membership of three members external to the University, with at least:

- a. one member who is legally qualified or has extensive experience as a member of a tribunal or similar body; and
- b. one member who has knowledge and research experience in a relevant or related field of research.

(43) The secretariat support for the panel will be provided by staff from the Office of Research Ethics and Integrity.

(44) All members of research misconduct investigations panels are to be free of bias and conflicts of interest and will be appropriately indemnified in accordance with the [Indemnity and Insurance Policy](#).

(45) The research misconduct investigation panel will establish procedures in accordance with the rules of natural justice and the specific requirements set out in the [QUT Code for Responsible Conduct of Research](#) and the [Australian Code for the Responsible Conduct of Research, 2018](#).

(46) At the conclusion of the investigation, the panel will provide a written report to the Vice-Chancellor and President, which outlines its findings and the reasons for those findings, having regard to the evidence and findings of fact to the panel's reasonable satisfaction, stating whether the principles and responsibilities of the [QUT Code for Responsible Conduct of Research](#) have been breached and what (if any) research misconduct has occurred.

Section 10 - Fifth Step - Determination by the Vice-Chancellor and President

(47) Upon receipt of the findings of a research misconduct investigation, the Vice-Chancellor and President will consider the findings, decide whether to accept them, and determine what further action should be taken (if any).

No Evidence to Support a Breach of the QUT Research Code

(48) If the Vice-Chancellor and President determines that there has been no finding of a breach of the QUT Research Code, the respondent is to be advised and provided with appropriate support.

(49) Where there is no finding of a breach the following will need to be considered:

- a. if the allegation has no basis in fact (e.g. due to a misunderstanding or because the complaint is frivolous or vexatious, or lacks substance or credibility) then efforts must be taken to restore the reputation of those alleged to have engaged in research misconduct;
- b. if an allegation is considered to have been frivolous or vexatious, action will be taken in accordance with Section 14, Frivolous and vexatious complaints;
- c. the mechanism for communication with, and support for, the respondent and complainant, including:
 - i. any considerations regarding the appropriateness and proportionality of any sanctions imposed;
 - ii. the reputations of both the complainant and respondent depending on the findings, and
 - iii. considerations around communication with employees that have left QUT, publishers, and other people involved in the complaint external to the University.

Insufficient Evidence for an Investigation Panel to make Findings

(50) There may be times when the investigation panel concludes that there is insufficient evidence to support a finding of a breach of the QUT Research Code.

(51) In cases where the investigation panel may have formed the view that a differently constituted investigation with different or wider terms of reference may be more likely to reach a conclusion. This should be considered as a finding and be articulated in the final report.

(52) If the Vice-Chancellor and President accepts that the investigation panel is unable to make findings with sufficient confidence, or to reach a conclusion, the Vice-Chancellor and President should consider whether a further investigation is required, with a differently constituted inquiry panel, and/or different terms of reference.

Evidence to Support a Breach of the QUT Research Code

(53) Where the Vice-Chancellor and President concludes that a breach of the QUT Research Code has been found, the Vice-Chancellor and President must determine QUT's response and actions, taking into account the seriousness and scale of the breach, including whether other institutions, publishers or external bodies must be advised.

Section 11 - Communicating the Investigation Findings

(54) The Vice-Chancellor and President should notify the complainant, the respondent, the Designated Officer, the Vice-President (People) and Chief People Officer, the executive dean of the relevant faculty or head of division, the Director, Office of Research Ethics and Integrity, and any other interested parties (as appropriate) of the outcome of the investigation and further action (if any) to be taken.

(55) If appropriate, the Vice-Chancellor and President may make the findings of an external research misconduct investigation available to the public and/or the relevant funding agency.

Section 12 - Disciplinary Actions

Disciplinary Action for QUT Staff Members

(56) Where a respondent is a QUT staff member and the Vice-Chancellor and President considers at any stage that disciplinary action is warranted, the matter will be managed in accordance with other University disciplinary processes such as misconduct or serious misconduct procedures (e.g. [Disciplinary Action for Misconduct and Serious Misconduct Policy - Senior Staff](#); [Enterprise Agreements \(Academic Staff\)](#) clause 45; [Enterprise Agreements \(Professional Staff\)](#) clause 54) or unsatisfactory performance procedures (e.g. [Managing Unsatisfactory Performance Policy - Senior Staff](#); [Enterprise Agreements \(Academic Staff\)](#) clause 44; [Enterprise Agreements \(Professional Staff\)](#) clause 53).

Research Misconduct Concerning Persons other than current QUT Staff and Students

(57) Where concerns relate to the conduct of a person who is no longer a QUT researcher, an investigation to establish the facts of the matter may still proceed, to ensure integrity of research and correction of any records where necessary.

(58) Where a respondent is not a current QUT staff member or student and the Vice-Chancellor and President considers that action may be warranted in accordance with this Policy and related procedures or the findings of a research misconduct investigation, this will be managed according to the circumstances of each case.

Section 13 - Mechanisms for Review of Research Misconduct Investigation

Internal Review

(59) The purpose of an internal review mechanism is to resolve any breach of procedural fairness. Notwithstanding mechanisms for appeal under university disciplinary processes, the respondent and/or complainant may request an internal review of the investigation process.

(60) Requests for review must be made by the respondent and/or the complainant within twenty days of receipt of final outcome of the complaint. Requests for review will be made to the Vice-Chancellor and President, who may appoint an internal or external Review Officer (RO).

(61) In considering whether to proceed with a review, the Review Officer (RO) must consider whether the request is substantive having regard to the conduct of the investigation and whether the panel adequately addressed all the issues, was procedurally fair and considered all the evidence.

(62) On completion of the review, the Review Officer (RO) may determine that the original panel reconsider their findings. This could be due to, for example, the presentation of new evidence or the need to consider existing evidence in more detail.

External Review

(63) The Australian Research Integrity Committee (ARIC) undertakes reviews of institutional processes responding to allegations of breaches of the Australian Code for the Responsible Conduct of Research 2018 for institutions that are in receipt of funding from the National Health and Medical Research Council (NHMRC), the Australian Research Council (ARC) and grants specified in items 7, 9, 10 and 11(b), section 41-10, [Higher Education Support Act 2003](#). Following a review, ARIC advises the Chief Executive Officer of the ARC or NHMRC of the outcome of the review and recommendations for further action.

Section 14 - Other Matters

Public Interest Disclosure

(64) Nothing in this Policy prevents a person from making a public interest disclosure ([Public Interest Disclosure Act 2010](#) (Qld)). The Vice-President (Administration) and University Registrar is the responsible officer for receiving and acting on public interest disclosures at the University ([Public Interest Disclosure Management Policy](#)), and must be advised as early as possible where action may be required under this Act.

(65) Nothing in this document prevents a person from making allegations of misconduct under the [Crime and Corruption Act 2001](#). The Vice-President (Administration) and University Registrar is the responsible officer for receiving and acting on allegations of corrupt conduct at the University ([Code of Conduct - Staff](#)).

Participation in Research Misconduct Processes

(66) The University may issue reasonable and lawful directions to staff and students in relation to their participation in any preliminary investigation, or research misconduct investigation.

Restoration of Reputation

(67) If allegations of research misconduct or breaches of the QUT Research Code are shown to be unsubstantiated, the University will take reasonable steps to reinstate the reputation of the respondent where this may have been damaged.

Misconduct or Unsatisfactory Performance unrelated to Research

(68) If at any stage in the application of this Policy and procedures it is considered that misconduct or unsatisfactory performance may have occurred which is not related to research activities, the relevant allegations may be referred to an appropriate officer for management in accordance with relevant policies and procedures.

External Obligations and Reporting

(69) When allegations are made, the University may have an obligation to make statutory reports to other external organisations.

Frivolous and Vexatious Complaints

(70) Individuals are expected to make complaints in good faith and complaints must not be vexatious, frivolous, misconceived or completely without substance. This procedure is not to be used as a forum for revenge, retribution or mischief.

(71) Examples of frivolous, vexatious and bad faith complaints include (but are not limited to):

- a. fabricating a complaint to get another person into trouble;
- b. making trivial or petty complaints;
- c. making repeated, unsubstantiated complaints; or
- d. seeking to re-agitate issues that have already been addressed or determined.

(72) At any stage where such behaviour is suspected, this matter may be referred to the Vice-President (Administration) and University Registrar who may make an assessment that the complaint is vexatious, frivolous, misconceived, without substance or that an alternative University policy is applicable to the subject matter of the complaint and, therefore, the matter will not be progressed through this procedure.

(73) The Vice-President (Administration) and University Registrar will advise the complainant in writing and invite them to respond within ten working days, before the Vice-President (People) and Chief People Officer makes a final determination in this matter.

(74) Persons making frivolous or vexatious complaints may be subject to disciplinary action ([Code of Conduct - Staff](#), [Code of Conduct - Student](#)).

Record Keeping

(75) At all stages of this procedure, records pertaining to complaints about allegations of research misconduct and any related assessments, investigations and determinations must be retained and stored appropriately in accordance with QUT's [Records Governance Policy](#) and [Information Privacy Policy](#). The Director, Office of Research Ethics and Integrity is responsible for ensuring that records are stored within the University's corporate electronic records system (QRecords).

Confidentiality

(76) Confidentiality will be respected and maintained by all persons involved in the complaint at all times, except where it is necessary to afford natural justice or to ensure matters are investigated adequately. Where it is necessary to disclose confidential information, relevant parties will be advised.

Conflicts of Interest

(77) If at any stage any persons associated with an allegation of research misconduct process has, or is perceived to have, a conflict of interest in the relevant matter, their involvement must be managed in accordance with the University's [Conflict of Interest Policy](#).

Engaging with Complainant

(78) Where the complainant may be directly affected by the outcome of an investigation they will only be provided with as much information as is necessary to assure them that the complaint has been considered appropriately. The outcome of a complaint will be advised to a complainant who only has a general concern in the matter.

Communicating with the Respondent

(79) At all stages of this procedure, the respondent should be informed of the outcomes and proposed actions, where appropriate in a timely manner. The respondent should be provided the opportunity to respond to the allegation and relevant evidence, provide additional evidence, and raise concerns. Records of any meetings should be prepared and the respondent provided with a copy. If the respondent chooses not to respond investigation of the matter will continue in their absence.

Procedural Fairness

(80) The management and investigation of complaints about potential breaches of the [QUT Code for Responsible Conduct of Research](#) will be conducted in accordance with this procedure or otherwise in a way that conforms to the principles of procedural fairness and natural justice.

Representation

(81) An interested party appearing before an investigation may be accompanied by a support person who is not their legal representative (that is a person who is currently practising as a solicitor or barrister).

Section 15 - Definitions

Term	Definition
Allegation	Means a claim or assertion arising from a preliminary assessment that there are reasonable grounds to believe a breach of the QUT Research Code has occurred. May refer to a single allegation or multiple allegations.
Assessment Officer (AO)	Means a person appointed by the Designated Officer to conduct a preliminary assessment of a concern or complaint about research. May refer to a single Assessment Officer (AO) or multiple Assessment Officer's (AO's).
QUT Research Code	Means QUT Code for Responsible Conduct of Research .
Breach	<p>Means behaviour by a researcher that fails to meet the principles or responsibilities of the QUT Research Code, or fails to comply with relevant policies or legislation. May refer to a single breach or multiple breaches. Examples of breaches of the QUT Research Code include, but are not limited to, the following:</p> <ol style="list-style-type: none"> 1. Research Standards <ul style="list-style-type: none"> ◦ Conducting research without ethics approval or not as approved by an appropriate ethics review body. ◦ Conducting research without the required approval, permit or licence. ◦ Misusing research funds. ◦ Concealing or facilitating breaches or potential breaches of the QUT Code for Responsible Conduct of Research by others. 2. Fabrication, Falsification, Misrepresentation <ul style="list-style-type: none"> ◦ Fabrication, falsification or misrepresentation of research data or source material. ◦ Falsification or misrepresentation to obtain funding. 3. Plagiarism <ul style="list-style-type: none"> ◦ Misrepresenting the work of another person as the researcher's own. ◦ Duplicate publication (also known as redundant or multiple publication or self-plagiarism) without acknowledgment of the source. 4. Research Data Management <ul style="list-style-type: none"> ◦ Failure to appropriately maintain research records in a retrievable format. ◦ Inappropriate destruction of research records, research data and/or source material. ◦ Inappropriate disclosure of, or access to, research records, research data and/or source material. 5. Supervision <ul style="list-style-type: none"> ◦ Failure to provide adequate guidance or mentorship on responsible research conduct to researchers or research students under one's supervision. 6. Authorship <ul style="list-style-type: none"> ◦ Failure to acknowledge the contribution of others fairly. ◦ Misleading ascription of authorship, including failing to acknowledge others contribution or awarding authorship to those who do not meet the requirements. 7. Conflict of Interest <ul style="list-style-type: none"> ◦ Failure to disclose and manage a potential, perceived or actual research conflict of interest in accordance with the Conflict of Interest Policy. 8. Peer Review <ul style="list-style-type: none"> ◦ Failure to conduct peer review responsibly.
Complainant	Means a person or persons who has made an official complaint about the conduct of research. May refer to a single complainant or multiple complainants.
Conflict of Interest	Means conflict of interest as defined in the Conflict of Interest Policy .
Designated Officer (DO)	Means a senior institutional officer appointed to receive concerns or complaints about the conduct of research or allegations of breaches of the QUT Code for Responsible Conduct of Research and to oversee their management and, where necessary, investigation. May refer to a single Designated Officer (DO) or multiple Designated Officer's (DO's). At QUT the Designated Officer is the Head of Research Portfolio (may be delegated).
Evidence	Means any document (hard copy or electronic, including e-mail, images and data), tangible item (e.g. biological samples), or testimony offered or obtained to prove or disprove a potential breach of the QUT Code for Responsible Conduct of Research .
Investigation Panel	Refers to the person(s) appointed by QUT to investigate a potential breach of the QUT Code for Responsible Conduct of Research . The composition of the investigation panel must be proportional to the allegation.

Term	Definition
Investigation	Is the term used to describe the action of investigating an allegation of a breach of the QUT Code for Responsible Conduct of Research by an investigation panel, following the preliminary assessment. The purpose of the investigation is to determine whether a breach of the QUT Code for Responsible Conduct of Research has occurred, and, if so, the seriousness of that breach, and to make recommendations about further actions.
Preliminary Assessment	Refers to the process of gathering and evaluating the evidence to establish whether or not the potential breach of the QUT Code for Responsible Conduct of Research warrants further investigation.
Representative	Means a person chosen by the respondent to assist or speak on their behalf, this person may be an officer of a union but will not be a person who is currently practising as a solicitor or barrister.
Research	Means the creation of new knowledge and/or the use of existing knowledge in a new and creative way so as to generate new concepts, methodologies, inventions and understandings. This could include synthesis and analysis of previous research to the extent that it is new and creative.
Research Data	Is any data collected during research that could be used to validate the research findings and/or facilitate the reproduction of the research.
Research Integrity Advisor (RIA)	Is an experienced researcher with knowledge of the QUT Research Code appointed to promote the responsible conduct of research and to provide advice to those with concerns or complaints about potential breaches of the QUT Research Code. A list of Research Integrity Advisers (QUT staff access only) is available from the Office of Research Ethics and Integrity.
Research Integrity Office (RIO)	Is staff with responsibility for management of research integrity at an institution. At QUT this includes staff within the Office of Research Ethics and Integrity.
Research Misconduct	Is a serious breach of the QUT Code for Responsible Conduct of Research which is also intentional or reckless or negligent.
Respondent	Is a person whose conduct is alleged to have breached the QUT Code for Responsible Conduct of Research . May refer to a single person or multiple people.
Responsible Executive Officer	Is the senior officer in an institution who has final responsibility for receiving reports of the outcomes of processes of assessment or investigation of potential or actual breaches of the QUT Code for Responsible Conduct of Research and deciding on actions to be taken. At QUT this is the Vice-Chancellor and President. The Vice-Chancellor and President may delegate the responsibilities of Responsible Executive Officer to another person.
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.

Status and Details

Status	Current
Effective Date	30th May 2022
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Policy Owner	Anne Walsh Director, Office of Research Ethics and Integrity
Author	Anne Walsh Director, Office of Research Ethics and Integrity
Enquiries Contact	Anne Walsh Director, Office of Research Ethics and Integrity <hr/> Academic Division