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Policy Steward: Director, Office Of Research Ethics And Integrity

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Research Integrity and Misconduct Policy (MPF1318)

1. Objective

The objective of this policy is to prescribe the standards of responsible and ethical research conduct required by the University of Melbourne and to facilitate compliance with [The Australian Code for the Responsible Conduct of Research \(2018\)](#) ('the Code') and the supporting 'Guides', including *The Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research (2018)*.

2. Scope

This policy applies to all University students, employees and honorary appointments (noting that honorary appointments may include clinical fellows and emeritus appointments), who are engaged in research and/or research support at the University (for the purposes of this policy, 'researchers'). Where third party contractors or service providers are being engaged by the University to provide research or research support services, that party must be required to comply with this policy (or with obligations that are substantially equivalent to this policy).

3. Authority

This policy is made under the [University of Melbourne Act 2009 \(Vic\)](#) and the [Vice-Chancellor Regulation](#) and is to be read in conjunction with the Code and with any other policies specifically referred to herein.

4. Policy

4.1. The University is committed to ensuring the community can trust the integrity of the University's research by promoting and fostering a culture of best research practice, in which its researchers conduct research honestly, responsibly and ethically. The University requires that its researchers will, adhere to:

- (a) the Principles and Responsibilities of responsible research conduct outlined in the Code; and
- (b) the Procedural Principles described in Section 5 of this policy.

4.2. In accordance with the Code, researchers must appropriately recognise, value and respect the rights of Aboriginal and Torres Strait Islander peoples in the planning, design, conduct and dissemination of research.

4.3. This policy provides guidance and direction for the responsible conduct of research as described by the principles and responsibilities of the Code. For clarity, the University of Melbourne Enterprise Agreement 2018 (EA) has no effect on this policy.

5. Procedural principles

Research Ethics and Biorisk Management

5.1. In addition to their responsibilities under the Code, researchers must comply with the University's Research Ethics and Biorisk Management Policy ([MPF1341](#)).

Research Data and Records

5.2. Researchers must, with respect to research data and records:

- (a) comply with the University's Management of Research Data and Records Policy ([MPF1242](#)), Information Security Policy ([MPF1270](#)), Privacy Policy ([MPF1104](#)) and Records Management Policy ([MPF1106](#));
- (b) create and maintain research records to document all research processes and research data in sufficient detail to enable independent verification of research outcomes and facilitate access and sharing of research data. When data is obtained from limited access data bases or via contractual arrangement, location and source of the original data must be recorded;
- (c) store research data in a durable and retrievable form that is appropriately indexed and compliant with relevant ethics approval and/or other regulatory requirements;
- (d) produce on request all research data and research records to allow validation and verification of research process and outputs;
- (e) ensure appropriate security and privacy measures are in place for confidential or sensitive research records, research data, source material, and/or primary material to prevent unauthorised access to or inappropriate disclosure of the material;
- (f) report, immediately upon becoming aware of or suspecting on reasonable grounds, any inappropriate or unauthorised use of, access to or loss of confidential or sensitive research data and records;
- (g) ensure research data forming the basis of publications is available for discussion with other researchers; where obligations of confidentiality apply, the research data should be presented in a way that does not breach those obligations; and
- (h) ensure the appropriate retention of research data, research records and primary materials, consistent with legislative and regulatory requirements, University policies, the [University's Record Retention and Disposal Authority](#) and any contractual obligations.

Authorship

5.3. In addition to their responsibilities under the Code, researchers must:

- (a) comply with the University's Authorship Policy ([MPF1181](#)); and
- (b) be considerate of additional requirements of publishers and/or their research discipline.

Publication and Dissemination of Research Findings

5.4. In addition to their responsibilities under the Code, researchers, including those solely involved in disseminating research findings, such as media advisors, must:

- (a) ensure accuracy, transparency and completeness when reporting and communicating research findings, where appropriate, acknowledge limitations of research, provide appropriate caution when the research has not undergone peer review and include discussion of relevant negative, contrary or unexpected results;
- (b) appropriately cite and acknowledge previous work including their own, whether published or unpublished;

- (c) take all reasonable steps to obtain permission from the original publisher or copyright owner before republishing their own or others' research findings;
- (d) appropriately identify and attribute the host institution/s of the research;
- (e) not submit substantially similar work to more than one publisher without disclosing this to the publishers at the time of submission, unless this is expressly permitted by the publisher or if a third-party submission service is employed;
- (f) accurately disclose all actual, perceived or potential conflicts of interest, in accordance with University processes and other requirements;
- (g) accurately disclose all forms of financial research support including, but not limited to, fellowships, course fee sponsorship and fee remissions, scholarships, contracted research, and project grant funding;
- (h) when publishing research that affects or is of particular significance to Aboriginal and Torres Strait Islander peoples, to undertake with good faith the appropriate level of care, attention and diligence to ensure that what is published is culturally appropriate;
- (i) honour restrictions on publication or dissemination imposed by law, under an agreement or relevant committee such as ethics or biosafety committees;
- (j) foster transparency in research publication where appropriate e.g. by registering plans or protocols, disclosing ethics and other approvals, allowing access to interested parties at the conclusion of a project, engaging with open access infrastructure;
- (k) take active, reasonable and timely steps to correct the public record upon becoming aware of errors or misleading information in their published outputs; and
- (l) maintain records of publication and dissemination in accordance with requirements by regulatory bodies e.g. export control bodies.

Disclosure of Interests and Management of Conflicts of Interest

5.5. A conflict of interest exists in a situation where the professional actions and/or research of a researcher are or may be unduly influenced by other interests, financial or non-financial. These may be a perceived, potential, or actual conflicts of interest.

5.6. To manage their responsibilities under the Code, researchers must:

- (a) comply with the University's Conflict of Interest processes to identify, disclose, record, manage and regularly review/update any actual, perceived or potential conflicts of interest;
- (b) comply with any additional Conflict of Interest requirements of external bodies relevant to their research or role, e.g. funding bodies, conference organisers, publishers;
- (c) in the case of clinical trials, include the nature of the sponsorship and the relationships between the sponsor, trial participants and the clinical investigator in any disclosures; and
- (d) in the case of Divisional Academic Leadership, not be a director of any organisation sponsoring research in that department or have a direct or indirect financial interest in excess of 5% equity in such an organisation unless full disclosure has been made and the Vice-Chancellor has approved this as an exception to this requirement.

5.7. When applying for, accepting and conducting research using external funding, researchers must fully declare and manage all conflicts of interest in accordance with:

- (a) University policies;
- (b) any applicable rules, policies, regulations or contractual requirements relating to conflict of interest, whether pre-award or post-award (Funder Requirements); and

(c) any relevant processes, guidance documents or guidelines supplementary to this policy, published by the University to support compliance with Funder Requirements, including but not limited to:

- i. [UoM NIH FCOI Guidance under MPF1318](#) .

Research Supervision

5.8. Researchers when engaged in supervisory roles must:

- (a) provide adequate guidance or mentorship on responsible research conduct to researchers under their supervision;
- (b) adhere to their responsibilities under the Code and accompanying Guide to *Supervision* (2019) (as amended or its successor); and
- (c) supervise Graduate Researchers in accordance with the Graduate Research Training Policy ([MPF1321](#)) and Supervisor Eligibility and Registration Policy ([MPF1322](#)).

Peer Review

5.9. When participating in peer review of research, researchers must adhere to their responsibilities under the Code and the accompanying Guide to *Peer Review* (2019) (as amended or its successor).

Collaborative Research

5.10. Researchers who are involved in collaborative research must adhere to their responsibilities under the Code and the accompanying Guide to *Collaborative Research* (2020) (as amended or its successor).

Additional Requirements

5.11. In addition to their responsibilities under the Code, researchers must endeavour to safeguard the interests of all parties in relation to intellectual property in accordance with Section 13 of the University of Melbourne Statute, the Intellectual Property Policy ([MPF1320](#)) and other policies or requirements of the University with respect to the management of intellectual property as may be promulgated from time to time.

Breaches of the Code and Research Misconduct

5.12. Concerns or complaints about a potential breach of this policy and/or the Code should be raised with the Office of Research Ethics and Integrity (OREI). Researchers and other University employees must report suspected breaches of the Code. A failure to report suspected breaches of the Code is considered a breach.

5.13. Research Integrity Advisors (RIAs) can provide academic advice and guidance on whether a matter may constitute a breach of the Code.

5.14. Complaints made anonymously will be considered, but complainants who wish to remain anonymous will not be provided with any details of the University's handling of the matter or the outcome of any investigation.

5.15. A complaint made via a whistleblower disclosure will be managed in accordance with the University's Whistleblower Protection Policy ([MPF1346](#)).

5.16. University employees and students must not victimise or otherwise subject another person to detrimental action as a consequence of that person reporting or being the subject of a suspected breach of the Code.

5.17. A breach of section 5.16 may result in disciplinary action for employees and students under the Appropriate Workplace Behavior Policy ([MPF1328](#)).

5.18. The University will address potential breaches of the Code in a confidential manner consistent with the principles of procedural fairness, which requires that:

- (a) the respondent be given a fair and reasonable opportunity to present their case and be heard;
- (b) the matter is to be heard by an impartial decision-maker who is free from bias and any conflict of interest;
- (c) the decision-making be based on all evidence presented that logically contributes to proving or disproving the investigation questions; and
- (d) timely notification of outcomes and/or next steps be provided to the respondent and complainant where appropriate.

5.19. Outcomes from the University's response to complaints about potential breaches of the Code are intended to ensure accuracy and integrity of the research record and can include retraction or correction of published research outputs.

5.20. Findings of a breach of the Code or research misconduct, and the findings of fact from a research integrity formal investigation, may:

- (a) in the case of an employee, inform (in part or in full) the particulars, deliberations, and decision by the University pertaining to misconduct, or serious misconduct, or unsatisfactory work performance in accordance with the employee's terms and conditions of employment;
- (b) in the case of a student, be referred to the relevant Dean (or delegate) and processes under the Student Academic Integrity Policy ([MPF1310](#)) and subject to penalties in accordance with the Academic Board Regulation; and
- (c) in the case of an honorary appointment, be referred to the relevant Dean (or delegate) for determination on the cessation of the appointment.

Management of Concerns or Complaints Regarding Potential Breaches of the Code

5.21. The OREI Director is responsible for receiving complaints about the conduct of research or potential breaches. Upon receipt, The OREI Director:

- (a) will determine whether there is jurisdiction to consider the matter under this policy;
- (b) may dismiss complaint/s for being vexatious, insubstantial or beyond jurisdiction; and/or
- (c) where appropriate may refer the matter to another University process or external body for management.

5.22. Where the OREI Director determines that there is jurisdiction to consider the complaint, the matter will proceed to preliminary assessment where the Pro Vice-Chancellor (Research Capability), acting as the Designated Officer (DO) under the Code, will assess whether the complaint, if proven, would constitute a breach of the Code. The DO may:

- (a) dismiss the matter;
- (b) initiate a formal investigation of the complaint;
- (c) request the matter be resolved locally, where appropriate, with or without corrective actions (which may involve the relevant academic unit or ethics committee); and/or
- (d) where appropriate refer the matter to another University process for management.

5.23. A formal investigation of the complaint will be overseen by the DO and conducted by a panel of at least three independent and appropriately qualified Investigators. The Investigation Panel will make findings of fact

to allow the Deputy Vice-Chancellor (Research) acting as the Responsible Executive Officer (REO) under the Code to assess:

- (a) whether a breach of the Code has occurred;
- (b) the extent (or seriousness) of the breach, including whether the breach constitutes research misconduct; and
- (c) whether any corrective or remedial actions are required, including recommendations that relate to institutional issues identified as contributing factors to the breach in the course of formal investigation.

5.24. The REO will notify the respondent and complainant of the formal investigation outcome and any actions required of them. The REO will advise the respondent and the complainant (if directly affected by the outcome) of their rights to request a review of the decision on the grounds of procedural fairness by the University or an appropriate independent body such as the Australian Research Integrity Committee.

5.25. A request to the University for a review of a formal investigation under the Code:

- (a) will only be considered on the grounds that the applicant was not afforded procedural fairness;
- (b) should be made in writing and must outline the ground/s for the review and include relevant supporting information; and
- (c) must be submitted to the OREI Director within 10 business days of the notification of the outcome.

5.26. The OREI Director will provide the request for review to the Review Officer (RO) upon receipt to determine whether the ground/s for the review as described in the request are justified and whether to accept the request.

5.27. Once accepted, the RO will assess whether the investigation has satisfied the principles of procedural fairness on the specified ground/s raised in the request for review and on this basis determine whether to affirm the original outcome of the investigation or not.

5.28. The RO will notify the OREI Director of the review finding/s and reasons for their decision. The OREI Director will notify the party who made the request for review of the findings and reason for the decision.

5.29. Notification to other parties may be required at the conclusion of a review and will be undertaken by the OREI Director in consultation with the REO.

5.30. Where there is no request for review or a review of the original investigation process has concluded, the REO will:

- (a) in the case of an employee, refer findings of research misconduct to the employee's manager, the Director Workplace Relations (or delegate), and the relevant Human Resources Director (or delegate);
- (b) in the case of a student, refer findings of research misconduct to the student's Dean and the Academic Registrar;
- (c) in the case of an honorary appointment, refer the findings of research misconduct to the appointee's Dean; and
- (d) notify any other parties, as required or deemed appropriate, of the formal investigation outcome and/or remedial actions. Relevant parties may include but are not limited to: funding agencies, regulatory bodies, collaborating institutions, the Chair of Examiners/Graduate Research, journal editors, professional bodies.

6. Roles and responsibilities

| <i>Role/Decision/Action</i> | <i>Responsibility</i> | <i>Conditions and limitations</i> |
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| Receives concerns regarding potential breaches of the Code and refers them to preliminary assessment. Oversees the University's processes for responding to potential breaches of the Code. | Director, Office of Research Ethics and Integrity (OREI) | Will recuse themselves and delegate responsibility in cases where there could be a perceived or actual conflict of interest in their involvement. |
| Prepares materials for preliminary assessment of a complaint about research and supports the investigation panel. | Research Integrity Officer (RIO), OREI | Will recuse themselves from cases where there could be a perceived or actual conflict of interest in their involvement. |
| Refers a potential breach of the Code for formal Investigation. | Designated Officer (DO) – PVC (Research Capability) by delegation from the DVCR | Will recuse themselves and delegate responsibility in cases where there could be a perceived or actual conflict of interest in their involvement. |
| Receives reports on formal Investigations into a potential breach of the Code and decides on the course of action to be taken. | Responsible Executive Officer (REO) - DVCR | Will recuse themselves and delegate responsibility in cases where there could be a perceived or actual conflict of interest in their involvement. |
| On request conducts a procedural review of a formal investigation of a breach of the Code on the grounds of procedural fairness. | Review Officer (RO) by delegation from the DVCR | A senior officer of the institution, not fulfilling any of the roles described above. |
| Promotes the responsible conduct of research at the University and provides advice to those with concerns or complaints about potential breaches of the Code. | Research Integrity Advisors (RIA) | Appointment by nomination from an Associate Dean of Research or equivalent. |
| Provide legal advice to the University officers and staff named in this policy. | Legal Services | Engagement of Legal Services to be managed via OREI and/or the DVCR or similar University officer. |

7. Definitions

Breach of the Code means a failure to meet the obligations and requirements of the Code.

Conflict of interest means where a researcher may be unduly influenced by other interests. This refers to a financial or non-financial interest that may be a perceived, potential or actual conflict of interest.

Dean means the Dean of an Academic Division.

Divisional Academic Leadership means Heads of Schools, Faculty level Centers and Deans.

Employee means an individual employed by the University and is a national system employee within the meaning of the *Fair Work Act 2009* (Cth). Employee is also commonly referred to as staff member, academic staff member or professional staff member.

Financial involvement means any direct or indirect financial interest, provision of benefits (such as travel and accommodation) or provision of materials or facilities.

Graduate Researcher means a person admitted to a Research Degree as defined in the Courses, Subjects, Awards and Programs Policy ([MPF1327](#)) or whose research under consideration was undertaken while admitted to a Research Degree.

Indirect financial interest means a financial interest or benefit derived by the researchers' relatives, personal or business associates, or research students.

Related body means any person or body with which the researcher has an affiliation or a financial involvement.

Research means the generation of new concepts, methodologies, inventions and understandings through original investigation.

Research misconduct means a serious breach of the Code that is intentional, reckless or negligent.

Research support means all activities that directly or indirectly support research at any stage of the research endeavour, including the development, undertaking or dissemination of research.

Researcher means any University Student, Employee and honorary (noting that an honorary may be a clinical fellow or an emeritus appointment) who is, engaged in research and/or research support at the University.

Student means any person who is enrolled in a course, subject or group of subjects at or offered by the University.

The Code means *The Australian Code for the Responsible Conduct of Research* (2018).

Supervisors of research provide oversight, guidance and support to less experienced researchers, both through formal and informal relationships. This may include heads of research groups, laboratory heads, mentors of early career researchers as well as Graduate Researcher supervision.

Research record means documents containing data or information of any kind and in any form created or received by an organisation or person for use in the course of their research. Records often validate the provenance, authenticity and ethical collection of research data. Records associated with the research process include correspondence, grant applications, ethics applications, authorship agreements, technical reports, research reports, laboratory notebooks or research journals, master lists, signed consent forms, and information sheets for research participants.

Research data means any information, facts or observations that have been collected or recorded during the research process for the purpose of substantiating research findings. Research data may exist in digital, analogue or combined forms and such data may be numerical, descriptive or visual, raw or processed, analysed or unanalysed, experimental, observational or machine generated. Examples of research data include: documents, spreadsheets, audio and video recordings, transcripts, databases, images, field notebooks, diaries, process journals, artworks, compositions, laboratory notebooks, algorithms, scripts, survey responses and questionnaires.

POLICY APPROVER

Deputy Vice-Chancellor (Research)

POLICY STEWARD

Director, Office for Research Ethics and Integrity

REVIEW

This policy is to be reviewed by 6 June 2025.

VERSION HISTORY

| Version | Authorised by | Approval Date | Effective Date | Sections modified |
|----------------|--|----------------------|-----------------------|--|
| 1 | Deputy Vice-Chancellor (Research) | 20 July 2016 | 21 July 2016 | New policy arising from the revision of the University's regulatory framework and the policy consolidation project replacing the former Regulation 17.1.R8 Code of Conduct for Research. |
| 2 | Deputy Vice-Chancellor (Research) | 30 November 2020 | 1 December 2020 | Conflict of Interest: specific direction for researchers in receipt of external funding to comply with external funding body policies and all relevant guidance produced by the University to support this compliance. |
| 3 | Policy Officer | | | Created in error. |
| 4 | Director, Office for Research Ethics and Integrity | 4 December 2020 | 4 December 2020 | Added section 5.15(c).i. to include NIH requirements. |

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| 5 | Deputy Vice-Chancellor (Research) | 6 June 2022 | 9 June 2022 | Entire policy modified to facilitate compliance with the Australian Code for the Responsible Conduct of Research (2018). Scope of policy clarified. Other additions: requirement for all suspected breaches of the Code to be reported; process for reviewing suspected breaches and potential outcomes under the Enterprise Agreement; Definitions; Roles and Responsibilities. Major review requirements under Policy Framework MPF1308 met, review date revised accordingly. |
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