Responsible Conduct of Research Policy (MPF1318)

1. Objectives

1.1. The objectives of this policy are:

(a) to prescribe the standards and expectations for responsible research conduct at the University of Melbourne, in line with the University's obligations and commitments to integrity, quality and openness;

(b) to provide context as to the University's other policies, processes and standards related to the responsible conduct of research; and

(c) to enable and inform institutional processes for the management of potential breaches of those standards and expectations as they relate to research integrity, including allegations of research misconduct.

2. Scope

2.1. This Policy applies to all University staff, students, honorary appointees and academic visitors who conduct research, or support the conduct of research, in the scope of their employment, enrolment, appointment or relationship with the University (Research Personnel).

2.2. Personnel of third-party contractors or service providers engaged by the University to conduct research or provide research support services are required to comply with this Policy (or with obligations that are substantially equivalent to this Policy), as if they are Research Personnel under this Policy.

3. Authority

3.1. This Policy is made under the *University of Melbourne Act 2009 (Vic)*, and the Vice-Chancellor Regulation, and supports compliance with the:

(a) *Australian Code for the Responsible Conduct of Research* (the Code), and its supporting Guides;

(b) Australian Research Council's *Research Integrity Policy*;

(c) National Health and Medical Research Council's *Research Integrity and Misconduct Policy*;

(d) *Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) Code of Ethics* and its supporting Guides*;*

(e) The Tertiary Education Quality and Standards Agency's *Higher Education Standards Framework (Threshold Standards)*; and

(f) other requirements relevant to responsible research, including those required by funding and other government bodies regulating or supporting University research.

3.2. The *Australian Code for the Responsible Conduct of Research* is the University Code for the purposes of section 9 of the Vice Chancellor Regulation.

4. Policy

4.1. The University is committed to ensuring the community can trust the integrity of the University's research. The University does this by leading with integrity and openness in our pursuit of research excellence and by promoting a culture of responsible research practice in which its Research Personnel conduct research in accordance with the:

(a) Principles and Responsibilities of responsible research conduct outlined in the Code;

(b) Principles of Research at the University (in particular the requirement to conduct research to the highest legal and ethical standards, with integrity and openness); and

(c) Procedural Principles described in Part 5 of this Policy.

5. Procedural Principles

5.1. When conducting or supporting the conduct of research, the University and its Research Personnel will do so in accordance with the principles of responsible research conduct as defined in the Code, (and in ways that are consistent with the Code's accompanying guides) which are:

P1. **Honesty** in the development, undertaking and reporting of research;

P2. **Rigour** in the development, undertaking and reporting of research;

P3. **Transparency** in declaring interests and reporting research methodology, data and findings;

P4. **Fairness** in the treatment of others;

P5. **Respect** for research participants, the wider community, animals and the environment;

P6. **Recognition** of the right of Aboriginal and Torres Strait Islander peoples to be engaged in research that affects or is of particular significance to them;

P7. **Accountability** for the development, undertaking and reporting of research; and

P8. **Promotion** of responsible research practices.

Research Personnel general responsibilities

5.2. When conducting or supporting the conduct of research, Research Personnel must:

(a) comply with this Policy, any other published processes that support compliance with this Policy, and any other applicable law, regulation, code, standard, approval, authorisation, licenses and the terms and conditions of contracts entered into by the University, relevant to the conduct of research; and

(b) Be aware of and informed by all guidelines approved and published in accordance with this Policy and other policies relevant to the conduct of research.

5.3. Research Personnel are required to support a culture of responsible research conduct at the University and in their field of practice by:

(a) engaging in appropriate behaviour as required by the University's *Appropriate Workplace Behaviour Policy (MPF1328)*;

(b) engaging in training on the responsible conduct of research provided by the University, including the completion of all mandatory training requirements as determined by the Deputy Vice-Chancellor (Research) and published in accordance with section 5.32 of this Policy;

(c) when in doubt about any matter regarding the responsible conduct of research, seeking advice on the responsible conduct of research from, including but not limited to:

i. Research Integrity Advisors, and

ii. the Office of Research Ethics and Integrity (OREI) and other specialist advisory units at the University.

(d) reporting potential breaches of the Code in accordance with processes approved under this policy.

Research personnel responsibilities on honesty, rigour and transparency

Publication and Dissemination of Research Findings

5.4. When publishing or otherwise disseminating research findings, Research Personnel must:

(a) ensure accuracy and transparency, and 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;

(f) accurately disclose all actual, perceived or potential conflicts of interest, in accordance the University's *Managing Conflicts of Interest Policy (MPF1366)*, and any funder or publisher requirements;

(g) accurately disclose all forms of research support including, but not limited to, fellowships, course fee sponsorship and fee remissions, scholarships, contracted research, project grant funding, and philanthropic contributions;

(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 by sharing and communicating research methodology, data and findings openly and responsibly, and be guided by the *Principles for Open Access to Research Outputs at Melbourne*;

(k) make active, reasonable and timely steps to correct the public record upon becoming aware of inaccurate or misleading information in their published outputs; and

(l) understand and follow any relevant requirements relating to the maintenance of data referred to or otherwise relied upon in your publications.

5.5. Recognising that accurate attribution of University affiliation on research outputs is essential for transparency, accountability and proper acknowledgement of institutional contributions to research, Research Personnel must use the University of Melbourne affiliation as follows:

(a) University affiliation must only be used when the research has a substantive connection to the University, reflecting the University's responsibility for the research conduct and/or outputs.

(b) Research Personnel must therefore only acknowledge the University of Melbourne as their institutional affiliation in research outputs where:

i. the research was conducted, whether full or in part, during and within the terms and conditions of the researcher's employment, enrolment or honorary or academic visitor appointment at the University, and using University resources, facilities or infrastructure; or

ii. for University staff, honorary appointees and academic visitors, the research was conducted as part of the researcher's approved duties or research program at the University; or

iii. for students, the research was conducted as part of a research course or degree as defined by the *Courses, Subjects, Awards and Programs Policy (MPF1327)*; or

iv. the research was funded through grants or contracts administered by the University, or was directly funded by the University, including but not limited to University researcher development schemes (excluding sub-contracts to other institutions or entities where condition (b)(i) above is not met); or

v. the research was conducted under formal research collaboration agreements to which the University is a party.

(c) when acknowledging the University, Research Personnel must use the standard format: "The University of Melbourne" as the primary institutional name. The relevant faculty should also be included where this is supported by the relevant publisher (for example the Faculty, School, Department or University Research Centre).

(d) Research Personnel with multiple institutional affiliations must only list relevant affiliations in accordance with publisher requirements and contributions of each institution.

(e) research outputs based solely on research conducted prior to a Research Personnel's employment, enrolment or honorary or academic visitor appointment with the University must not list the University as an institutional affiliation.

(f) Research Personnel who leave the University may only continue to use the University affiliation for research outputs that are substantively based on research conducted during the period of employment, enrolment, or appointment as an honorary or visiting academic.

(g) Research Personnel must comply with any additional publisher, funder and collaborator requirements regarding institutional affiliation, provided any such requirements are not inconsistent with this Policy.

Authorship

5.6. When communicating or otherwise making available the products of research, Research Personnel must comply with the *Authorship Policy (MPF1181)* and any associated requirements.

5.7. Where a publisher's requirements are inconsistent with the University's requirements as described in the *Authorship Policy (MPF1181)*, Research Personnel should seek advice from a Research Integrity Advisor (RIA) or OREI prior to deciding to publish their research output in that publication.

Data and Record Management

5.8. Research Personnel must comply with the University's *Research Data Management Policy (MPF1242)* and be aware of guided by *Management of Data and Information in Research: A guide supporting the Australian Code for the Responsible Conduct of Research*.

5.9. Research Personnel must also comply with the University's *Information Security Policy (MPF1270)*, *Privacy Policy (MPF1104)*, and *Records Management Policy (MPF1106)*.

Use of Digital Assistance Technologies

5.10. Research Personnel are responsible for assuring the integrity of their research produced with the assistance of a digital assistance tools, including but not limited to artificial intelligence (AI) tools. Research Personnel must:

(a) document the use of a DAT in their research process;

(b) disclose the use of use of a DAT to researcher partners, collaborators and in publications; and

(c) ensure all necessary approvals are obtained to use the DAT, including but not limited to a privacy and data impact assessment or ethical review and approval where applicable.

5.11. Research Personnel must be aware of and guided by the following published guidance on the use of DATs:

(a) *Statement on responsible use of digital assistance tools in research*.

Peer Review

5.12. When engaging in peer review activities, Research Personnel must:

(a) do so in a way that is fair, rigorous and timely;

(b) maintain confidentiality of the content being reviewed; and

(c) be aware of and guided by *Peer review: A guide supporting the Australian Code for the Responsible Conduct of Research*.

Disclosing and Managing Conflicts of Interest

5.13. Research Personnel must disclose and manage conflicts of interests in accordance with the processes and procedures described in the *Managing Conflicts of Interest Policy (MPF1366)*.

5.14. Research Personnel must also be aware of, and comply with any additional conflict of interest requirements of any other entity that apply to their research role; this may include disclosing and managing conflicts of interest to other entities.

5.15. When applying for and accepting external research funding, and conducting research using external research funding, Research Personnel must declare and manage all conflicts of interest in accordance with any applicable funder requirements, and any guidance published by the University to support compliance with funder requirements, including but not limited to the following:

(a) When applying for funding from the Public Health Service (PHS) or National institutes of Health (NIH), the *Public Health Service/National Institutes of Health Project Financial Conflict of Interest (FCOI) Requirements*.

Research personnel responsibilities on fairness, respect and recognition

Human Research

5.16. When engaging in research involving or about people, their data or tissue, Research Personnel must comply with the requirements of the *Human Research Ethics and Safeguards Policy (MPF1385)*.

5.17. When conducting research with personal and health information (including sensitive information) Research Personnel must also comply with the University's *Privacy Policy (MPF1104)*.

Research with and about Aboriginal and Torres Strait Islander Peoples and Collections

5.18. Research Personnel must recognise, value and respect the legal rights, local laws, customs and protocols of Aboriginal and Torres Strait Islander peoples throughout the planning, design, conduct and dissemination of research.

5.19. To do so, Research Personnel must comply with the *AIATSIS Code of Ethics for Aboriginal and Torres Strait Islander Research (the AIATSIS Code)*, and be aware of and guided by the Indigenous Knowledge Institute's *Charter for Research with Indigenous Knowledge Holders*, and *A Guide to Applying the AIATSIS Code (the AIATSIS Guide)*. This requires, but is not limited to:

(a) *respecting Indigenous self-determination*, including recognition and protection of Indigenous knowledges, ensuring a culturally capable research environment and undertaking meaningful early engagement with Indigenous partners or participants;

(b) *respecting Indigenous leadership*, such as ensuring that the research proposal and data management agreement is informed by Indigenous perspectives, priorities and rights, and in accordance with the *Intellectual Property Policy (MPF1320)* as it applies to Indigenous Cultural and Intellectual Property (ICIP);

(c) *aiming to bring beneficial impact and reciprocal value* to Indigenous society and/or those participating in the research, with informed and recorded consent based on mutual understanding of the benefits and risks; and

(d) *respecting sustainability and accountability* through transparent reporting of research outcomes and recognition in research design of Indigenous heritage, cultural property and connection to country.

Animal Care and Use

5.20. Research Personnel must ensure that respect underpins all decisions and actions related to the care and use of animals in research.

5.21. Research Personnel must ensure that the 3Rs (replacement, reduction and refinement) are considered at all stages of research involving animals for which they are responsible, and minimise the impacts on animals used in research and in so doing support the welfare and wellbeing of those animals.

5.22. When undertaking any research activity that involves the care and/or use of animals, Research Personnel must comply with the *Animal Care and Use Policy (MPF1383)*.

Biorisk Management

5.23. To ensure the safe, secure and compliant use of regulated biological materials (RBMs), to control the risk of accidental exposure and unintended or unauthorised use or release of RBMs and to avoid harm to people, animals and the environment, Research Personnel must comply with the *Biorisk Management Policy (MPF1384)*.

Collaborative Research

5.24. When initiating collaborative research activity with other institutions, Research Personnel must develop and subsequently monitor agreements for their collaborative research projects, and ensure all team members of a project team are made aware of the terms of any such agreement.

5.25. When engaging in collaborative research activity with other institutions, Research Personnel must:

(a) comply with multi-institutional agreements and relevant institutional policies, including but not limited to collaborative research agreements;

(b) comply with the *Intellectual Property Policy (MPF1320)* as applicable to collaborative research activity; and

(c) be aware of and guided by *Collaborative Research: A guide supporting the Australian Code for the Responsible Conduct of Research*.

5.26. When engaging in collaborative research activity with community members and organisations, Research Personnel must:

(a) treat those individuals and organisations contributing to the research fairly and with respect; and

(b) give credit, acknowledgment, and authorship where appropriate, to those who have contributed to the research.

Research personnel responsibilities on accountability and promotion of responsible research practices

Supervision

5.27. Research Personnel who are supervisors must:

(a) provide adequate guidance and mentorship on responsible research conduct to researchers under their supervision, and monitor their conduct, and be aware of and guided by *Supervision: A guide supporting the Australian Code for the Responsible Conduct of Research*;

(b) supervise graduate researchers in accordance with the *Graduate Research Training Policy (MPF1321)*; and

(c) supervise students undertaking a coursework thesis in accordance with the *Assessment and Results Policy (MPF1326)*.

5.28. Research Personnel under supervision must be aware of and be guided by the responsibilities outlined in *Supervision: A guide supporting the Australian Code for the Responsible Conduct of Research*.

Export Controls and Sanctions

5.29. Research Personnel must obtain and comply with permits and approvals as required for the import, export, supply and use of dual use technologies or activities, and comply with Australian export control legislation, including but not limited to the *Defence Trade Controls Act 2012 (Cth)* and *Autonomous Sanctions Regulations 2011 (Cth)*.

Intellectual Property and Copyright

5.30. Research Personnel must comply with section 13 of the *University of Melbourne Statute* and the *Intellectual Property Policy (MPF1320)*.

Use of Research Funds

5.31. Research Personnel must ensure good stewardship of resources used to conduct research, including but not limited to publicly funded research grants, privately funded research contracts and University researcher development schemes, by:

(a) complying with the terms and conditions of any grant, contract or other funding arrangement entered into when expending research funding; and

(b) complying with the University's *Financial Code of Conduct Policy (MPF13358)*.

Institutional Responsibilities

5.32. The Deputy Vice-Chancellor (Research) may approve and publish processes, guidelines, and other documentation to support the responsible conduct of research and compliance with this Policy. Research Personnel are required to comply with processes published in accordance with this Policy, and make themselves aware of, understand, and be guided by any other published guidelines and documents in their conduct of, or support of the conduct of, research.

Training and Education

5.33. The University will provide ongoing training and education that promotes and supports responsible research conduct for all Research Personnel and those in other relevant roles.

5.34. The Deputy Vice-Chancellor (Research) will periodically review mandatory training requirements, including frequency and timing, and publish these requirements.

5.35. Supervisors of Research Personnel are responsible for ensuring their supervised Research Personnel complete required training.

5.36. Mandatory training requirements for graduate research students are determined by the Pro Vice-Chancellor for Graduate Research in accordance with the *Graduate Research Training Policy (MPF1321)*.

Research Integrity Advisors

5.37. The University will maintain a network of RIAs across all faculties who:

(a) provide confidential advice to researchers on responsible research practices; and

(b) assist those with concerns about potential breaches of the Code or this Policy.

5.38. The Deputy Vice-Chancellor (Research) (or delegate) will approve, periodically review and publish the terms of reference for the RIA Network and the RIA Position Description:

(a) [Link to the Terms of Reference (TOR) will be included when policy is published]

(b) [Link to the Position Description (PD) will be included when policy is published]

5.39. RIAs will perform their role in accordance with the approved Terms of Reference and Position Description.

Management of Potential Breaches of the Code and this Policy

5.40. OREI receives and manages concerns and complaints about potential breaches of this Policy and the Code in accordance with the model framework described in the *Guide to managing and investigating potential breaches of the Code*. It does so:

(a) according to processes approved and published by the Deputy Vice-Chancellor (Research) under section 5.33 of this Policy;

(b) according to the requirements of procedural fairness, being:

i. people whose rights, interests or legitimate expectations will be affected by a decision are given a fair and reasonable opportunity to be heard,

ii. decision makers bring an impartial and unprejudiced mind to the matter, and

iii. decisions are based on reliable, relevant and sufficient evidence that logically contributes to proving or disproving allegations.

(c) within reasonable timeframes, considering the complexity of the concern, complaint or potential breach being managed.

5.41. The Deputy Vice-Chancellor (Research) will establish other reporting, governance and oversight bodies or responsibilities as necessary or desirable to ensure proper University oversight of the management and investigation of potential breaches of the Code and this Policy.

5.42. University staff, students, honorary appointees and academic visitors must notify OREI of potential breaches of the Code in accordance with processes approved under this Policy. Failure to notify OREI in accordance with this section:

(a) by a member of staff may result in disciplinary action in accordance with the *Appropriate Workplace Behaviour Policy (MPF1328)*;

(b) by a student may be subject to disciplinary action in accordance with the *Student Conduct Policy (MPF1324)* ;

(c) by an honorary appointee or academic visitor may result in review of appointment in accordance with section 11 of the *Honorary Appointments and University Visitors Procedure (MPF1156)*.

5.43. Whistleblower disclosures are managed in accordance with the *Whistleblower Protection Policy (MPF1346)*, but may be referred under this Policy for management under its associated Processes, following assessment by the Whistleblower Disclosure Coordinator. If such a referral is made, it will be managed in accordance with protections for whistleblowers.

5.44. The University will support the welfare of parties involved in the review of potential breaches of this Policy and the Code.

5.45. University staff, students, honorary appointees and academic visitors must not victimise or otherwise subject another person to detrimental action because of that person reporting a suspected breach of this Policy or the Code. Any such behaviour or action:

(a) by a member of staff may result in disciplinary action in accordance with the *Appropriate Workplace Behaviour Policy (MPF1328)*;

(b) by a student may be subject to disciplinary action in accordance with the *Student Conduct Policy (MPF1324)*;

(c) by an honorary appointee or academic visitor may result in review of their appointment in accordance with the *Honorary Appointments and University Visitors Procedure (MPF1156)*.

5.46. Failure to demonstrate compliance with corrective actions required by a decision made under processes approved under this Policy:

(a) by a member of staff may result in disciplinary action in accordance with the *Appropriate Workplace Behaviour Policy (MPF1328)*;

(b) by a student may result in disciplinary action in accordance with the *Student Conduct Policy (MPF1324)*;

(c) by an honorary appointee or academic visitor may result in review of their appointment in accordance with the *Honorary Appointments and University Visitors Procedure (MPF1156)*.

Miscellaneous

5.47. When interpreting this Policy, its associated Processes, and any documentation approved and published in accordance with section 5.33, references to other legislative or regulatory instruments - including University policies, processes, the Code, and its supporting Guides - should be read to include those instruments or their successors, as amended from time to time. This applies unless otherwise specified.

6. Roles and responsibilities

Role/Decision/Action	Responsibility	Conditions and limitations
Approves and authorises publication of processes, guidelines and other documentation that support the responsible conduct of research and compliance with this Policy	Deputy Vice-Chancellor (Research) or delegate	
Establishes reporting, governance, oversight bodies and other responsibilities necessary to ensure proper oversight of responsible conduct of research.	Deputy Vice-Chancellor (Research) or delegate	
Approves, reviews and authorises publication of mandatory training requirements for Research Personnel	Deputy Vice-Chancellor (Research) or delegate	Requirements for graduate researchers are determined by the Pro Vice-Chancellor for Graduate Research in accordance with the *Graduate Research Training Policy (MPF1321)*.
Approves, reviews and authorises publication of Terms of Reference and Position Description for the Research Integrity Advisor network.	Deputy Vice-Chancellor (Research) or delegate	
Appointment of Research Integrity Advisors	Faculty Associate Deans of Research or equivalent	

Promotes the responsible conduct of research at the University and provides advice to those with concerns about potential breaches of the Code.	Research Integrity Advisors (RIAs)	
Responsible for overseeing the receipt and management of concerns about potential breaches of the Code and this Policy, in accordance with processes approved under this Policy	Associate Director, Research Integrity (or delegate)	Will recuse themselves and delegate responsibility in cases where there could be a perceived or actual conflict of interest in their involvement.
Provide legal advice to the University in connection with Policy and its accompanying processes.	Legal services.	Engagement of Legal Services is managed via OREI and/or the Deputy Vice-Chancellor (Research) or their delegates.

7. Approved processes

7.1. The following processes are established in accordance with this policy:

(a) MPF1318 Process A: Management of potential breaches of the Code

(b) MPF1318 Process B: Reviews of the management of potential breaches of the Code

(c) MPF1318 Process C: Penalties for breaches of the Code by students

(d) MPF1318 Process D: Management of corrective actions

8. Definitions

Term	Definition
Breach	A failure to meet the principles and responsibilities of the Code. May refer to a single breach, or multiple breaches.
The Code	The *Australian Code for the Responsible Conduct of Research, 2018*.
Collaborative research activity	As defined by section 4.7 of the Intellectual Property Policy (MPF1320), as research related activity that: (a) is undertaken by more than one person; or (b) is based on a concept or proposal developed by more than one person; or (c) is based on or requires access to or use of University Background Intellectual Property. Supervisory advice and guidance alone does not meet the definition of Collaborative Research Activity unless any of the criteria set out in (a) – (c) are satisfied.
Conflict of Interest	As defined in the *Managing Conflicts of Interest Policy (MPF1366)*.
Corrective action	Corrective actions are intended to ensure the integrity of the research record and ensure responsible research conduct by University researchers; they include but are not limited to retractions or errata of publications, training, counselling, and systemic improvements.

Digital Assistance Tool or DAT	DATs that are based on artificial intelligence technologies which have the capacity to create descriptions, plans, responses to questions, summaries of literature, and other similar kinds of materials. These include but are not limited to generative artificial intelligence (GenAI), machine translation tools, and editorial assistants.
Document	Document includes, in addition to a document in writing: (a) any book, map, plan, graph or drawing; (b) any photograph; (c) any label, marking or other writing which identifies or describes anything of which it forms part, or to which it is attached by any means whatsoever. (d) any disc, tape, soundtrack or other device in which sounds or other data (not being visual images) are embodied so as to be capable (with or without the aid of some other equipment) of being reproduced therefrom; (e) any film (including microfilm), negative, tape or other device in which one or more visual images are embodied so as to be capable (with or without the aid of some other equipment) of being reproduced therefrom; and (f) anything whatsoever on which is marked any words, figures, letters or symbols which are capable of carrying a definite meaning to persons conversant with them.
Employee	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.
Funder requirement	Any applicable rules, procedures, policies, regulations or contractual requirements, whether pre-award or post-award, of any entity which awards or otherwise provides funding for research by University researchers where not inconsistent with the principles and responsibilities of the Code.
Honorary	A person appointed as an honorary (of any category), as defined in the *Honorary Appointments and University Visitors Procedure (MPF1156)*.
Non-traditional research output	Means research outputs that do not take the form of published books, book chapters, journal articles, conference publications or traditional forms of outputs. Examples include original creative works, live performance of creative works, recorded/rendered creative works, curated or produced substantial public exhibitions and events, research reports for an external body.
Peer Review	Peer review is the impartial and independent assessment of research by others working in the same or a related field.
Research	Research includes 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	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.
Research misconduct	A serious breach of the Code which is also intentional or reckless or negligent.

Research output	Can be anything in hardcopy, electronic or other form that communicates or makes available the products of research, inclusive of non-traditional research outputs. This includes, but is not limited to journal articles, books and book chapters, conference abstracts, reports, creative works, exhibitions, videos, performances, web-based publications, software and the making of any form of scholarly work available over the Internet.
Research Integrity Advisor or RIA	A person or persons with knowledge of the Code and institutional processes appointed by Faculty Associate Deans, Research (or equivalent) to promote the responsible conduct of research, and provide advice to those with concerns or complaints about potential breaches of the Code.
Researcher/Research Personnel	Any University staff, student, honorary appointee or academic visitor who conducts, or assists with the conduct of, research at the University or in the course and scope of their University employment, enrolment, appointment or relationship with the University (and includes any person formally in such a role).
Research record	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.
Student	Any person who is enrolled in a course or program at or offered by the University, as defined in the *Courses, Subjects, Awards and Programs Policy (MPF1327)*.
Supervisor	A person who provides oversight, guidance and support to other researchers, both through formal and informal relationships, including but not limited to - supervision and co-supervision as defined in the *Graduate Research Training Policy (MPF1321)*, and - heads of research groups, laboratory heads, mentors, and other direct and indirect line-managers.
Visitor or academic visitor	A person appointed as a visiting academic, as defined in the *Honorary Appointments and University Visitors Procedure (MPF1156).*

Policy Approver

Deputy Vice-Chancellor (Research)

Policy Steward

Pro-Vice-Chancellor (Research Capability)

Review

This policy is to be reviewed by DD MONTH 2028.