MPF1318 Process A:
Management of potential breaches of the Code

Overview

This document supports the *Responsible Conduct of Research Policy (MPF1318)* by outlining the way in which the University manages potential breaches of the *Australian Code for the Responsible Conduct of Research* (the Code), which includes potential breaches of MP1318.

Purpose

This process provides a definition for breaches of the Code, describes the way in which concerns about potential breaches of the Code are to be raised, and defines the University's process for how those concerns are managed by the Office of Research Ethics (OREI) and Integrity, and considered by nominated decision makers.

Process

Part 1 – Breaches of the Code

1. A breach of the Code means a failure to meet the principles and responsibilities of the Code, and may refer to a single breach or multiple breaches. Examples of Code breaches include, but are not limited to, the following:

    a. Not meeting required research standards by:

        i. conducting research without or outside of animal or human ethics approval as per the *Animal Care and Use Policy (MPF1383)* and *Human Research Ethics and Safeguards Policy (MPF1385)*;

        ii. providing inaccurate, false or misleading information during an ethics review or incident management process;

        iii. failing to conduct research in the manner approved by an appropriate ethics review body;

        iv. conducting research without requisite approvals, permits or licenses, including but not limited to those relating to the care and use of animals and premises for conducting scientific procedures in research, the export or supply of dual use technologies, biological materials and genetically modified organisms, and clinical trials;

        v. misuse of research funds, including by not complying with the terms of contracts relating to the funding and/or conduct of research;

        vi. concealment or facilitation of breaches (or potential breaches) of the Code, including a failure to report potential breaches of the Code (where a valid exception to reporting does not exist as outlined in this Process); and

        vii. failure to comply with legislation, policies and guidelines relevant to the responsible conduct of research, including the *Responsible Conduct of Research Policy (MPF1318)*.

    b. Fabrication, falsification, misrepresentation:

        i. fabrication of research data or source material.

        ii. falsification of research data or source material.

        iii. misrepresentation of research data or source material.

iv. falsification and/or misrepresentation to obtain research funding.

c. Plagiarism:

i. presenting, copying or otherwise misappropriating someone else's work (including but not limited to theories, research data, text and other intellectual property), as one's own without appropriate citation or attribution.

ii. duplicate publication (also known as redundant or multiple publication, self-plagiarism, or unacceptable text recycling).

d. Research data management:

i. failure to appropriately maintain research records.

ii. inappropriate destruction of research records, research data, and/or source material.

iii. inappropriate disclosure of, or access to, research records, research data and/or source material.

e. Inadequate Supervision:

i. failure to provide adequate guidance or mentorship on responsible research conduct to researchers or research trainees under their supervision.

f. Inappropriate Authorship Practices:

i. failure to accurately acknowledge the contributions of others fairly and with agreement.

ii. failure to obtain a written authorship agreement prior to publication.

iii. misleading attribution of institutional affiliation.

g. Conflicts of interest:

i. failure to disclose conflict of interest.

ii. failure to appropriately manage a conflict of interest.

h. Peer review:

i. failure to conduct peer review responsibly.

2. When considering the seriousness of a breach of the Code, the factors are to be considered (without excluding other factors) are:

a. the extent of the departure from accepted practice and relevant disciplinary standards;

b. the extent to which research participants, the wider community and the environment are or may have been affected by the breach;

c. the extent to which the breach affects 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.

3. Research Misconduct is a serious breach of the Code which is found to be intentional, reckless, or negligent. It does not include:

    a. differences of interpretation or judgment, unless resulting from reckless or negligent behaviour(s); or

    b. unintentional errors, unless resulting from reckless or negligent behaviour(s).

Part 2 – Notifications about potential breaches of the Code

Concerns and complaints

4. Any person or entity may raise a concern or make a complaint to the University, if it relates to a potential breach of the Code by Research Personnel and research for which the University is responsible.

5. For the purpose of this process:

    a. a person or entity who raises a concern or makes a complaint to the University about a potential breach of the Code is referred to as a *Notifier*; and

    b. a concern or complaint made to the University about a potential breach of the Code is referred to as a *Notification*; and

    c. *Research Personnel* are University staff, students, honorary appointees and academic visitors who conduct research, or support the conduct of research, in the scope of their appointment, enrolment or relationship with the University.

6. Notifications may be made to OREI:

    a. Online: [link to Notification form];

    b. By email: research-integrity@unimelb.edu.au; or

    c. Verbally by phone: [hunt group number]

7. OREI will provide reasonable assistance to persons or entities making a Notification to the University.

8. Notifications may be made anonymously. If a Notification is made anonymously:

    a. the University's ability to manage and investigate the potential breach of the Code may be limited based on the information provided; and

    b. the University may not be able to provide updates or communicate with the Notifier.

9. Notifications about potential breaches of the Code are managed confidentially to protect the integrity of the assessment and/or investigation process. This does not prevent the University from referring or sharing information with another institution, entity or the public, as described in Part 6 of this process.

Mandatory Notifications

10. University staff, students, honorary appointees and academic visitors must promptly notify OREI if they form a reasonable belief that Research Personnel has engaged in a breach of the Code as described in section 1 of this process, unless one of the following exemptions apply:

    a. Students have a reasonable excuse to not notify OREI about a potential breach or the Code if they have notified a staff member and form a reasonable belief that another person has or will make that Notification in accordance with section 10 of this process; and

    b. Research Integrity Advisors (RIAs) have a reasonable excuse to not notify OREI about a potential breach of the Code if, having received information about the potential breach in the

course of exercising their functions as an RIA, they form a reasonable belief that another person has or will make that Notification in accordance with section 10 of this process.

Consideration of other known information

11. In the absence of a Notification made under section 4 or 10 of this process, if the University becomes aware of a potential breach of the Code by Research Personnel in relation to research for which the University is responsible, the Associate Director, Research Integrity (or delegate), may decide to consider that information as a Notification in accordance with this process.

Funding body requirements

12. If a Notification relates to publicly funded research, the University will manage the Notification in accordance with any funder requirements, including but not limited to those outlined in the University's *Foreign Institution Statement* for United States Public Health Services funded research.

13. The Associate Director, Research Integrity (or delegate) will ensure all necessary reports and other communications are made to funding bodies.

Part 3 – Initial review of Notification or other known information

14. The Associate Director, Research Integrity (or delegate), must review and decide how to manage a Notification under this Part within 20 business days[1].

15. The Associate Director, Research Integrity (or delegate) may decide not to accept a Notification for management under this Process if a reasonable belief can be formed that:

    a. The Notification does not meet the requirements of section 4 of this Process; or

    b. The Notification relates to research administration which can be rectified at the local level without the need for preliminary assessment (such as an unintentional administrative error); or

    c. The Notification is lacking in substance or vexatious or frivolous.

16. The Associate Director, Research Integrity (or delegate) may decide to conduct a preliminary assessment in accordance with this process, if the Notification relates to a potential breach of the Code by Research Personnel and research for which the University is responsible.

17. When considering whether the University is responsible for research, the following factors will be considered:

    a. whether the University received, administered, and/or provided funding for the research activity;

    b. whether the University approved or authorised the commencement, continuation or completion of research; and

    c. whether the relevant research activity was carried out by Research Personnel within the course of their appointment, or within the course of completing studies.

18. If the Notification relates to research for which the University and one or more other institution has responsibility, prior to deciding to conduct a preliminary assessment, the University will:

    a. Consult with the other relevant institution(s) to determine which institution will manage the Notification; and

    b. Have regard to the terms and conditions of any contractual agreement relating to the research the subject of the Notification, which may indicate or otherwise inform which institution should manage the complaint.

[1] A business day means a day that is not a Saturday, Sunday, public holiday in Melbourne being a public holiday appointed as such under the Public Holidays Act 1993 (Vic)), a day within the University Christmas shutdown between 24 December and 2 January, or Easter Tuesday.

19. Following consideration and consultation under section 18 above, the Associate Director, Research Integrity (or delegate) may decide to:

    a. lead the management of the Notification in a manner consistent with this Process (Type 1);

    b. jointly conduct a preliminary assessment and, if required, investigation with the other relevant institution(s), including producing preliminary assessment and/or investigation reports collaboratively (Type 2);

    c. refer the conduct of the preliminary assessment and, if required, investigation to the other relevant institution(s), but determine its own findings about potential breaches of the Code and their seriousness, and corrective and/or disciplinary actions for University Respondent Research Personnel (Type 3); or

    d. refer the Notification in its entirety to the other relevant institution(s) to manage, and have no further role in the management of the Notification, including determination of findings about potential breaches of the Code and their seriousness, and corrective actions (Type 4).

20. Under a Type 1 or Type 2 process, the University's policies and procedures (including this Process) will continue to apply to the management of the Notification, including the conduct of the preliminary assessment and investigation, and the determination of findings about potential breaches of the Code and their seriousness, and corrective and/or disciplinary actions.

21. Under a Type 3 process, the University may refer the Notification to the other relevant institution only to conduct a preliminary assessment and (if required) investigation, and the University will retain the role of determining findings about potential breaches of the Code and their seriousness and any corrective and/or disciplinary actions for University Respondent Research Personnel. In such circumstances:

    a. the other relevant institution may conduct the preliminary assessment and convene any Investigation Panel required to manage and investigate the potential breach, and the preliminary assessment and/or investigation reports will also be the University's reports;

    b. the other relevant institution's (and not the University's) policies and procedures will apply to any preliminary assessment and investigation managed by the other relevant institution (including any reviews or appeals of those investigations);

    c. the University, through the relevant decision-maker, will make final determinations for University Respondent Research Personnel, including about potential breaches of the Code and their seriousness, and any corrective and/or disciplinary actions required; the relevant decision-maker may rely on (but is not bound by) the factual findings in the preliminary assessment and/or investigation reports prepared by or for the other relevant institution(s); and

    d. the University's policies and procedures, (including this Process) will apply to the determination of findings about potential breaches of the Code and their seriousness and corrective actions by the University’s relevant decision-maker, and any reviews or appeals of those determinations.

22. Under a Type 4 process, the University may refer the Notification in its entirety to the other relevant institution(s) to manage. In such circumstances:

    a. this Process will no longer apply to the management of the Notification, and the University will have no further role in managing the Notification (but may refer the Notifier, respondent, or other relevant Research Personnel to the other relevant institution);

    b. the other relevant institution(s) will manage the Notification, and will have the ability to make the determination of findings about potential breaches of the Code and their seriousness, and any corrective actions that may be required;

    c. the other relevant institution's (and not the University's) policies and procedures will apply, including in relation to any reviews of the determination of findings about potential breaches of the Code and corrective actions;

d. the other relevant institution's determination of findings about potential breaches of the Code and their seriousness and corrective actions will be adopted as the University's outcome in relation to the Notification; and

e. there is no right to review, appeal or lodge any complaint or grievance about the determination of findings about potential breaches of the Code and their seriousness and corrective actions to the University despite any other policy of the University, because the University is not making the determination.

23. Following a referral to another institution to manage a Notification under sections 18 to 22 above, the University retains the right to terminate the referral at any time and instead manage the Notification under this Process.

24. The Associate Director, Research Integrity (or delegate) may decide not to accept a Notification for management under this process if a reasonable belief[2] can be formed that:

a. The Notification does not meet the requirements of section 4 of this process;

b. The Notification is lacking in substance or vexatious or frivolous; or

c. The Notification relates to a minor administrative matter that can be dealt with by the relevant Faculty.

25. The Associate Director, Research Integrity (or delegate) will give written notice to the Notifier(s) and respondent Research Personnel of a decision not to accept a Notification for management under this process, which must include the reasons for the decision, within five (5) business days of the decision.

a. A decision not to accept a Notification for management under this process does not prevent referral or sharing of information with another person or entity in accordance with Part 6 of this Process.

Part 4 – Preliminary Assessment

Conduct of the Preliminary Assessment

26. The Associate Director, Research Integrity (or delegate) will provide written notice to the Notifier(s) and respondent Research Personnel of the decision to conduct a preliminary assessment, within five (5) business days of the decision.

27. The Associate Director, Research Integrity (or delegate) may decide to withhold giving notice of the decision to conduct a preliminary assessment of the Notification to the respondent Research Personnel, if a reasonable belief can be formed that doing so may:

a. Prejudice the preliminary assessment of the Notification; or

b. Place at risk another person's health or safety, or place a person at risk of intimidation or harassment.

28. The Associate Director, Research Integrity (or delegate) will appoint an Assessment Officer to conduct a preliminary assessment in accordance with this process within five (5) business days of the decision to commence the preliminary assessment.

29. The purpose of the preliminary assessment is to gather and evaluate facts and information, to enable an assessment of whether the Notification, if proven, would constitute a breach of the Code.

[2] The *'reasonable belief'* standard requires the existence of facts which are sufficient to induce that state of mind in a reasonable person. This requires objective circumstances sufficient to support the belief, noting that belief is an inclination of the mind towards assenting to, rather than rejecting, a proposition, and the grounds which can reasonably induce that inclination of the mind may, depending on the circumstances, leave something to surmise or conjecture. *George v Rocket [1990] 170 CLR 104.*

30. If a preliminary assessment is expected to take longer than 12 weeks, the Assessment Officer must advise the Notifier(s) and respondent Research Personnel (where a decision is not made to withhold notice to the respondent researcher under section 24 of this process), and provide meaningful progress updates every six (6) weeks thereafter.

31. An Assessment Officer must produce a Preliminary Assessment Report for consideration by a University Designated Officer (DO). A Preliminary Assessment Report must include:

    a. A summary of the process that was undertaken;

    b. An inventory of the facts and information that was gathered and analysed;

    c. An evaluation of facts and information;

    d. How any potential breaches relate to the principles and responsibilities of the Code and/or institutional processes;

    e. Whether institutional failures, including supervisory failures, may have contributed to the potential breaches; and

    f. Recommendations for further action.

Decision after Preliminary Assessment

32. A Designated Officer (DO) may decide to take no further action in relation to a Notification if the DO is satisfied on the balance of probabilities[3] that:

    a. the Notification is lacking in substance, vexatious or frivolous;

    b. the Notification has already been dealt with by the University, or it is being dealt with or has been dealt with by another entity or process;

    c. given the amount of time that has elapsed since the matter the subject of the Notification occurred, it is not practical for the University to deal with the complaint; or

    d. the respondent Research Personnel has already taken action to deal with the subject of the notification and no additional corrective or remedial actions are reasonably required in the circumstances.

33. A DO may refer the Notification, part(s) of the Notification, or information obtained during the preliminary assessment, to another University process or entity, where appropriate.

34. Following a preliminary assessment, a DO may make a finding that respondent Research Personnel has engaged in a breach of the Code that is not a serious breach (including research misconduct), and require that the respondent Research Personnel undertake corrective action(s) (which will be monitored in accordance with *MPF1318 Process D: Management of Corrective Actions*) if:

    a. the Research Personnel has made admissions as to breaching the Code; or

    b. sufficient information has been obtained during the preliminary assessment that establishes, on the balance of probabilities, that the respondent Research Personnel has engaged in a breach of the Code.

35. Before finalising a decision under section 34 of this process:

[3] *'Balance of probabilities'* is the civil standard of proof, which requires that, on the weight of evidence, it is more likely than not that a breach has occurred. An assessment or finding made on the balance of probabilities and based on the most likely scenario typically carries a chance that the conclusion might be wrong, and decision makers should not refuse to reach a decision for this possibility. The *'Briginshaw'* standard applies to this standard of proof, requiring that the more serious the allegation, the greater the strength or reliability of evidence needed to substantiate the conduct.

a. the Research Personnel must:

   i. be provided with the relevant evidence supporting the proposed findings, and reasons for the proposed findings and corrective actions; and

   ii. be provided with a reasonable amount of time to make written submissions about the proposed findings and corrective actions;

   and,

b. the DO must consider any submissions made by the Research Personnel in response to the proposed findings and corrective actions.

36. If the DO identifies that an institutional failure contributed to a breach of the Code, a DO may make recommendations to a Dean of a Faculty or other relevant responsible person(s) to remediate the failure that contributed to the breach, which will be monitored in accordance with *MPF1318 Process D: Management of Corrective Actions*.

37. A DO may decide to conduct an investigation if it is necessary and appropriate to do so because if proven, the Notification, or aspects of the Notification, may constitute a serious breach of the Code, including but not limited to research misconduct.

38. A DO (or delegate) must give written notice of the outcome of the preliminary assessment to the Notifier(s) and respondent Research Personnel within five (5) business days of the decision, which, depending on the extent to which they are affected by the outcome of the preliminary assessment, may include the following information:

a. The decision(s) made;

b. The reason(s) for the decision(s) made;

c. In the case of a decision made under section 34 of this process, information about how an application for a procedural fairness review may be made to the University; and

d. Information about how an application for a procedural fairness review may be made to the Australian Research Integrity Committee (ARIC).

39. A DO (or delegate) may withhold giving notice of a decision to conduct an investigation to Research Personnel or a Notifier if a reasonable belief can be formed that doing so may:

a. Prejudice the investigation; or

b. Place at risk another person's health or safety, or place a person at risk of intimidation or harassment.

Part 5 – Investigation

Conduct of the Investigation

40. After deciding to conduct an investigation, a DO must:

a. Approve a statement of allegation(s);

b. Approve terms of reference for the investigation, which must include at minimum:

   i. Assessing on the balance of probabilities whether the alleged conduct has occurred;

   ii. Whether any proven conduct constitutes a breach(es) of the Code, and if so, the seriousness of the breach;

   iii. Whether any proven breaches of the Code constitute research misconduct;

iv. Whether institutional failures, including supervisory failures, have contributed to the potential breaches;

v. Recommendations as to whether any corrective actions are required; and

vi. Recommendations as to whether any disciplinary action should be considered.

c. Nominate an Investigator or more than one person to establish an Investigation Panel. Investigators and panel members may be external to the University where necessary and appropriate to respond to the approved terms of reference for the investigation;

d. If an Investigation Panel is established, nominate the Chair;

e. Seek legal advice on matters of process where appropriate.

41. Prior to appointing an Investigator or more than one person to establish an Investigation Panel:

a. The nominated Investigator or Investigation Panel members must disclose any real, and perceived or potential conflict of interest in accordance with the University's *Managing Conflicts of Interest Policy (MPF1366)*;

b. Respondent Research Personnel, and the Notifier if they may be affected by the outcome of the investigation, must be given an opportunity to raise a concern about a real, perceived and potential conflict of interest of a nominated Investigator or Investigation Panel member(s); and

c. The DO must consider any disclosed conflicts of interest, and may disqualify an Investigator or Investigation Panel member(s) from participating in the investigation based on the conflict.

42. If an Investigator or Investigation Panel member(s) is external to the University, they will be engaged and remunerated in accordance with the University's processes and procedures for engaging independent contractors.

43. Prior to commencing the investigation, the Investigator or Investigation Panel must:

a. Be provided with all available information from the Preliminary Assessment to inform the investigation, including:

i. The initial Notification;

ii. All relevant information obtained by the Assessment Officer;

iii. Records of the conduct of the Preliminary Assessment; and

iv. The DO's decision on the Preliminary Assessment.

b. Develop an investigation plan; and

c. Provide the statement of allegations and terms of reference to the respondent Research Personnel.

44. If a person other than a University of Melbourne Research Integrity Investigation Officer is the nominated Investigator, or if an Investigation Panel is established, the University will provide appropriate resources to the Investigator or Investigation Panel, including secretariat support. The secretariat maintains the record of evidence.

45. An Investigator, or secretariat on behalf of an Investigation Panel, must provide respondent Research Personnel and Notifier(s) (where necessary and appropriate because they may be directly affected by the outcome of the investigation) meaningful updates as to the progress of the investigation at least every twelve (12) weeks, unless a decision made under section 36 of this Process remains in force.

46. An Investigator or Investigation Panel may request that the DO amends the scope of the investigation and/or its Terms of Reference if they are unclear or too limiting.

47. If the DO decides to amend the scope of the investigation and/or its Terms of Reference, this must be communicated to the respondent Research Personnel, and may be communicated to the Notifier(s) where they may be affected by the outcome of the investigation.

48. The Investigator or Investigation Panel must produce a draft Investigation Report addressing the allegations and its Terms of Reference.

49. Respondent Research Personnel, and notifier(s) (where necessary and appropriate because they may be directly affected by the outcome of the investigation), must be given an opportunity to make written and/or verbal submissions about the investigation's draft findings and recommendations, prior to consideration of the investigation report by the REO.

50. After considering any written or verbal submissions received from the respondent Research Personnel and Notifier(s), the Investigator or Investigation Panel will finalise its investigation report and provide it to the REO.

Decision after Investigation

51. After receiving an investigation report, and based on the Investigator or Investigation Panel's findings of fact, the REO must determine:

    a. Whether on the balance of probabilities a breach(es) of the Code has occurred;

    b. The seriousness of the breach(es);

    c. For any serious breach(es) identified, whether the serious breach(es) is or are also intentional or reckless or negligent and therefore meeting the definition of Research Misconduct; and

    d. Whether any corrective actions are required by:

        i. Respondent Research Personnel; and

        ii. The University in relation to any institutional failures that contributed to the breach(es).

52. If, in accordance with section 51, the REO determines that the Research Personnel has not engaged in a breach of the Code, the REO may decide to take no further action in relation to the relevant allegation or the investigation.

53. If, in accordance with section 51, the REO determines that the Research Personnel has not engaged in a breach of the Code and forms a reasonable belief that the complaint or an allegation made by a staff member, student, honorary appointee or academic visitor was vexatious or frivolous, the REO may refer the matter to the Director, Workplace Relations, the relevant Human Resources Director, and/or relevant Academic Faculty Dean, to consider taking disciplinary action against the Notifier(s) in accordance with the *Appropriate Workplace Behaviour Policy (MPF1328)* and/or the University of Melbourne Enterprise Agreement.

54. If, in accordance with section 51, the REO determines that the Research Personnel has engaged in a breach(es) of the Code, the REO may decide to require that the Research Personnel undertake corrective action(s), which will be monitored in accordance with *MPF1318 Process D: Management of Corrective Actions.*

55. If, in accordance with section 51, the REO identifies that an institutional failure contributed to a breach or breaches of the Code, the REO may make recommendations to the Dean of a Faculty or other relevant responsible person(s) to remediate the failure that contributed to the breach, which will be monitored in accordance with *MPF1318 Process D: Management of Corrective Actions.*

56. If the REO decides on the balance of probabilities that the Research Personnel has engaged in a serious breach of the Code, including but not limited to research misconduct, and:

a. The Research Personnel is a member of staff, the REO may make recommendations to the Director, Workplace Relations, the relevant Human Resources Director, and relevant Faculty Dean, to consider taking disciplinary action in relation in accordance with the *Appropriate Workplace Behaviour Policy (MPF1328)* and/or the University of Melbourne Enterprise Agreement, as in force and amended from time to time.

   i. A finding of research misconduct in accordance with this process may inform, but does not automatically establish, research misconduct under the University of Melbourne Enterprise Agreement.

   ii. Corrective actions required by a decision made under section 51 of this process will proceed independently of employment disciplinary processes.

b. The Research Personnel is or was a student, the REO must establish a Student Research Misconduct Committee in accordance with *MPF1318 Process C: Penalties for Breaches of the Code by Students* to consider imposing or recommending a penalty be imposed in accordance with the Academic Board and Vice Chancellor Regulations.

   i. A finding of research misconduct in accordance with this process may inform, but does not automatically establish, whether the student has engaged in serious misconduct under the Academic Board and Vice Chancellor Regulations.

   ii. Corrective actions required by a decision made under section 51 of this process will proceed independently of employment disciplinary processes.

c. The Research Personnel is an honorary appointee or academic visitor, the REO may refer the matter to the relevant Faculty Dean to consider whether, under section 11 of the *Honorary Appointments and University Visitors Procedure (MPF1156)*, and/or the terms and conditions of the honorary appointee's or academic visitor's appointment, whether the appointment should be reviewed, renewed, and/or terminated.

57. The REO (or delegate) must give written notice of the outcome of the investigation to the respondent Research Personnel and Notifier(s) within 10 business days of the decision, which, depending on the extent to which they are affected by the outcome of the Investigation, may include:

   a. The decision(s) made;

   b. The reason(s) for the decision(s) made; and

   c. Information about how an application for a procedural fairness review may be made to the University, and/or the Australian Research Integrity Committee (ARIC).

Part 6 – General Provisions

Decision Makers

58. The Deputy Vice-Chancellor (Research) acts as the University's Responsible Executive Officer for the purpose of this process.

59. The Deputy Vice-Chancellor (Research) will appoint appropriately qualified and experienced senior academic staff as Designated Officers (DO) for the purpose of this process.

60. Any person delegated decision making authority under this process, and anyone appointed as an Assessment Officer, Investigator or Investigation Panel member, must disclose conflicts of interest in accordance with the *Managing Conflicts of Interest Policy (MPF1366)*.

Assessment Officer, Investigator and Investigation Panel Powers

61. An Assessment Officer, Investigator, or Investigation Panel may require any University staff, student, honorary appointee or academic visitor to:

a. Produce information, including but not limited to research data and documentation, within a reasonable time and in a reasonable way;

b. Attend before the Assessment Officer, Investigator or Investigation Panel at a reasonable time and a reasonable place to answer questions or to produce information; or

c. To assist in and/or inform a preliminary assessment or investigation conducted under this process.

62. A member of University staff, a student, an honorary appointee or an academic visitor required to attend before an Assessment Officer, Investigator or Investigation Panel in accordance with section 61 of this process:

a. Will be provided information about the way in which the interview will be conducted;

b. May be accompanied by a support person and/or an accredited assistance animal; and

c. Is not entitled to, but may request permission for, legal or other specialist representation. A request for permission for legal or other specialist representation must be accompanied by information outlining the reasons for the request.

63. A member of University staff, a student, an honorary appointment or a visiting academic has a reasonable excuse to not answer questions or produce information under section 61 of this process if they:

a. genuinely and reasonably apprehend a danger from being compelled to answer the question objected or produce the requested information, and the apprehended danger is of a real and appreciable risk of criminal prosecution or a civil penalty if they answer the question or produce the requested; or

b. have legitimate cultural safety concerns that are protected under anti-discrimination laws; or

c. have genuine medical evidence that they are not fit to participate in the assessment; and

d. when requested by an Assessment Officer, Investigator or Investigation Panel, produce information which justifies the reasonable excuse claimed.

64. Failure to comply with a request made under section 56 of this process, and without a reasonable excuse under section 63 of this Process by:

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

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

iii. 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)*.

65. Anyone exercising a function under this Process may may obtain and rely on independent expert academic, professional and/or legal opinion or advice from within or outside the University to assist in and/or inform a preliminary assessment or investigation conducted under this Process.

66. Anyone exercising a function under this Process may may request and rely on information obtained from other University assessment, investigation, enquiry or disciplinary processes to assist in and/or inform a preliminary assessment or investigation conducted under this process.

Procedural Fairness Reviews

67. Decisions made under section 34 (for Preliminary Assessments) and sections 51 – 56 (for investigations) of this Policy may be reviewed, on procedural fairness grounds, on application by Respondent Research Personnel and Notifiers (where directly affected by the decision).

Procedural fairness reviews are conducted in accordance with *MPF1318 Procedure B: Reviews of the management of potential breaches of the Code*.

68. Decisions made under sections 34 and 51– 56 will not be given effect until the expiration of the review period of ten (10) business days, or the conclusion of a review conducted under *MPF1318 Process C*, whichever is latter.

Corrective Actions

69. Corrective actions include but are not limited to any action reasonably required:

    a. To correct the public record of the research, for example by issuing a retraction or errata;

    b. To ensure the integrity of research, for example by prohibiting the use of research data; and

    c. To remediate the way the respondent researcher conducts, or supports the conduct of, research, including by engaging in training or counselling.

70. Corrective actions are managed in accordance with *MPF1318 Process D: Management of Corrective Actions*.

Suspension of research activity or funding

71. The Deputy Vice-Chancellor (Research) (or delegate) may at any time direct Research Personnel to suspend research activity, or suspend expenditure against a funding grant, if they identify:

    a. an immediate risk of harm to humans, animals or the environment; or

    b. that research funds may have been expended contrary to the terms and conditions of a funding grant or contract.

Action to preserve information

72. The Deputy Vice-Chancellor (Research) (or delegate) may at any time sequester or otherwise restrict access to information by Research Personnel, including but not limited to research data and documentation, where doing so is reasonably necessary to protect the integrity of a process managed under this process.

Referral to other processes, persons or entities

73. The Associate Director, Research Integrity (or delegate), a DO or the REO may at any time decide to refer a Notification or part of a Notification to another University process or person, or an external entity, for management, including but not limited to those responsible for:

    a. human resource, employment and appropriate workplace behaviour matters;

    b. the management of student complaints;

    c. the management of privacy and/or legal matters; or

    d. other research governance processes.

74. Referral of a Notification or part of a Notification does not prevent the University from continuing to deal with the Notification or part of the Notification.

Sharing Information

75. The University may disclose information about the University's management of a research integrity Notification under this process at any time, to another institution, entity or the public, including but not limited to another research institution, a journal editor, or a professional or regulatory body:

    a. If it is required by law;

    b. If it is necessary to prevent or mitigate potential harm to humans, animals or the environment;

c. If disclosure is required due to the identification of potentially corrupt conduct and/or potential criminal behaviour;

d. If it is required under funding agreements or other regulatory obligations;

e. If it is necessary or desirable to inform another institution where the researcher has an affiliation;

f. If it is necessary or desirable to correct the public record;

g. If it is in the public interest to do so; or

h. If the University otherwise deems it necessary and reasonable to do so.

76. When disclosing information externally, disclosure will be limited to what is necessary and proportionate to the purpose of the disclosure.

Placing processes on hold

77. A DO (or delegate) may decide that the management of a Notification under this process is to be placed on hold at any time, if:

a. The conclusion or outcome of another process is reasonably required to inform the research integrity process;

b. Continuing the research integrity process may prejudice or place at risk another process;

c. Respondent Research Personnel, due to extended leave or health, is unable to participate in the complaint management process; or

d. Due to any other reasonable consideration(s).

Authority to amend and repeal decisions

78. Any section in this process which authorises the making of a decision also authorises a decision maker to amend or repeal the original decision, exercisable in the same way and subject to the same conditions.

Authorised by:	**Date:**
Deputy Vice-Chancellor (Research)	DD/MM/YYYY