

Responsible Conduct of Research Policy and Procedure

1. Purpose

The Institute expects all research to be conducted responsibly, ethically and with integrity, and according to principles of academic freedom. This policy and procedure is based on, and should be read in conjunction with, the *Australian Code for the Responsible Conduct of Research* (the Code) and, in relation to breaches of the Code, the *Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research (2018)*, and MIT's Academic Freedom and Responsibility Policy.

2. Scope

This policy and procedure applies to all Institute staff, visiting academics, partners, contractors, higher degree by research candidates and students who are involved in research or the support of research, and should be read in conjunction with the Institute's *Research and Research Training Policy Framework* and its associated policies, and the *Research Ethics Policy and Procedure*.

3. Definitions

Term	Definition
associated policies	the associated policies to Research and Research Training Policy Framework: <ul style="list-style-type: none"> • HDR Candidature Management and Support Policy; • HDR Supervision Policy and Procedure; and • HDR Examination Policy and Procedure.
breaches of the Code	A breach is defined as a failure to meet the principles and responsibilities of the Code, and may refer to a single breach or multiple breaches. Examples of categories of breaches of the Code include, but are not limited to: <ul style="list-style-type: none"> • not meeting required research standards; • fabrication, falsification, misrepresentation; • plagiarism; • research data management; • supervision; • authorship; and • peer review.
the Code	Australian Code for the Responsible Conduct of Research, Australian Government (2018)
the Guide	Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research (2018).

Term	Definition
research	is original investigation undertaken to gain knowledge, understanding and insight and is the creation of new knowledge and/or the use of existing knowledge in a new and creative way to generate new concepts, methodologies, inventions or understandings. This includes the combination and analysis of previous research to the extent that it is new and creative.
researchers	any individual or group of persons who conduct research at or on behalf of the Institute.
Research Ethics Committee	is appointed by and reports to Academic Board in accordance with the Research Ethics Committee Terms of Reference, contained within section 5 of the <i>Research Ethics Policy and Procedure</i> . The Research Ethics Committee reviews research proposals and formally assesses if the research is ethical, involving human participants to engage it is ethically acceptable.

4. Policy Statement

- 4.1. The Institute is committed to maintaining an environment that fosters responsible research. A responsible research culture will demonstrate honesty and integrity, respect for human and animal research participants, and the environment, good stewardship of resources used to conduct research, adherence to the Australian Privacy Act, and responsible communication of research results. Management of personal data should be subject to the Australian National Data Service's *Guide to Data sharing considerations for Human Research Ethics Committees*.
- 4.2. Research that is conducted with integrity is carried out by researchers with a commitment to searching for knowledge and understanding; following recognised principles of research conduct; conducting research honestly; and disseminating and communicating results, whether favourable or unfavourable, in ways that permit scrutiny and contribute to public knowledge and understanding.
- 4.3. The Institute is committed to the principles and responsibilities contained within the Code and adopts the Code as a mandatory requirement in all its research activities.
- 4.4. All researchers are responsible for the conduct of their research and are expected to be aware of and comply with the Code, and other applicable laws and codes. Researchers must ensure that the ethics principles of research: merit and integrity, justice, beneficence and respect are applied to human and animal research.
- 4.5. A researcher proposing to conduct human or animal research, or research using personal data (even if not obtained directly as part of the research), must apply for ethics approval to the Research Ethics Committee.
- 4.6. The Institute will:
- promote awareness of all its policies, procedures and other guidelines; and to make relevant documents readily available to researchers;
 - facilitate mutual cooperation with open exchange of ideas between peers;

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Original Issue:
Amended by the Policy Committee
Approved by the Academic Board:
Endorsed by Board of Directors (BOD):
Current Version:
Review Date:

19 July 2021
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24 October 2023
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- respect and support freedom of expression and inquiry;
- maintain a climate in which responsible and ethical behaviour in research is expected;
- have a well-defined process for receiving and managing allegations of research misconduct;
- train research staff and students in responsible and ethical research practice; and
- promote appropriate mentoring and supervision of researchers and research trainees.

4.7. Researchers must ensure that their research conduct and practice reflects the principles and responsibilities as set out in the Code. They are expected to foster and maintain a research environment of intellectual honesty, integrity and scholarly and scientific rigour. The Code thus requires researchers to:

- conduct research honestly;
- respect the rights of those affected by their research;
- manage conflicts of interest so that ambition and personal advantage do not compromise ethical or scholarly considerations;
- adopt methods appropriate for achieving the aims of each research proposal;
- follow proper practices for safety and security and comply with relevant legislation, standards and MIT policy;
- cite awards, degrees conferred and research publications accurately, including the status of any publication, such as review or in press, when giving information about themselves or others;
- report suspected research misconduct;
- conform to the policies adopted by their institutions and bodies funding the research.

4.8. The responsible conduct of research includes the proper management and retention of the research data and primary materials. Sufficient materials and data must be retained to justify the published or reported outcomes of the research and to enable the researcher to defend the outcomes if they are challenged.

4.9. The management of research data which consists of personal information (even if not obtained directly) is subject to ethics approval, and should be undertaken according to principles covered in the Australian National Data Service Guide *"Data sharing considerations for Human Research Ethics Committees"*¹.

4.10. Sufficient materials and data must be retained to justify the published or reported outcomes of the research and to enable the researcher to defend the outcomes if they are challenged.

4.11. The Institute is required to manage concerns or complaints and investigate potential breaches of the Code related to research for which it is responsible.

¹ <http://www.ands.org.au/guides/data-sharing-considerations-for-hrecs> accessed on 11/7/2021

- 4.12. The Guide sets out a model for managing and investigating potential breaches of the Code which operates separately from and prior to other Institute processes. Disciplinary issues are outside the scope of the Guide and will be dealt with under Institute policy.

5. Procedure for addressing breaches of the Code

The roles and responsibilities for dealing with complaints and allegations under the Code and Guide have been assigned as follows:

- **All staff** hold the responsibility that if concerned that a researcher has not acted in accordance with the Code, to take action in a timely manner.
- **Responsible Executive Officer (REO)** – This role will be undertaken by the Executive Dean. The REO will have the final responsibility for receiving reports of the outcomes of processes of assessment or investigation of potential or found breaches of the Code and deciding on the course of action to be taken.
- **Designated Officer (DO)** – This role will be undertaken by a staff member appointed by the Executive Dean, and also acts as the Ethics Officer. The DO will be responsible for receiving complaints about the conduct of research or potential breaches of the Code and will oversee their management and investigation where required.
- **Assessment Officer (AO)** – This role will be undertaken by a senior academic staff member appointed by the Institute to conduct a preliminary assessment of a complaint about research.
- **Research Integrity Advisor (RIA)** - An RIA is appointed within each School. An RIA must be a person with knowledge of the Code and Institute processes who will promote the responsible conduct of research and provide advice to those with concerns or complaints about potential breaches of the Code.
- **Research Integrity Office (RIO)** – The collection of staff with responsibility for management of research integrity at the Institute.
- **Review Officer (RO)** – This role must be undertaken by a senior officer of the Institute not fulfilling any of the roles described above. The Review Officer will have responsibility for receiving requests for a procedural review of an investigation of a breach of the Code.
- The management and investigation of potential breaches of the Code by staff or student researchers will be conducted in adherence to principles of procedural fairness. Investigations will be proportional, fair, impartial, timely, transparent and confidential.

5.1. Making and receiving a complaint

Activity	Responsibility	
1. Complainant may discuss complaint with their Course Coordinator (in the case of students) or the Head of School or nominee (in case of staff) before lodging a formal allegation.	Complainant	If a conflict of interest exists or is perceived to exist, an RIA may be the point of contact. Contacting a Course Coordinator or Head of School or nominee does not limit or preclude the Complainant from lodging a formal allegation.
2. If approached, RIA provides advice on the process.	RIA	The RIA must explain to the Complainant the options available to them, including: <ul style="list-style-type: none"> referring the matter directly to the person against whom the allegation is made; not proceeding with or withdrawing an allegation if discussion resolves the concerns; and referring the matter to a supervisory level, making a formal allegation to the Head. The RIA must not: <ul style="list-style-type: none"> have a conflict of interest; be involved in investigating or assessing the merits of the allegation; make contact with the person who is the subject of the proposed allegation; and be involved in any subsequent inquiry.
3. The person receiving the concern assesses the complaint.	Supervisor RIA	The person receiving the concern must assess whether: <ul style="list-style-type: none"> the matter is not serious and can be resolved informally; the matter may be serious; or the matter requires further inquiry. This decision must be documented.
4. Decision not to lodge a formal allegation	Complainant DO RIA	In the event that the complainant decides not to proceed with the matter but the RIA, the Supervisor or the DO believes the allegation to be sufficiently serious to constitute a protected disclosure, a determination must be made as to whether the allegation warrants further investigation. Should a protected disclosure be decided as an appropriate course of action, all reasonable efforts must be made to avoid identifying the source of the information.
5. Referral of a serious matter	Complainant DO RIA	Where the matter may be serious and requires further inquiry, the matter must be referred to the Designated Officer in writing, and the matter will be pursued in accordance with this procedure.

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5.2. Formal allegation of Research Misconduct

Activity	Responsibility	
1. Complainant must lodge a written allegation with the Designated Officer	Complainant	<p>This document must:</p> <ul style="list-style-type: none"> clearly identify each allegation, including the place or places and date or dates on which the conduct in question is alleged to have occurred; state the identity of the person/s alleged to have engaged in the relevant misconduct, and the policy, procedure or practice that is the subject of the allegation; and identify and attach (in as much detail as possible) any supporting evidence
2. The Designated Officer receives an allegation	DO	<p>DO determines whether the complaint relates to a potential breach of the Code and, if it does, the matter proceeds to preliminary assessment. If it does not, then it may be dismissed or, if appropriate, referred to another institutional process.</p> <p>The DO must ensure appropriate communication with the complainant occurs.</p>
3. The Designated Officer advises relevant staff of the allegations against them.	DO	<p>The Designated Officer will advise the staff member against whom the allegations have been made, in writing.</p> <p>The welfare of the complainant and respondent is a key concern for the institution and support should be offered where available.</p>

Preliminary Assessment

Activity	Responsibility	
1. Establishment of preliminary assessment	DO	<p>The DO will:</p> <ul style="list-style-type: none"> Assign a suitably qualified AO; and Oversee the preliminary assessment.
2. Preliminary assessment	AO	<p>The AO will:</p> <ul style="list-style-type: none"> Conduct a preliminary assessment. The accused staff member will have an opportunity to respond to the allegations. The AO will provide a written report to the DO. Consult with DO, others in the Institute and external experts where necessary.
3. Determination of appropriate course of action	DO	<p>The DO will decide whether a complaint is referred to an investigation or resolved without need for investigation.</p>
4. CEO is notified	DO	<p>The DO will advise the REO or delegate, in writing, of recommended course of action</p>
5. REO assesses initial findings	REO or nominee	<p>If the REO or nominee determines that a research misconduct inquiry is needed, the REO or delegate must decide whether to initiate an</p> <ul style="list-style-type: none"> internal institutional investigation; or independent external investigation. <p>This decision and the reasons supporting it must be documented and the complainant and respondent advised.</p>

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5.4. Investigation

Activity	Responsibility	
1. Investigation preparation	DO	<p>After the REO determines an investigation is required, the DO will:</p> <ul style="list-style-type: none"> • Prepare a clear statement of allegations. • Establish terms of reference for the investigation (as per The Guide). • Nominate the investigation Panel (Panel) and Chair when the Panel is more than one person. The DO should consider the expertise and skills required, the appropriate number of members, the need for members to be free from conflicts of interest or bias and the gender/diversity of members. • Seek legal advice on matters of process where appropriate.
2. Notification of panel composition	DO	<p>Once potential panel members have been selected, the DO will advise the respondent of the Panel's composition and provide an opportunity for the respondent to raise concerns.</p>
3. Conduct of investigation	Panel	<p>During the investigation, the Panel must:</p> <ul style="list-style-type: none"> • follow the principles of procedural fairness; and • ensure that relevant interests are disclosed and managed. <p>Where the Panel is of the view that a party may be unable to represent themselves adequately due to the complexity of the matter, the Panel may need to take extra steps to ensure a fair investigation.</p> <p>Where the process includes a support person, their role is to provide personal support, within reasonable limits, to the respondent and/or complainant. Their role is not to advocate, represent or speak on the other person's behalf.</p> <p>The RIO will support the Panel throughout the process, as per The Guide.</p>
4. Outcome of investigation	Panel Chair DO	<p>Panel and the RIO prepare draft written report of investigation for the DO</p> <p>DO and RIO provide respondent with the draft report for comment. The draft report, or a summary of the information, may also need to be provided to the complainant if they will be affected by the outcome.</p> <p>Following consideration of any additional feedback, the report is finalized.</p> <p>The DO considers the extent of the breach, the appropriate corrective actions and if referral to disciplinary procedures is required.</p> <p>The DO provides the final report to the REO with recommendations.</p>
5. Further action	REO	<p>Finding no breach of the Code</p> <p>The REO should consider the following:</p> <ul style="list-style-type: none"> • If the allegation has no basis in fact then efforts must be taken to restore the reputations of those alleged to have engaged in improper conduct. • If an allegation is considered to have been frivolous or

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Activity	Responsibility	
		<p>vexatious, action to address this with the complainant should be taken under appropriate institutional processes.</p> <ul style="list-style-type: none"> The mechanism for communication with, and support for, the respondent and complainant. <p>Finding a breach of the Code</p> <p>The REO:</p> <ul style="list-style-type: none"> Decides the institute's response, in consideration of the submitted findings and in accordance with policy. These determinations must be documented. Communicates with the respondent and the complainant. Informs relevant parties, such as other institutions and funding bodies (as per NHRMC and ARC policies). All efforts should be taken to correct the public record of the research, including publications if a breach of the Code has affected the accuracy or trustworthiness of research findings and their dissemination.
6. Review of Investigation	REO	<p>Only requests for a review of a Code investigation on the grounds of procedural fairness should be considered.</p> <p>The REO will determine how a review will be conducted and advise the DO, RIO, respondent and complainant.</p> <p>The Executive Dean (ED) or other delegate of the ED has final responsibility for receiving reports of the outcomes of an investigation and deciding on the course of actions to be taken.</p>

6. Responsibilities

- 6.1. The Code and the Guide sets out in full the responsibilities of the Institute and researchers. The Institute endorses and adopts the general principles and practices of responsible research outlined in the Code and the Guide as good practice.
- 6.2. All researchers must read and be familiar with the content of the Code and conduct their research in a manner consistent with the general principles outlined in the Code. <sup>[L]
SEP]</sup>
- 6.3. Monitoring, Review and Assurance
- 6.4. The ED is responsible for continuously monitoring the effectiveness and application of this procedure or whenever there is a change in the Code and/or the Guide.
- 6.5. Recording and Reporting
- 6.6. When required, reports containing aggregate data on complaints assessed and investigated in accordance with this procedure must be provided to the relevant senior executive or committee, including an annual report to the Academic Board. See *Record Management Policy and Procedure*.

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7. Implementation and communication

- This policy and procedure will be implemented and communicated through the Institute via:
- Announcement on the Institute's website;
- Staff professional development.

Supporting documents and References

Australian Government (2018), *Australian Code for the Responsible Conduct of Research*. Online version: www.nhmrc.gov.au/guidelines/publications/r41

Australian Government, The National Statement on Ethical Conduct in Human Research 2007 (Updated 2018).

Australian Government, The Australian code for the care and use of animals for scientific purposes 8th edition (2013).

Australian National Data Service, Guide to Data sharing considerations for Human Research Ethics Committees (2018).

Copyright Policy and Procedure

Intellectual Property Policy and Procedure

Academic Freedom and Responsibility Policy

MIT Scholarship of Teaching and Research Fund guideline

Records Management Policy and Procedure

Research and Research Training Policy Framework

HDR Candidature Management and Support Policy

HDR Supervision Policy and Procedure

HDR Examination Policy and Procedure

Research Ethics Policy and Procedure

Scholarship of Teaching and Research

Staff Code of Conduct