1. INTRODUCTION
1.1. This Policy provides the University’s framework for reporting and investigating an allegation that research has not been conducted responsibly.

1.2. Researchers must conduct their research in a manner consistent with the standards set out in this and other University policies. The University is committed to upholding the highest integrity standards in research and scholarship and considers deviations from these standards as serious.

1.3. This Policy is based on principles, obligations and guidelines provided in the Australian Code for the Responsible Conduct of Research 2018 (National Code), the Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research 2018 (Research Conduct Guide) and the University’s Research Code of Conduct Policy.

1.4. Departures from the standards of conduct outlined in Research Code of Conduct Policy may amount to Research Misconduct as defined by the National Code on the part of the individual researcher.

2. GENERAL PRINCIPLES
2.1. The University considers complaints about breaches of the National Code and misconduct in research to be serious matters.

2.2. This Policy extends to all Researchers.

2.3. The National Code defines Research Misconduct.

2.4. Examples of Research Misconduct include, but are not limited to, the following:

   a) fabrication of results;
   b) falsification or misrepresentation of results;
   c) plagiarism or deception in proposing, carrying out or reporting the results of research;
d) misleading ascription of authorship;
e) failure to declare or manage serious conflicts of interest;
f) falsification or misrepresentation to obtain funding
g) conducting research without ethics approval;
h) risking the safety of human participants, or the wellbeing of animals or the environment;
i) deviations from the National Code that occur through gross or persistent negligence;
j) willful concealment or facilitation of research misconduct by others.

2.5. Repeated or continuing breaches may also constitute Research Misconduct and do so where these have been the subject of previous counselling or specific direction.

2.6. Research Misconduct does not include honest differences in judgment in management of a research project and may not include honest errors that are minor or unintentional. However, a Breach will require specific action by supervisors and responsible officers of the University.

2.7. Investigations must be carried out in accordance with the principles of natural justice and the rules of procedural fairness, and, to the extent appropriate, in a way which respects the confidentiality of witnesses and people providing information to the investigator as part of the investigation.

2.8. Every reasonable effort will be made to restore the reputation of any Researcher alleged to have engaged in improper conduct of research when such complaints cannot be substantiated.

3. REPORTING CONCERNS ABOUT RESEARCH CONDUCT

3.1. When an individual has concerns or queries about the conduct of research, including potential Research Misconduct, they may consult and seek advice from or report this to a designated Research Integrity Adviser, an Associate Dean (Research) or Research Integrity Office.

3.2. Once a complaint has been raised about the conduct of research involving a Researcher, it is the responsibility of the Research Integrity Adviser or Associate Dean (Research) to notify the Research Integrity Office.

3.3. The Research Integrity Adviser’s role does not extend to assessment or investigation of the complaint. The Research Integrity Adviser must not contact a person who is the subject of the concern and must not be involved in any subsequent inquiry.

3.4. The procedure for dealing with complaints of Research Misconduct is outlined below commencing at 4. Procedure for Managing Complaints or Information about Potential Research Misconduct.

4. PROCEDURE FOR MANAGING COMPLAINTS OR INFORMATION ABOUT POTENTIAL RESEARCH MISCONDUCT

4.1. The Complainant should provide all available information relevant to the complaint to the Research Integrity Adviser or Research Integrity Office.

4.2. The Research Integrity Office should inform the Designated Officer and the Organisational Unit Head of the Respondent without undue delay.

4.3. Nothing within this procedure precludes the Designated Officer making reasonable efforts to resolve a breach provided these actions are consistent with the National Code, Research Conduct Guide, the Research Code of Conduct Policy and this Policy.

5. PRELIMINARY ASSESSMENT

5.1. The Preliminary Assessment is an initial procedure that involves the Assessment Officer making discreet enquiries to obtain facts and information, evaluating them, and finally assessing whether the complaint, if proven, would constitute a Breach or Research Misconduct.

5.2. If it is found that there is no substance to the Research Misconduct complaint, no further action will be taken in relation to the Respondent. Where no substance to the Research Misconduct complaint is found, no records of any Preliminary Assessment will be kept on the Respondent’s personal or student file held by the University.

5.3. Where it is found there is substance to a complaint about improper conduct of research, the matter will be referred by the Designated Officer for Preliminary Investigation.

5.4. If, in the assessment of the Designated Officer, the matter may constitute a Breach, appropriate corrective action should be taken. Appropriate corrective action may be referral to other institutional processes, including local resolution.
5.5. An individual who makes a complaint concerning the actions or omissions of another individual that the Designated Officer deems frivolous and/or vexatious may be dealt with in accordance with the University’s provisions for managing Disputes or Grievances.

5.6. Nothing in this section prevents the Designated Officer from proceeding directly to Preliminary investigation.

6. PRELIMINARY INVESTIGATION

6.1. Upon the decision to refer a complaint of Research Misconduct for Preliminary Investigation, the Designated Officer in conjunction with the Organisational Unit Head must inform the Respondent.

6.2. Where the Respondent is a current or past student Researcher, the Deputy Vice-Chancellor (Students & Support Services) must be advised that a Preliminary Investigation is to occur in accordance with this Policy.

6.3. Where the Respondent is a Researcher not applicable to clause 6.2 above, the Director, Human Resources must be advised that a Preliminary Investigation is to occur in accordance with this Policy.

6.4. The Designated Officer will conduct a Preliminary Investigation to establish whether a prima facie case of Research Misconduct or a Breach exists. The Preliminary Investigation will include an interview with the Respondent.

6.5. Following the Preliminary Investigation, the Designated Officer must recommend to the Responsible Executive Officer whether the complaint should be:

   a) dismissed;
   b) if a Breach, referred to the Organisational Unit Head with instructions as to how it is to be handled; or
   c) investigated further through the commissioning of a Research Misconduct inquiry (see clause 7. below). The Responsible Executive Officer may then commission an Inquiry Panel to further investigate the complaint.

6.6. Every reasonable effort should be taken to restore the reputation of anyone alleged to have engaged in improper conduct of research when such complaints cannot be substantiated.

7. RESEARCH MISCONDUCT INQUIRY

7.1. Upon their decision to refer a complaint of Research Misconduct to a Research Misconduct Inquiry, the Designated Officer in consultation with the Organisational Unit Head must inform the Respondent and the Director, Human Resources or Deputy Vice-Chancellor (Students & Support Services), as appropriate, that a Research Misconduct Inquiry is to occur in accordance with this Policy.

Composition of the Inquiry Panel

7.2. The Designated Officer nominates the members of the Inquiry Panel which will consist of at least three (3) suitable members, including:

   a) one member with knowledge and experience in an associated field of research;
   b) one member who is familiar with the responsible conduct of research and this Policy; and
   c) one member with experience on similar panels, or with related experience or expertise.

Selection of the panel will consider the Research Conduct Guide for consideration for member selection. All members must, as far as possible, be free from bias and must declare any conflict of interest. To achieve this membership, the University may draw on its own staff or externally as required.

7.3. A person appearing before the Inquiry Panel may be accompanied by a support person who may be another member of staff or a Union representative provided that the support person is not a currently practising lawyer.

7.4. The Inquiry Panel must abide by confidentiality requirements and must impress upon all persons involved in the Research Misconduct Inquiry their obligation to keep details of the Research Misconduct Inquiry confidential.

Responsibility of the Inquiry Panel

7.5. The Inquiry Panel will produce and present a written report to the Designated Officer. The Designated Officer will finalise the Report, making further recommendations as appropriate, and present it to the Responsible Executive Officer. The Responsible Executive Officer must consider the findings and, in consultation with the Director, Human Resources or Deputy Vice-Chancellor (Students & Support Services), take appropriate action.
Panel members have the rights to present a dissenting view and there should be an opportunity for panel members to provide a dissenting view for inclusion in draft and final reports of the Inquiry.

8. SUBSEQUENT ACTIONS

8.1. If, at the conclusion of any of the above proceedings, it is determined that a Breach or Research Misconduct has occurred then the Responsible Executive Officer should inform the Vice-Chancellor and appropriate corrective steps may be taken as set out below:

   a) Where a matter concerns Research Misconduct by a student Researcher, the Responsible Executive Officer will advise the Deputy Vice-Chancellor (Students & Support Services), who will update the Student record.
   b) Where a matter concerns Research Misconduct by a Researcher not applicable to clause 8.1(a) above, the Responsible Executive Officer will advise the relevant Organisational Unit Head, and the Director of Human Resources, who will update the Researcher’s personal file held by the University.
   c) Subject to the requirements of privacy legislation and any relevant Enterprise Agreement, the Responsible Executive Officer must inform all relevant parties of the findings from the Inquiry and, where appropriate, the actions taken by the University. Relevant parties may include affected researchers, including those at other institutions; all funding organisations; journal editors; and professional registration bodies. The public record, including publications, may need to be corrected if Research Misconduct has affected the research findings and their disseminations.
   d) Subject to the requirements of privacy legislation, if Research Misconduct is found to exist, advice of this must be given to the relevant officer of any funding agency directly supporting the Respondent, in accordance with the notification rules of the agency.

8.2. Every reasonable effort should be made to restore the reputation of anyone alleged to have engaged in improper conduct of research when such complaints are not substantiated.

9. PROCEDURAL REVIEW

9.1. Requests for a Procedural Review of an investigation conducted in accordance with this Policy will only be considered on the grounds of procedural fairness. If a Procedural Review on the grounds of procedural fairness is required, this Procedural Review will be conducted by the Review Officer and may be conducted in accordance with the Academic Staff – Dispute Resolution Policy (HRP 5.05) or the Student Handbook: Part 3 Discipline Regulations, as appropriate.

10. DEFINITIONS

Assessment Officer: A Research Integrity Adviser selected by the Designated Officer. Must not be associated with the Organisational Unit where the complaint is directed.

Breach: A less serious deviation from the Research Code of Conduct Policy or the National Code than Research Misconduct. May be characterised as lacking both intent and significant consequences.

Complainant: An individual who has made a complaint about a potential breach of the Research Code of Conduct Policy or the National Code.

Designated Officer: Chair, Bond University Human Research Ethics Committee (BUHREC). Provides oversight of the management and investigation of the conduct of research or potential breaches of the National Code.

Organisational Unit Head: Executive Dean, Centre Director or equivalent.

Plagiarism: Defined in the University’s Academic Integrity Policy.

Researcher: Current or past employed staff member, adjunct staff member, academic title holder, visiting fellow or student of the University who conducts or has conducted research at the University or in the University’s name.

Research Integrity Adviser: Persons with research experience, knowledge of the University’s policy and management structure, and familiarity with accepted practices in research who are appointed to provide advice on research integrity to researchers and students in accordance with this Policy.
The Responsible Executive Officer appoints at least one Research Integrity Adviser from each Faculty.

The Research Integrity Advisor is the point of contact for:

- advice regarding matters within the scope of this Policy; and
- anyone wishing to report an allegation of potential Breach of the Research Code of Conduct Policy or the National Code.

The role does not extend to investigation or assessment of the complaint.

**Research Integrity Office**
Office of Research Services. Provides education and advice on responsible conduct of research to all staff, research students, and provides support to Research Integrity Advisers. Develops and manages processes related to the responsible conduct of research.

**Respondent**
An individual subject to a complaint about a potential breach of the Research Code of Conduct Policy or the National Code.

**Responsible Executive Officer**
Deputy Vice-Chancellor (Academic).

**Review Officer**
A senior officer not fulfilling any of the roles described above with responsibility for receiving requests for a procedural review of an investigation.

11. RELATED PROCEDURES, GUIDELINES, AND FORMS