

 BOND UNIVERSITY	RESEARCH MISCONDUCT POLICY
Contact Officer	Provost
Date First Approved	17 July 2017
Approval Authority	Chair, Academic Senate
Date of Next Review	11 October 2025

1. PURPOSE AND OBJECTIVES

- 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. AUDIENCE AND APPLICATION

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.

3. ROLES AND RESPONSIBILITIES

Role	Responsibility
Complainant	Clause 5.1 Report concerns to Research Integrity Adviser , an Associate Dean (Research) or Research Integrity Office .
Research Integrity Adviser or Associate Dean (Research)	Clause 5.2 Notify the Research Integrity Office once a complaint has been raised.
Research Integrity Office	Procedure Clause 2 Inform Designated Officer and the Organisational Unit Head of the Complaint.
Designated Officer	<ul style="list-style-type: none"> ▪ Procedure Clause 4.3 Undertakes a preliminary assessment. ▪ Procedure Clause 4.1 Inform Respondent if a decision is made to undertake a preliminary investigation. ▪ Procedure Clause 5.5 Report outcomes of preliminary investigation to the Responsible Executive Officer. ▪ Procedure Clause 6.1 In consultation with the Organisational Unit Head must inform the Respondent if a decision is made to a Research Misconduct Inquiry. ▪ Procedure Clause 6.1 Inform HR or University Registrar of Research Misconduct Inquiry. ▪ Procedure Clause 6.2 Nominate members for Inquiry panel. ▪ Procedure Clause 6.6 Finalise the Inquiry Report, making further recommendations as appropriate, and present it to the Responsible Executive Officer
Responsible Executive Officer	<ul style="list-style-type: none"> ▪ Procedure Clause 5.5 May commission an Inquiry Panel to further investigate the complaint. ▪ Procedure Clause 6.5 Consider the findings of the Inquiry Panel and, in consultation with the Director, Human Resources or University Registrar, as appropriate, determine if a Breach or Research Misconduct has occurred. ▪ Clause 6.1 Where it is determined a breach of research misconduct has occurred, inform the Vice Chancellor.
Research Misconduct Inquiry Panel	Procedure Clause 6.5 Produce and present a written report to the Designated Officer.

4. GENERAL PRINCIPLES

- 4.1. The University considers complaints about [breaches](#) of the National Code and misconduct in research to be serious matters.

- 4.2. This Policy extends to all Researchers.
- 4.3. The National Code defines Research Misconduct.
- 4.4. 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 required ethics approval;
 - h) unduly 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;
 - k) misuse of third-party property.
- 4.5. Repeated or continuing breaches may also constitute Research Misconduct and do so where these have been the subject of previous counselling or specific direction.
- 4.6. 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.
- 4.7. 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.
- 4.8. 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.

5. REPORTING CONCERNS ABOUT RESEARCH CONDUCT

- 5.1. 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](#).
- 5.2. 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
- 5.3. 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.
- 5.4. The procedure for dealing with complaints of Research Misconduct is outlined below commencing at 6. Procedure for Managing Complaints or Information about Potential Research Misconduct.

6. SUBSEQUENT ACTIONS

- 6.1. 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 student Researcher, the Responsible Executive Officer will advise the University Registrar, 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.

6.2. 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.

7. PROCEDURAL REVIEW

7.1. 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](#) or the Student Handbook: Part 3 Discipline Regulations, as appropriate.

8. REPORTING

8.1. A summary of matters considered under this Policy and the outcome will be reported to the National Health and Medical Research Council as a part of the annual Compliance Report.

8.2. The Office of Research Services will prepare a report for the Bond University Research Committee. The Committee will receive a report summarising Research Integrity matters from the prior year, in accordance with the Research Misconduct Policy. The report will include:

- a) statistics and trends relating to allegations of academic misconduct;
- b) the way the allegations were dealt with; and
- c) the steps taken to promote academic integrity and minimise academic misconduct.

9. DEFINITIONS, TERMS, ACRONYMS

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.

National Code *Australian Code for the Responsible Conduct of Research 2018*

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 is appointed to provide advice on research integrity to researchers and students in accordance with this Policy.

The Responsible Executive Office appoints at least one Research Integrity Adviser from each Faculty.

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** Provost
- 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.

10. RELATED DOCUMENTS

- [Procedure for Managing Complaints or Information about Potential Research Misconduct](#)
- [Schedule 1 Examples of a Breach of the Research Code](#)
- [Academic Integrity Policy](#)
- [Academic Staff Dispute Resolution Policy](#)
- [Research Code of Conduct Policy](#)
- [Research Data Management and Sharing Policy](#)
- [Academic Staff Termination Policy](#)
- [Academic Staff - Workplace Investigation Policy](#)
- [Copyright Compliance Policy](#)
- [Intellectual Property Policy](#)
- [Bond University Human Research Ethics Policy](#)
- [Bond University Animal Research Ethics Committee \(BUAREC\) Policy](#)
- [Student Code of Conduct Policy](#)

11. MODIFICATION HISTORY

Date	Sections	Source	Details
11 October 2022	12	Director, Research	V 4 Added Reporting clause and separated clauses 6-9 into a separate Procedure
9 April 2020			V3
26 February 2019			V2

PROCEDURE FOR MANAGING COMPLAINTS OR INFORMATION ABOUT POTENTIAL RESEARCH MISCONDUCT

1. The [Complainant](#) should provide all available information relevant to the complaint to the Research Integrity Adviser or Research Integrity Office.
2. The Research Integrity Office should inform the [Designated Officer](#) and the [Organisational Unit Head](#) of the Respondent without undue delay.
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.
4. **PRELIMINARY ASSESSMENT**
 - 4.1. 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.
 - 4.2. 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 Respondent's personal or student file held by the University.
 - 4.3. 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.
 - 4.4. 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.
 - 4.5. 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.
 - 4.6. Nothing in this section prevents the Designated Officer from proceeding directly to Preliminary investigation.
5. **PRELIMINARY INVESTIGATION**
 - 5.1. 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.
 - 5.2. Where the Respondent is a current or past student Researcher, the University Registrar must be advised that a Preliminary Investigation is to occur in accordance with the Policy.
 - 5.3. Where the Respondent is a Researcher not applicable to clause 8.2 above, the Director, Human Resources must be advised that a Preliminary Investigation is to occur in accordance with the Policy.
 - 5.4. 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.
 - 5.5. 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 6. below). The [Responsible Executive Officer](#) may then commission an Inquiry Panel to further investigate the complaint.
 - 5.6. 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.

6. RESEARCH MISCONDUCT INQUIRY

- 6.1.** 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 University Registrar, as appropriate, that a Research Misconduct Inquiry is to occur in accordance with the Policy.

Composition of the Inquiry Panel

- 6.2.** 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 the 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.

- 6.3.** 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.
- 6.4.** 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

- 6.5.** 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 University Registrar, as appropriate, determine if a Breach or Research Misconduct has occurred. The principles of fairness are fundamental to the conduct of the investigation.
- 6.6.** 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.

Schedule 1 Examples of a Breach of the Research Code

Examples of a Breach of the Research Code include:

Not meeting required Research standards

- a) conducting Research without ethics approval as required by the National Statement on Ethical Conduct in Human Research and the Australian Code for the Care and Use of Animals for Scientific Purposes
- b) failing to conduct Research as approved by an ethics review body
- c) conducting research without the requisite approvals, permits or licenses required by laws, regulations, disciplinary standards and Bond University policies related to the responsible and/or safe conduct of research
- d) failing to conduct research in conformity with the issued approvals, permits or licences in accordance with required laws, regulations, disciplinary standards and Bond University policies relating to the responsible and/or safe conduct of research
- e) misusing research funds, such as, failing to expend grant funds in accordance with the funded proposal and/or funding agreement
- f) failing to conduct research related to Aboriginal and Torres Strait Islander peoples in a respectful manner and in conformity with the Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders
- g) concealing or facilitating breaches (or potential breaches) of the Research Code by others

Fabricating, falsifying and misrepresenting research

- h) fabricating, falsifying or misrepresenting research data or source material
- i) falsifying and/or misrepresenting any matter in the course of seeking or obtaining funding, or reporting to funding bodies

Failing to adhere to the Bond University Academic Integrity Policy

- j) plagiarising someone else's work, including theories, concepts, research data and source material
- k) duplicating publication (also known as redundant or multiple publication, or self-plagiarism), without proper acknowledgment of the source or sources
- l) contract cheating (making use of ghost writing) (see doi: 10.1.1.120.5440 on CiteSeerX)

Failing to adhere to the Bond University Research Data Management and Sharing Policy

- m) failing to appropriately maintain and retain research records, data and/or source material
- n) losing or inappropriately destroying research records, research data and/or source material contrary to Bond University policies
- o) inappropriately disclosing, or accessing, research records, research data, and/or source material

Poor supervision

- p) failing to provide adequate guidance or mentorship to a Researcher on responsible research conduct

Failing to adhere to the Bond University Authorship Policy

- q) failing to fairly acknowledge the contribution of others involved in the Research who do not meet the minimum criteria for authorship, such as laboratory assistants, supervisors or the funding body
- r) attributing authorship to individuals without their consent
- s) failing to obtain the permission of an Author to publish work which is substantially theirs
- t) misleading ascription of authorship, including failing to offer authorship to those whose contribution warrants inclusion or awarding authorship to those who do not meet the minimum criteria
- u) intentionally excluding a Researcher who has contributed to the acquisition of funding, or the collection of Research Data from its analysis or interpretation of Research Data

Failing to disclose and/or manage conflicts of interest

- v) failing to disclose or manage conflicts of interest in accordance with the Bond University Conflict of Interest Procedure; the Australian Code for the Responsible Conduct of Research (National Code) and supporting guide on the Disclosure of Interests and Management of Conflicts of Interest
- w) failing to manage or disclose conflicts of interest to relevant parties, including supervisors, ethics committees, publishers or funding agencies in accordance with their respective requirements

Failing to responsibly conduct peer reviews

- x) failing to conduct peer reviews responsibly