



PROCEDURE TITLE: PROCEDURES FOR MANAGING AND INVESTIGATING POTENTIAL BREACHES OF THE AUSTRALIAN CODE FOR THE RESPONSIBLE CONDUCT OF RESEARCH

APPROVAL DATE: 16 JULY 2019

REVIEW DATE: 15 JULY 2022

1. PURPOSE

1.1. QIMR Berghofer considers that a Complaint about a potential Breach of the *Code* is a serious matter. These Procedures set out the steps to follow when reporting, receiving and resolving Complaints.

1.2. These Procedures are to be read in conjunction with the following documents:

- QIMR Berghofer *Policy on the Responsible Conduct of Research and Research Misconduct*;
- QIMR Berghofer *Appointments to Roles under the Policy on the Responsible Conduct of Research and Research Misconduct*;
- The [Australian Code for the Responsible Conduct of Research \(2018\)](#) or any subsequent published revision thereof (the *Code*); and
- The [Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research \(2018\)](#) or any subsequent published revision thereof (the *Guide*).

2. SCOPE

2.1. These Procedures apply to all QIMR Berghofer employees and Researchers, and those involved in any preliminary assessment or investigation, such as investigation panel members.

2.2. Disciplinary issues are addressed by the QIMR Berghofer *Misconduct and Serious Misconduct Policy*.

3. DEFINITIONS

Breach of the Code	Failure to meet the principles and responsibilities of the <i>Code</i> (may be a single breach or multiple breaches).
Code	<i>Australian Code for the Responsible Conduct of Research (2018)</i> or any subsequent published revision thereof.
Complainant	Person who has made a Complaint about the conduct of research.

Complaint	A Complaint about a potential Breach of the <i>Code</i> occurs when a concern is raised or identified that one or more Researchers may have conducted research that is not in accordance with the principles and responsibilities of the <i>Code</i> and the QIMR Berghofer <i>Policy on the Responsible Conduct of Research and Research Misconduct</i> .
Corrupt Conduct	As defined in section 15 of the <i>Crime and Corruption Act 2001</i> .
Designated Officer	<p>The Designated Officer is a senior member of the QIMR Berghofer Faculty other than the Director and CEO, for example the Deputy Director. The Designated Officer is appointed to receive complaints about the conduct of research, potential breaches of the <i>Code</i> or Research Misconduct and to oversee their management and investigation where required.</p> <p>Reference should be made to the QIMR Berghofer <i>Appointments to Roles under the “Policy on the Responsible Conduct of Research and Research Misconduct”</i> to see who the Designated Officer is at the time.</p>
Director and CEO	The most senior officer at QIMR Berghofer who has responsibility for receiving reports of the outcomes of processes of assessment or investigation of potential or found breaches of the <i>Code</i> or Research Misconduct and deciding on the course of action to be taken.
Guide	<i>Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research (2018)</i> or any subsequent published revision thereof.
NHMRC	National Health and Medical Research Council.
Procedural Fairness	<p>Means acting fairly in administrative decision making and using a fair and proper procedure when making a decision.</p> <p>The principles of procedural fairness are also referred to as natural justice, and apply to managing and investigating potential Breaches of the <i>Code</i>. The principles are based on three rules:</p> <ol style="list-style-type: none"> 1. <i>The hearing rule</i> – The Respondent has an opportunity to be heard; 2. <i>The rule against bias</i> – decision makers do not have a personal interest in the outcome; and 3. <i>The evidence rule</i> – decisions are based on evidence.
Research Integrity Advisor (RIA)	An RIA is an experienced Researcher/scientist appointed by QIMR Berghofer to promote the responsible conduct of research and provide confidential advice to those with concerns or complaints about potential breaches of the <i>Code</i> , and may be considering whether to make a complaint. RIAs will explain the options open to the person(s) considering, making or having made a complaint. RIAs do not investigate complaints, or contact the person who is the subject of the complaint or their supervisor.

	Reference should be made to the QIMR Berghofer <i>Appointments to Roles under the Policy on the Responsible Conduct of Research and Research Misconduct</i> to see who the Research Integrity Advisors are at the time.
Research Integrity Office (RIO)	<p>The RIO is comprised of staff with responsibility for managing the research integrity process at QIMR Berghofer.</p> <p>The RIO will include a Research Integrity Officer, a staff member appointed to conduct a preliminary assessment of a complaint about research.</p> <p>Reference should be made to the QIMR Berghofer <i>Appointments to Roles under the Policy on the Responsible Conduct of Research and Research Misconduct</i> to see who the Research Integrity Officer is at the time.</p>
Research Misconduct	A serious Breach of the <i>Code</i> which is also intentional, reckless or negligent.
Researchers	All persons conducting or assisting with the conduct of research under the auspices of QIMR Berghofer, including but not limited to employees, visiting scientists, affiliates and students.
Respondent	Researcher who is the subject of a Complaint about a potential breach of the <i>Code</i> .

4. BREACHES OF THE *CODE*

- 4.1. As set out in more detail in the QIMR Berghofer *Policy on the Responsible Conduct of Research and Research Misconduct*, a Breach of the *Code* is defined as a failure to meet the principles and responsibilities of the *Code*, and may refer to a single breach or multiple breaches.
- 4.2. It is recognised that Breaches of the *Code* occur on a spectrum, ranging from minor (less serious) to major (more serious). Repeated or persistent breaches will likely constitute a serious breach.
- 4.3. Research Misconduct is defined as a serious breach of the *Code* which is also intentional, reckless or negligent. Fabrication and falsification are types of breaches that are commonly recognized as being undertaken intentionally or recklessly and are examples of Research Misconduct. Repeated or persistent breaches will likely constitute a serious breach, which will trigger consideration of Research Misconduct.

5. REPORTING A COMPLAINT ABOUT A POTENTIAL BREACH OF THE *CODE*

5.1. Lodgement of Complaint

5.1.1. A Complainant may:

- Meet with a Research Integrity Advisor (RIA) to discuss a possible Complaint and obtain confidential advice. Outcomes of the discussion may

include:

- Not proceeding if the Complaint is not related to a Breach of the *Code*;
- Making a written Complaint to the Designated Officer by completing the Complaint Form in [Appendix 1](#) to these Procedures; or
- The Complaint being referred to another Department within QIMR Berghofer (e.g. Human Resources).
- Make a Complaint directly to the Designated Officer, either verbally (which will then be documented) or in writing, and preferably by completing the Complaints Form in [Appendix 1](#) to these Procedures and providing as much relevant detail as possible (or verbally make a Complaint); or
- Make an anonymous Complaint to the Designated Officer, which will be considered based on the information provided (although an anonymous complaint can make subsequent processes more challenging).

5.1.2. Any perceived conflict of interest with the Designated Officer receiving the Complaint, must be put in writing by the Complainant to the Director and CEO, eg. the complaint is about the Designated Officer. If a conflict of interest with the Designated Officer is deemed to exist, or if the nominated Designated Officer is otherwise unavailable, then an alternative Designated Officer will be appointed from the pool of Program Heads.

5.2. Details of Complaint

5.2.1. The Complainant should provide all information they hold pertinent to the Complaint.

5.2.2. The Complainant is not, however, required to identify parts of the *Code* or relevant processes that may have been breached.

5.3. Protection from adverse consequences

5.3.1. Ultimately, in its handling of any assessment or investigation, the Institute is responsible for ensuring the Complainant is protected from adverse consequences for having made the Complaint. Further, the Institute has a responsibility to carefully manage matters where a power imbalance exists, for example complaints brought by students or Researchers in more junior positions.

5.3.2. QIMR Berghofer will not tolerate reprisal or threatening behaviour and any reprisals will trigger other institutional processes in accordance with the QIMR Berghofer *Public Interest Disclosure Policy*.

5.3.3. Depending on the nature of the Complaint, relevant legislation may protect the Complainant, such as the *Public Interest Disclosure Act 2010* (Qld).

6. MANAGEMENT OF COMPLAINTS ABOUT POTENTIAL BREACHES OF THE CODE

6.1. All Complaints MUST be treated as confidential. The identities of the Complainant(s) and Respondent(s) will be limited to those who need to know. To avoid compromising the assessment, anyone involved in managing a complaint should not share information unless required.

- 6.2. Where possible, the Designated Officer will confirm receipt of the Complaint in writing within seven (7) days of receipt.
- 6.3. Upon receipt of a Complaint, the Designated Officer decides how to proceed. A summary of the procedure for dealing with Complaints as reported to the Designated Officer is outlined in [Appendix 2](#) to these Procedures.
- 6.4. The Designated Officer will use the checklist in [Appendix 3](#) to these Procedures to manage Complaints.
- 6.5. When a Complaint is made, the Designated Officer makes a determination about the Complaint according to the Table below:

Determination about Complaint	Outcome
The Complaint is not related to a potential Breach of the <i>Code</i>	Complaint may be dismissed or may proceed to other QIMR Berghofer Departments e.g. Human Resources.
The Complaint is related to a potential Breach of the <i>Code</i>	Complaint proceeds to a preliminary assessment.
The Complaint involves, or may involve, Corrupt Conduct	Complaint MUST be reported to the Crime and Corruption Commission Queensland (CCC) in accordance with CCC procedures and time frames ¹ . No further action will be taken in relation to the Complaint until the CCC notifies QIMR Berghofer of their advice to proceed and/or any specific instructions related to the matter.
The Complaint is not to be dealt with or not to be investigated any further because the Complaint: <ul style="list-style-type: none"> • has already been investigated or dealt with by another process. • relates to another institution. 	Complaint dismissed or referred to the relevant institution.

- 6.6. Where a Complainant chooses not to proceed with a Complaint, QIMR Berghofer still has an obligation to assess the nature of the Complaint and whether to proceed to a preliminary assessment.
- 6.7. Throughout the investigation or management of a Complaint, the welfare of the Complainant and Respondent is a key concern for QIMR Berghofer and each will be supported where possible.
- 6.8. The Designated Officer will engage with the Complainant where possible:

¹ *Corruption in Focus: A Guide to dealing with corrupt conduct in the Queensland public sector*, Crime and Corruption Commission Queensland, 2019.

- In order to obtain any additional information relevant to the Complaint;
- To ensure appropriate communication with the Complainant occurs and to provide the Complainant with confidence that their complaint is being/has been considered appropriately:
 - If the Complainant is involved in a dispute with the Respondent, they should be provided with as much detail as possible to provide assurance that their Complaint is being considered appropriately; OR
 - If the Complainant has only a general concern in the matter and will not be directly affected by the outcome, it may be sufficient to provide minimal details to them to convey the outcome.

6.9. The Designated Officer must consider notification to the NHMRC or other relevant funding bodies, including what matters must be notified and when they must be notified. Further information relating to notification to the NHMRC can be found in the *NHMRC Research Integrity and Misconduct Policy (2019)*, or any subsequent published revision thereof.

6.10. A summary of the roles and functions of officers involved in the consideration and management of Complaints is as follows:

Role	Functions
Designated Officer	<ul style="list-style-type: none"> • Determines whether the Complaint relates to a potential Breach of the <i>Code</i> and, if it does, the matter proceeds to a preliminary assessment. • Ensures appropriate communication with the Complainant occurs. • Considers notification to the NHMRC or other funding bodies or agencies.

7. PRELIMINARY ASSESSMENT

7.1. Purpose of the preliminary assessment

The purpose of the preliminary assessment is to gather and evaluate facts and information in order to assess whether the Complaint, if proven, would constitute a Breach of the *Code*.

7.2. Conduct of the preliminary assessment

7.2.1. The principles of Procedural Fairness will always be applied when undertaking a preliminary assessment or investigation. Preliminary assessments and investigations must be thorough, robust and free from bias.

7.2.2. The preliminary assessment process is overseen by the Designated Officer, who appoints a suitably qualified Research Integrity Officer (RIO) to conduct the preliminary assessment. The RIO consults with the Designated Officer and others in the Institute as required, and ensures records of the preliminary assessment are prepared and retained.

7.2.3. During the preliminary assessment, the RIO:

- Identifies, collects, inventories and secures facts and relevant information and evidence, including journals, lab books, research data etc;
- Liaises with the Respondent and other relevant parties as appropriate (including the involvement of those in supervisory roles in the potential breach), to discuss the matter and clarify facts and/or information. In particular, the RIO:
 - Considers whether an expert should be engaged to provide specific and/or independent advice about the collection and storage of facts and information; and
 - Considers the need to involve other institutions in the matter, for example where a collaborative research project reaches across multiple institutions and jurisdictions (see section 9.6).

7.2.4. On completion of the preliminary assessment, the RIO will prepare a written report to the Designated Officer, which should include a summary of the process that was undertaken, an inventory of the facts and information that was gathered and analysed, an evaluation of the facts and information, an assessment of how the potential Breach relates to the principles and responsibilities of the *Code* and/or institutional processes, and recommendations for further action.

7.2.5. Factors that will be considered when determining the seriousness of the Breach of the *Code* include:

- The extent of the departure from accepted practice;
- The extent to which research participants, the wider community, animals and the environment are, or may have been, affected by the breach;
- The extent to which the breach affects the trustworthiness of research;
- The level of experience of the Researcher;
- Whether there is evidence that the Breach of the *Code* is intentional, reckless and/or negligent;
- Whether there is evidence of previous or repeated breaches by the Researcher;
- Whether institutional failures have contributed to the Breach of the *Code*; and
- Any other mitigating or aggravating circumstances.

7.3. Outcomes from the preliminary assessment

7.3.1. The preliminary assessment report will be considered by the Designated Officer who will determine whether the matter should be:

- Dismissed;

- Resolved without need for investigation;
- Referred for investigation; or
- Referred to other QIMR Berghofer Departments.

7.3.2. Where an evaluation of facts and information collected as part of a preliminary assessment does not support a referral of a Complaint relating to an allegation of a Breach of the *Code* for investigation, the following actions will be considered:

- If the Complaint has no basis in fact (for example, due to a misunderstanding or because the Complaint is frivolous or vexatious), then efforts, if required, must be made to restore the reputation of any affected parties;
- If the Complaint is considered to have been made in bad faith or is vexatious, efforts to address this with the Complainant should be taken under the QIMR Berghofer *Misconduct and Serious Misconduct Policy*; and
- Addressing any systemic issues that have been identified.

7.3.3. An admission by the Respondent of a Breach of the *Code* is not necessarily an end point, as an investigation may still be required in order to identify any appropriate corrective actions, any other parties that may be complicit, reckless or negligent, or any other necessary steps.

7.3.4. If the Respondent leaves QIMR Berghofer following a Complaint, QIMR Berghofer still has a continuing obligation to assess the Complaint in order to identify any appropriate corrective actions, any other parties that may be complicit, reckless or negligent, or any other necessary steps.

7.3.5. QIMR Berghofer will, if appropriate, provide written outcomes in a timely manner to the Respondent and the Complainant at the conclusion of a preliminary assessment.

7.3.6. The Designated Officer will also provide the written outcomes to the QIMR Berghofer Director and CEO and the QIMR Berghofer Council.

7.3.7. It should be noted that, in accordance with NHMRC funding requirements², if the preliminary assessment has taken, or will take, more than twelve (12) weeks from the date of receipt of the Complaint, then notification is required to be made to the NHMRC.

7.4. Summary of the preliminary assessment

7.4.1. A summary of the roles and functions of officers involved in the preliminary assessment is as follows:

² NHMRC *Research Integrity and Misconduct Policy* (2019).

Role	Functions
Designated Officer	<ul style="list-style-type: none"> • Appoints a suitable qualified Research Integrity Officer. • Oversees the preliminary assessment. • Decides whether a complaint is referred to an investigation, resolved without need for investigation, referred to other institutional processes (including local resolution), or dismissed. • Provides written outcomes to the QIMR Berghofer Director and CEO and the QIMR Berghofer Council.
Research Integrity Officer	<ul style="list-style-type: none"> • Conducts the preliminary assessment. • Consults with the Designated Officer, others in the Institute and external experts where necessary. • Liaises with the Respondent and other relevant parties as appropriate. • Secures evidence. • Manages records. • Provides a report to the Designated Officer.

8. INVESTIGATION

8.1. Purpose of the investigation

8.1.1.A Complaint may be referred for investigation by the Designated Officer, following their consideration of the preliminary assessment report, for matters that cannot be appropriately handled through other processes.

8.1.2.The purpose of the investigation is to make findings of fact to allow the QIMR Berghofer Director and CEO to assess whether a Breach of the *Code* has occurred, the extent of the Breach and the recommended actions. This is done by examining the facts and information from the preliminary assessment and gathering and examining further relevant evidence if required.

8.2. Preparation for the investigation

8.2.1.If the Designated Officer determines an investigation is required, the following steps should be taken by the Designated Officer:

- Prepare a clear statement of allegations;
- Develop the terms of reference for the investigation as outlined in Appendix 2 of the *Guide*;
- Nominate the investigation Panel and Chair; and
- Seek legal advice on matters of process where appropriate.

8.2.2. When the Complaint is referred for investigation, the Research Integrity Office will notify in writing all those required to attend or participate in the investigation; in particular the Respondent.

8.3. Composition of the Panel

8.3.1.The investigation will be conducted by a Panel which may be comprised of members either internal or external to QIMR Berghofer.

8.3.2. A range of factors should be considered when determining the size and composition of the Panel, including the potential consequences for those involved and the need to maintain public confidence in research. There will be occasions where some or all members should be external to the Institute.

8.3.3. When deciding the Panel's composition, the Designated Officer will consider:

- the expertise and skills required;
- Appropriate number of members;
- the need for members to be free from conflicts of interest or bias; and
- gender/diversity of members.

8.3.4. An investigation Panel will be comprised of a minimum of three members, at least one of whom is legally qualified or has extensive experience as a member of a tribunal or a similar body.

8.3.5. Once potential Panel members have been identified, the Designated Officer will advise the Respondent of the Panel's composition and provide an opportunity for the Respondent to raise any concerns. Panel members are to be appointed in writing.

8.3.6. Once the Panel is established, it should be provided with all relevant information and documentation (and given appropriate resources). Members of the Panel are expected to:

- Work within the terms of reference for the Panel and the Institute's processes;
- Respect any undertakings of confidentiality;
- Adhere to the principles of Procedural Fairness;
- Complete the investigation in a timely manner; and
- Prepare a written report.

8.4. Conduct of the investigation

8.4.1. The principles of Procedural Fairness must always be applied when undertaking the investigation. As noted above, investigations are to be thorough, robust and free from bias.

8.4.2. Reference should be made to Appendix 3 of the *Guide* (Sample checklist for the Investigation Procedure), before commencing an investigation.

8.4.3. As part of the investigation, the Respondent will be provided with an opportunity to:

- Respond to the Complaint and the relevant evidence; and
- Provide any additional evidence upon which the Panel may rely.

8.4.4. If the Respondent chooses not to respond or appear before the Panel when requested, the investigation will continue in their absence.

8.4.5. The principles of Procedural Fairness do not include a right to legal representation, and the Panel should consider carefully whether to permit legal or specialist representation on request and on a case-by-case basis.

8.4.6. A person appearing before the Panel may be accompanied by a support person. The support person's role is to provide personal support, within reasonable limits. Their role is not to advocate, represent or speak on the other person's behalf.

8.4.7. All those asked to give evidence are to be provided with relevant, and if necessary de-identified information, including:

- The Panel's procedures (including how and when they intend to conduct meetings or hearings);
- Whether they may be accompanied by a support person;
- Advice about whether the interviews will be recorded;
- Disclosing any conflicts of interest; and
- Confidentiality requirements.

8.4.8. The Panel is to determine whether, having regard to evidence and on the balance of probabilities, the Respondent has breached the *Code*. To do this, the Panel:

- Assesses the evidence (including its veracity) and considers if more may be required;
- May request expert advice to assist the investigation (it is preferable that any expert knowledge that may be required is provided to the Panel by witnesses rather than members of the Panel);
- Arrives at findings of fact about the allegation;
- Identifies whether the principles and responsibilities of the *Code* have been breached;
- Considers the seriousness of any breach;
- Assesses the level of recklessness and/or negligence;
- Provides a report into its findings of fact consistent with its terms of reference; and
- Makes recommendations as appropriate.

8.5. Outcomes from the investigation

8.5.1. On completion of the investigation, the Panel will prepare (with the assistance of secretariat support from the Institute if required, eg from the Research Integrity Office), a draft written report of the investigation, that is detailed, accurate and fully addresses the terms of reference. The Panel is encouraged

to come to a consensus; if there are dissenting view(s), there should be opportunity for the Panel member to provide this view for inclusion in the draft and final report.

8.5.2. The draft report should contain findings of fact and any recommendations (refer to Appendix 4 of the *Guide* for a sample checklist for the report of the investigation findings).

8.5.3. The Panel will provide a draft report (or a summary of all relevant information on which the Designated Officer's decision will be based) to the Respondent, and in some circumstances the Complainant, if they will be affected by the outcome, for comment within a reasonable timeframe.

8.5.4. Following consideration of any further comments, the Panel will finalise the report.

8.5.5. The Designated Officer will then consider the findings of fact, evidence presented and any recommendations made by the Panel. The Designated Officer will also consider the extent of the breach, the appropriate corrective actions, and if referral to disciplinary procedures is required (depending on the severity of the breach). The Designated Officer will then provide the final report to the QIMR Berghofer Director and CEO with recommendations.

8.5.6. The QIMR Berghofer Director and CEO makes the final decision as to whether a Breach of the *Code* has occurred, the extent of the breach and the course of action.

- If there is a decision that there has been no Breach of the *Code*, the following actions will be considered:
 - If the Complaint has no basis in fact then it will be dismissed and efforts taken to restore the reputation of the Respondent and any others who are alleged to have engaged in improper conduct;
 - If the Complaint is considered to have been frivolous or vexatious, action to address this with the Complainant will be taken under appropriate Institute policies and procedures and the Complainant may be referred to the CCC under the *Crime and Corruption Act (2001)*;
 - The mechanism for communication with, and support for, both the Respondent and the Complainant.
- If there is a decision that the *Code* has been breached, the Director and CEO decides the Institute's response, taking into account the extent of the breach and whether other institutions should be advised and may include:
 - Disciplinary action in accordance with the QIMR Berghofer *Misconduct and Serious Misconduct Policy*;
 - Correction of 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;

- Advising other relevant parties (such as the NHMRC or other funding bodies, and other relevant institutions or authorities such as the Crime and Corruption Commission), as appropriate;
- Considering whether a public statement is appropriate, to communicate the outcome of an investigation;
- Considering whether the matter needs to be referred to a new employing institution (in cases where the Respondent resigns); which will include considering seeking legal advice to ensure that any information disclosure can be made and is done appropriately and lawfully;
- In the case of joint, adjunct and/or honorary appointments of the Respondent - considering whether to obtain legal or other expert advice in relation to the management of these appointments with other institutions; and
- Where systemic issues are identified as a contributing factor, these need to be referred to the Institute to be addressed.

8.5.7. The QIMR Berghofer Director and CEO will inform the Complainant and Respondent in writing, as appropriate, of decisions and actions, and inform the QIMR Berghofer Council of the outcomes from the investigation.

8.6. Mechanisms for Review of a *Code* Investigation

8.6.1. When communicating the outcomes of an investigation, the Director and CEO will inform the Respondent (and possibly the Complainant if they are directly affected by the outcome), of their right to request a review and how to lodge a request for a review, including timeframes and the information required for a request to be considered.

8.6.2. Only requests for a review of a *Code* investigation on the grounds of Procedural Fairness will be considered. The aim of the review is to affirm or not the fairness of the procedures of the investigation.

8.6.3. The Institute's processes for review are set out below:

- Requests for review should be directed to the QIMR Berghofer Director and CEO;
- The timeframe for lodgement of a request for review is two (2) weeks from the date of written advice from the Institute of the outcome of the investigation;
- The request for review must outline the procedural grounds for the review ie. document where the procedure is alleged to have been at fault.
- The decision to proceed with a review will be made by the QIMR Berghofer Director and CEO, on the basis of all relevant information within their knowledge;
- The review will be conducted by referral back to the Panel (or such other mechanism as is decided on a case-by-case basis);

- The outcome of the review will be communicated back to the Respondent in writing.

8.6.4. The Australian Research Integrity Committee (ARIC) can provide an external review of any investigative processes used by institutions that receive funding from the NHMRC or the ARC (Australian Research Council). The Respondent (and possibly the Complainant) have a right to request a review by the ARIC.

8.7. Summary of the investigation

8.7.1. A summary of the roles and functions of officers involved in the investigation is as follows:

Role	Functions
Designated Officer	<ul style="list-style-type: none"> • Prepares a statement of allegations. • Establishes the terms of reference for the Panel. • Nominates the Panel (including a Chair). • Advises the Respondent of the Panel's composition. • Receives the investigation report and may make recommendations to the Director and CEO.
Research Integrity Officer	<ul style="list-style-type: none"> • Notifies all those required to attend or participate in the investigation, in particular the Respondent. • Provides the Panel with relevant documentation. • Ensures the Panel works within QIMR Berghofer's processes and these Procedures. • Schedules meetings and/or hearings, and records interviews if necessary. • Provides relevant written information to the Respondent and relevant others. • Assists the Panel.
Panel	<ul style="list-style-type: none"> • Completes an investigation into a potential Breach of the <i>Code</i>. • Produces a report on the findings of fact and may make recommendations.
Director and CEO	<ul style="list-style-type: none"> • Determines whether a Breach of the <i>Code</i> has occurred. • Decides on the extent of the breach. • Decides on the course of action, which may include corrective actions, referral to QIMR Berghofer's disciplinary processes and/or other Departments. • Informs the Complainant and Respondent in writing, as appropriate, of decisions and actions. • Informs the QIMR Berghofer Council of the outcomes from the investigation.

9. NOTIFICATION REQUIREMENTS AND ADDITIONAL CONSIDERATIONS

9.1. Notification of a potential or found Breach of the *Code* may need to be provided to the Crime and Corruption Commission Queensland, the police, funding bodies or other organisations both nationally and internationally at any point during the process in accordance with relevant agreements, policies or legislation.

- 9.2. Consideration should be given as to notification requirements of relevant funding bodies. With respect to NHMRC funding, reference should be made to the *NHMRC Research Integrity and Misconduct Policy (2019)* or any subsequent published revision thereof) which sets out the Institute's notification requirements with respect to breaches of the *Code* or research misconduct, including what matters need to be notified, at what stage the matter needs to be notified and the mandatory time frames for notification.
- 9.3. In particular it should be noted that the Institute must notify the NHMRC as soon as possible, and no later than **one (1) week** after the risks have been identified or funding suspended if:
- The allegations or preliminary assessment suggests an immediate risk to human, animal or environmental safety; or
 - The Institute has suspended funding to an individual or team involved in NHMRC funded research before the completion of the preliminary assessment.
- 9.4. Funding bodies, including the NHMRC, may initiate precautionary actions prior to the final outcome of a research misconduct matter being determined by the Institute. They may also take consequential action in response to findings of research misconduct, to minimise their own reputational and/or financial risk. The extent of the action will depend on the terms of the individual funding agreements:
- Examples of precautionary actions include temporary suspension of grant payments, placing conditions on grants that address or mitigate any identified risks and limitations being placed on participation in peer review; and
 - Examples of consequential actions include placing of conditions on grants that address or mitigate any identified risks, termination of grants and recovery of grant funds.
- 9.5. The QIMR Berghofer Director and CEO will notify the Respondent in writing of any precautionary or consequential actions taken by the NHMRC or other funding bodies.
- 9.6. The Institute will consider how preliminary assessments and investigations into potential Breaches of the *Code* are to be conducted for multi-institutional collaborations on a case-by-case basis, taking into consideration issues such as the lead institution, where the complaint was lodged, contractual arrangements or where the events occurred. It would generally be expected that only one preliminary assessment or investigation is conducted, with clear communication between all parties throughout the process.
- 9.7. Consideration should also be given as to whether referral or notification to another agency is appropriate such as regulatory agencies or WorkCover, as well as whether other Institute processes apply.

10. CONTACT OFFICER

QIMR Berghofer Deputy Director (Designated Officer)

11. REFERENCES

11.1. External references:

Australian Code for the Care and Use of Animals for Scientific Purposes, National Health and Medical Research Council, Universities Australia, 2013.

<https://nhmrc.gov.au/about-us/publications/australian-Code-care-and-use-animals-scientific-purposes>

Australian Code for the Responsible Conduct of Research, National Health and Medical Research Council, Australian Research Council, Universities Australia, 2018.

<https://nhmrc.gov.au/about-us/publications/australian-Code-responsible-conduct-research-2018>

Corruption in Focus: A Guide to dealing with corrupt conduct in the Queensland public sector, Crime and Corruption Commission Queensland, March 2019.

<http://www.ccc.qld.gov.au/corruption-prevention/corruption-in-focus>

Crime and Corruption Act, State of Queensland, 2001.

<https://www.legislation.qld.gov.au/view/pdf/2017-06-05/act-2001-069>

Guide to Managing Potential Breaches of the Australian Code for the Responsible Conduct of Research, National Health and Medical Research Council, Australian Research Council, Universities Australia, 2018.

<https://nhmrc.gov.au/about-us/publications/Guide-managing-and-investigating-potential-breaches-Code>

National Statement on Ethical Conduct in Human Research, National Health and Medical Research Council, Australian Research Council, Universities Australia, 2007 (Updated 2018).

<https://nhmrc.gov.au/about-us/publications/national-statement-ethical-conduct-human-research-2007-updated-2018>

NHMRC Research Integrity and Misconduct Policy, National Health and Medical Research Council, 2019.

<https://www.nhmrc.gov.au/about-us/resources/nhmrc-research-integrity-and-misconduct-policy>

11.2 QIMR Berghofer policies and documents (available on the intranet):

Policy on the Responsible Conduct of Research and Research Misconduct Appointments to Roles under the "Policy on the Responsible Conduct of Research and Research Misconduct"

Conflict of Interest Policy

Misconduct and Serious Misconduct Policy

Policy on the Criteria for Authorship

Public Interest Disclosure Policy

12. APPROVAL AND AMENDMENT HISTORY

There has not previously been separate Procedures, however the QIMR Berghofer *Research Misconduct Policy* (approved by Council on 6th December 2016) contained procedures for managing complaints of Research Misconduct.

Revised as the QIMR Berghofer *Procedures for Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research*, endorsed by Director's Consultative Committee on 16th July 2019.

Revised as the QIMR Berghofer *Procedures for Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research*, endorsed by Staff Association on 25th June 2019.

Revised as the QIMR Berghofer *Procedures for Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research*, endorsed by Council on 21st May 2019.

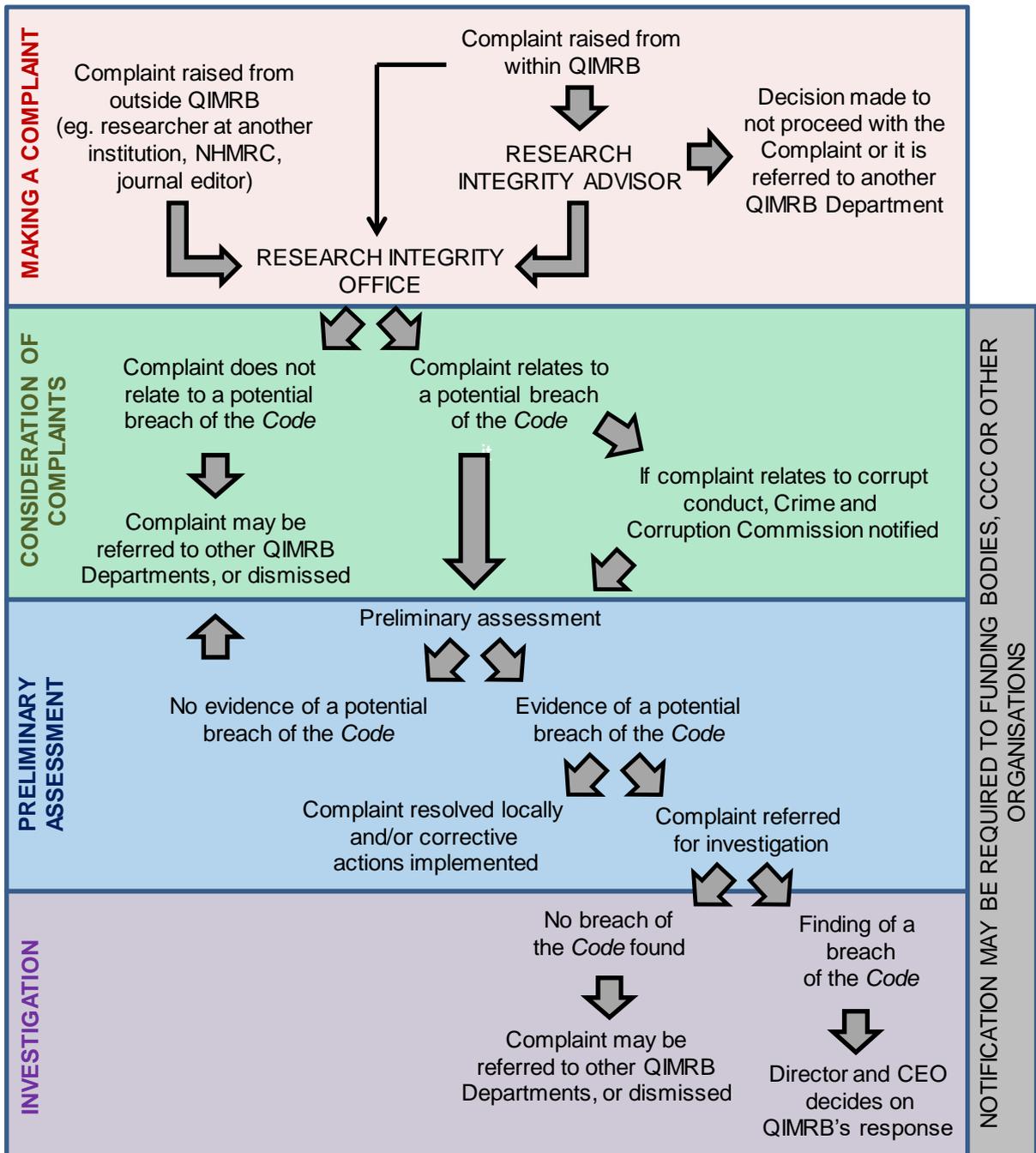
<i>Version</i>	<i>Summary of changes</i>	<i>Changes made by</i>	<i>Changes approved by</i>	<i>Date</i>

APPENDIX 1: COMPLAINTS FORM FOR COMPLAINANTS

Please email the completed form to rio@qimrberghofer.edu.au

Date of Complaint	Click here to enter a date.
Name of Complainant(s)	
Position of Complainant(s) (eg. PhD student, Research Assistant, Research Officer, Lab Head)	
Name of Respondent(s)	
Position of Respondent(s) (eg. PhD student, Research Assistant, Research Officer, Lab Head)	
Information about the potential Breach of the Australian Code for the Responsible Conduct of Research (2018) (eg. relevant events, dates and places)	
Evidence of the potential Breach of the Australian Code for the Responsible Conduct of Research (2018) (eg. availability of raw or unpublished data)	
Names of people who may be able to provide additional information (ie. potential witnesses)	
Any other relevant information	

APPENDIX 2: SUMMARY OF THE PROCEDURE FOR DEALING WITH COMPLAINTS



APPENDIX 3: DESIGNATED OFFICER CHECKLIST FOR MANAGING A COMPLAINT ABOUT A POTENTIAL BREACH OF THE CODE

1) COMPLAINANT DETAILS

Name	
Position	
Group	
Department	
Telephone number	
Email address	

2) RESPONDENT DETAILS

Name	
Position	
Group	
Department	
Telephone number	
Email address	

3) DETAILS OF COMPLAINT

Mode of report	<input type="checkbox"/> In person <input type="checkbox"/> Phone call <input type="checkbox"/> Letter (<i>attach a copy</i>) <input type="checkbox"/> Email (<i>attach a copy</i>) <input type="checkbox"/> Other <i>Please specify:</i>
Date of receipt	Click here to enter a date.
Received by	
Mode of acknowledgement	<input type="checkbox"/> In person <input type="checkbox"/> Phone call

	<input type="checkbox"/> Letter (<i>attach a copy</i>) <input type="checkbox"/> Email (<i>attach a copy</i>) <input type="checkbox"/> Other <i>Please specify:</i>
Date of acknowledgement (within 7 days of receipt)	Click here to enter a date.
Acknowledged by	

4) DESCRIPTION OF COMPLAINT

5) CATEGORY OF COMPLAINT

Potential breach of the *Code*
 Potential research misconduct
 Not a potential breach of the *Code* or research misconduct
 Unsure whether it is a potential breach of the *Code* or research misconduct

6) ACTIONS

Dismiss Complaint
 Refer to other Department
If so, specify which Department.
 Refer for preliminary assessment

7) PRECAUTIONARY ACTIONS

None

<input type="checkbox"/> Suspend animal research <input type="checkbox"/> Suspend human research <input type="checkbox"/> Suspend funding <input type="checkbox"/> Suspend Respondent <input type="checkbox"/> Other <p><i>Please specify:</i></p>

If precautionary actions are required:

Date precautionary actions implemented	Click here to enter a date.
Method of implementation	

7) NOTIFICATION REQUIREMENTS

<input type="checkbox"/> None <input type="checkbox"/> Notify Crime and Corruption Commission Queensland <input type="checkbox"/> Notify NHMRC <input type="checkbox"/> Notify other funding agency or organisation <p><i>Please specify:</i></p> <input type="checkbox"/> Other <p><i>Please specify:</i></p>

If notification(s) is/are required:

Date notification requirements fulfilled	Click here to enter a date.
Method of notification(s)	

8) ADVICE PROVIDED TO COMPLAINANT

Mode of advice	<input type="checkbox"/> In person <input type="checkbox"/> Phone call <input type="checkbox"/> Letter (<i>attach a copy</i>) <input type="checkbox"/> Email (<i>attach a copy</i>)
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	<input type="checkbox"/> Other <i>Please specify:</i>
Advised of timeframe and method to dispute advice	<input type="checkbox"/> Yes <i>Please specify:</i> <input type="checkbox"/> No
Date of advice	Click here to enter a date.
Provided by	

9) ADVICE PROVIDED TO RESPONDENT (IF APPLICABLE)

Mode of advice	<input type="checkbox"/> In person <input type="checkbox"/> Phone call <input type="checkbox"/> Letter (<i>attach a copy</i>) <input type="checkbox"/> Email (<i>attach a copy</i>) <input type="checkbox"/> Other <i>Please specify:</i>
Advised of timeframe and method to respond	<input type="checkbox"/> Yes <i>Please specify:</i> <input type="checkbox"/> No
Date of advice	Click here to enter a date.
Provided by	

10) PRELIMINARY ASSESSMENT (IF APPLICABLE)

Date of decision to conduct a preliminary assessment	Click here to enter a date.
Date preliminary assessment commenced	Click here to enter a date.
Preliminary assessment conducted by	
Date Respondent provided with Complaint details	Click here to enter a date.
Respondent advised of timeframe and method to respond	<input type="checkbox"/> Yes

	<p><i>Please specify:</i></p> <input type="checkbox"/> No
Date response received from Respondent	Click here to enter a date.
NHMRC notified if preliminary assessment will take > 12 weeks	<input type="checkbox"/> Not required (< 12 weeks) <input type="checkbox"/> NHMRC notified <p><i>Date sent:</i> Click here to enter a date.</p>
Date preliminary assessment completed	Click here to enter a date.
Date report sent to Respondent	Click here to enter a date.
Date report sent to Complainant (if applicable)	Click here to enter a date.
Date report sent to Director and CEO	Click here to enter a date.
Outcomes	<input type="checkbox"/> No evidence of a breach of the <i>Code</i> <input type="checkbox"/> Evidence of a breach of the <i>Code</i> <p><i>Please specify: Minor / Major / Research Misconduct</i></p>
Actions	<input type="checkbox"/> Dismiss Complaint <input type="checkbox"/> Refer to other Department <p><i>Specify which Department:</i></p> <input type="checkbox"/> Resolve locally with or without corrective actions <input type="checkbox"/> Refer for investigation
Notification requirements	<input type="checkbox"/> None <input type="checkbox"/> Notify Crime and Corruption Commission Queensland <input type="checkbox"/> Notify NHMRC <input type="checkbox"/> Notify other funding agency or organisation <p><i>Please specify:</i></p> <input type="checkbox"/> Other <p><i>Please specify:</i></p>

Date summary sent to Council	Click here to enter a date.
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11) INVESTIGATION (IF APPLICABLE)

Date of decision to conduct an investigation	Click here to enter a date.
Date Respondent advised of potential Panel members	Click here to enter a date.
Respondent advised of timeframe and method to respond	<input type="checkbox"/> Yes <i>Please specify:</i> <input type="checkbox"/> No
Date response received from Respondent	Click here to enter a date.
Date Panel members confirmed	Click here to enter a date.
Date Terms of Reference and scope provided to Panel	Click here to enter a date.
Date Terms of Reference and scope accepted by Panel	Click here to enter a date.
Date investigation commenced	Click here to enter a date.
Date available information provided to Panel	Click here to enter a date.
Date investigation completed	Click here to enter a date.
Date draft report sent to Respondent	Click here to enter a date.
Respondent advised of timeframe and method to respond	<input type="checkbox"/> Yes <i>Please specify:</i> <input type="checkbox"/> No
Date response received from Respondent	Click here to enter a date.
Date draft report sent to Complainant (if applicable)	Click here to enter a date.
Complainant advised of timeframe and method to respond (if applicable)	<input type="checkbox"/> Yes <i>Please specify:</i> <input type="checkbox"/> No
Date response received from Complainant (if applicable)	Click here to enter a date.

Date report finalised	Click here to enter a date.
Date report sent to Director and CEO	Click here to enter a date.
Date advice received from Director and CEO	Click here to enter a date.
Outcomes	<input type="checkbox"/> No breach of the <i>Code</i> <input type="checkbox"/> Breach of the <i>Code</i> <i>Please specify: Minor / Major / Research Misconduct</i>
Actions	<input type="checkbox"/> Dismiss Complaint <input type="checkbox"/> Refer to other Department <i>Specify which Department:</i> <input type="checkbox"/> Corrective actions <input type="checkbox"/> Disciplinary actions <input type="checkbox"/> Other <i>Please specify:</i>
Notification requirements	<input type="checkbox"/> None <input type="checkbox"/> Notify Crime and Corruption Commission Queensland <input type="checkbox"/> Notify NHMRC <input type="checkbox"/> Notify other funding agency or organisation <i>Please specify:</i> <input type="checkbox"/> Other <i>Please specify:</i>
Date summary sent to Council	Click here to enter a date.