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# The Macquarie University Code for the Responsible Conduct of Research

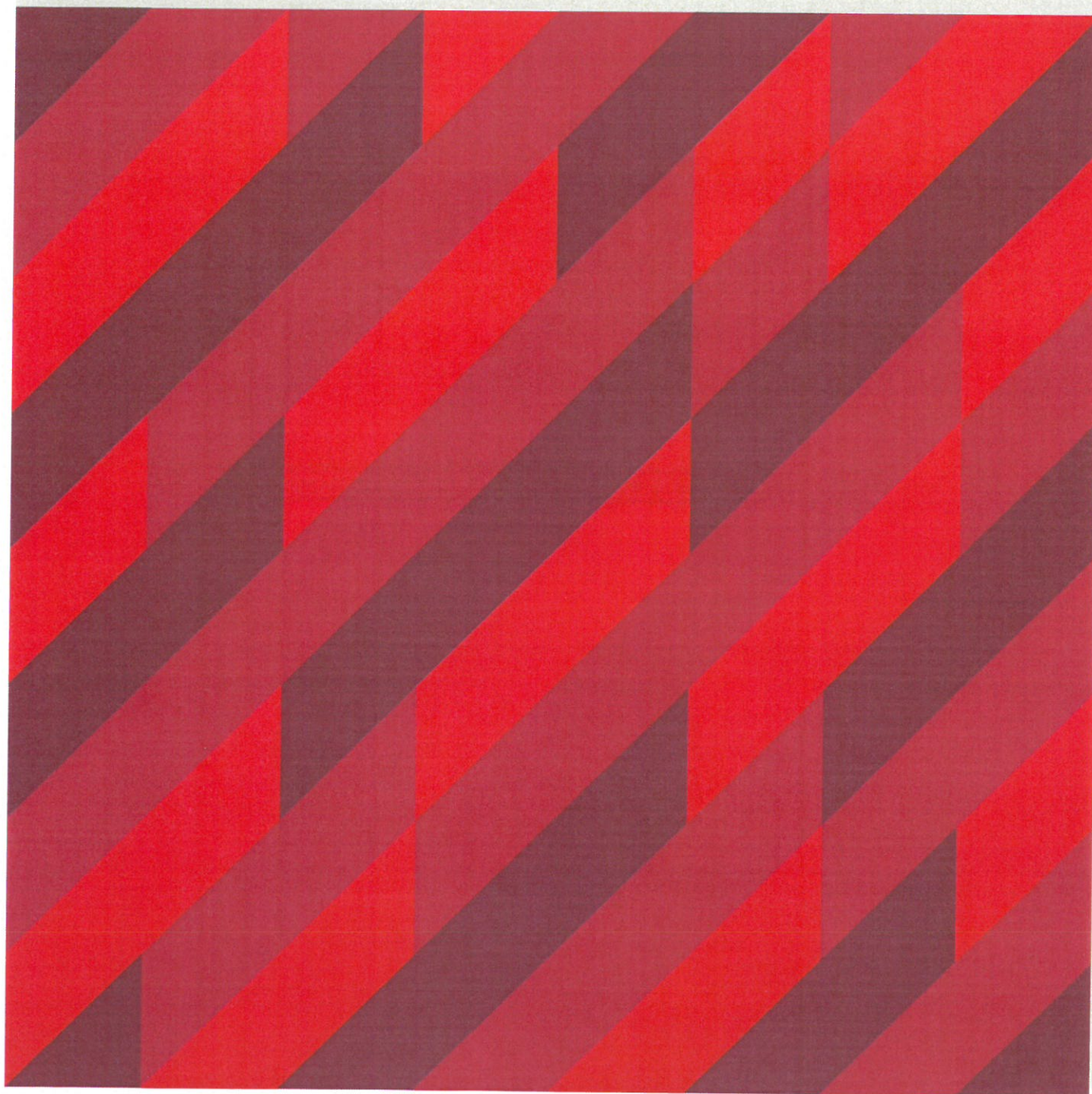
**This document was developed by Macquarie University Research Ethics and Integrity in partnership with Australasian Human Research Ethics Consultancy Services (AHRECS)**

Signed:

A handwritten signature in black ink, appearing to read 'Sakkie Pretorius'.

Date: 21.06.2017

Professor Sakkie Pretorius, Deputy Vice-Chancellor (Research)



# **The Macquarie University Code for the Responsible Conduct of Research**

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## 1. Purpose

*The Macquarie University Code for the Responsible Conduct of Research (The Macquarie Code)* outlines standards of responsible and ethical conduct expected of all persons engaged in research under the auspices of Macquarie University and the consequences for failing to adhere to these standards.

The University has developed this Code to meet the standards set out in the [Australian Code for the Responsible Conduct of Research \(2007\) \(The Australian Code\)](#).

## 2. Scope

This document applies to all academic staff, professional staff, students, and technical staff, as well as visiting academics and conjoint appointees, who are involved in research or the support of research.

The conduct of all Macquarie University research must adhere to *The Macquarie Code* irrespective of its funding source or whether it requires ethical review.

If any of the questions below are answered in the affirmative a researcher should be considered to be conducting work under the auspices of Macquarie University, so is subject to the processes described in this document:

- Will the research activity/output be claimed for internal/external purposes through Macquarie University?
- Will the work be identified (e.g. to potential participants, sites and in any output) as being Macquarie University research?
- Are there any contracts/agreements associated with the work that will describe it as being under the auspices of Macquarie University?
- Are there any invoices or other payments associated with the work that will describe it as being under the auspices of Macquarie University?
- Is the work covered by Macquarie University's insurance/indemnity?

The designated person at Macquarie University, as defined by the *Australian Code for the Responsible Conduct of Research*, is the Deputy Vice-Chancellor (Research). The Deputy Vice-Chancellor (Research) delegates specific roles and responsibilities of the designated person, including the authority to approve procedures associated with *The Macquarie Code for the Responsible Conduct of Research*, to the Director, Research Ethics and Integrity.

## 3. Observance of the Code

Researchers and professional staff must familiarise themselves with *The Macquarie Code* and ensure that its provisions are observed.

## 4. Failure to comply with this Code

Failure to adhere to *The Macquarie Code* or the [Australian Code for the Responsible Conduct of Research \(2007\)](#) may be a ground for disciplinary action (see Part B: Resolving Allegations of Breaches or Research Misconduct).

## 5. Reporting

All Macquarie University staff and students have an obligation to report any possible breaches of *The Macquarie Code* or the [Australian Code for the Responsible Conduct of Research \(2007\)](#), or possible research misconduct to the Director, Research Ethics and Integrity. The preparation and presentation of reports should follow *The Macquarie Code*, and include any advice received from a Research Integrity Advisor, as well as indicating if the individual wishes that their identity is protected. Reports should be made in writing.

## 6. Definitions

Breach	A breach is defined in section 18.2.
Complainant	For the purpose of this document, the complainant is a person who has made an allegation of possible research misconduct, a possible breach, or relating to biosafety or the ethical conduct of research.
Output	An output is any form of dissemination, including formal publication in academic journals or books, non-refereed publications, such as web pages, and other media such as exhibitions or films, and professional and institutional repositories.
Principal investigator	The principal investigator of a research project is the lead researcher. In the case of a student's research project this will be the primary supervisor.
Research	Research involves original investigation undertaken in order to gain knowledge and contribute to the body of academic, clinical or professional understanding. It can occur in all faculties and disciplinary fields across the University, and includes research conducted in the governance, educational and service areas of the University.
Researcher	Any person conducting research under the auspices of Macquarie University is a researcher. This includes, but is not limited to, all academic staff, professional staff, students, and technical staff, as well as visiting academics and conjoint appointees.
Research Misconduct	Research Misconduct is defined in section 18.1.
Respondent	For the purpose of this document, the Respondent is the researcher who is the subject of the allegation made by the complainant.

## Part A: Principles and Practices to Encourage Responsible Research Conduct

### 7. Guiding Principles of Responsible Research

1. Researchers and professional staff must, in all aspects of their research:
  - a. conduct themselves ethically, with integrity and professionalism, in accordance with the principles of the [Macquarie University Ethics Statement](#);
  - b. observe fairness and equity;
  - c. demonstrate intellectual honesty;
  - d. declare and manage conflicts of interest (actual, perceived or potential) effectively and transparently;
  - e. ensure the safety and well being of those associated with research;
  - f. show respect for human research participants, and comply with the ethical principles of integrity, respect, justice and beneficence. [The National Statement on Ethical Conduct in Human Research \(2007, updated March 2014\)](#) and [Values and Ethics - Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research \(2003\)](#) set out principles for protecting human participants in research;
  - g. show respect for the animals they use in research, in accordance with the [Australian Code of Practice for the Care and Use of Animals for Scientific Purposes \(2003\)](#);
  - h. ensure the protection of people and the environment from risks resulting from research and release into the environment of genetically modified organisms. In achieving this researchers must comply with their responsibilities under the [Gene Technology Act 2000 \(Cth\)](#), the [Gene Technology Regulations 2001 \(Cth\)](#), and any relevant guidelines issued by the [Office of the Gene Technology Regulator](#);
  - i. show respect for the environment and conduct their research so as to minimise adverse effects on the wider community and the environment;
  - j. appropriately acknowledge the role of others in research;
  - k. be responsible in the communication of research results, and
  - l. adhere to *The Macquarie Code*, *The Australian Code* and all University policies and Codes of Conduct governing the conduct of research by University researchers.
2. Research methods, results and outputs should be open to scrutiny and debate.

## 8. Special Responsibilities

1. Special Responsibilities for Integrity in Research with Aboriginal and Torres Strait Islander Peoples.
  - a. It is acknowledged that research with Aboriginal and Torres Strait Islander peoples spans many methodologies and disciplines. There are wide variations in the ways in which Aboriginal and Torres Strait Islander individuals, communities or groups are involved in, or affected by, research to which *The Macquarie Code* applies. *The Macquarie Code* should be read in conjunction with [Values and Ethics - Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research \(2003\)](#), the [Guidelines for Ethical Research in Australian Indigenous Studies \(2012\)](#) and [Keeping research on track: a guide for Aboriginal and Torres Strait Islander peoples about health research ethics \(2006\)](#).
2. Consumer and community participation in research.
  - a. Appropriate consumer involvement in research should be encouraged and facilitated by Macquarie University and its researchers. *The Macquarie Code* should be read in conjunction with the [Statement on Consumer and Community Participation in Health and Medical Research \(2002\)](#).
3. Researchers also have special responsibilities in research to other groups. [The National Statement on Ethical Conduct in Human Research \(2007, updated March 2014\)](#) provides guidelines for working with these groups, including:
  - a. women who are pregnant and the human foetus;
  - b. children and young people;
  - c. people in dependent or unequal relationships;
  - d. people highly dependent on medical care who may be unable to give consent;
  - e. people with a cognitive impairment, an intellectual disability, or a mental illness;
  - f. people who may be involved in illegal activities; and
  - g. people in other countries.

## 9. Research Data, Materials and Records

1. Research data and records should be accurate, complete and in sufficient detail to enable verification of research results and to reflect what was communicated, decided or done;
2. Materials, as appropriate for the discipline and methodology – e.g. lab notes for chemical science work, audio recordings and samples for linguistics, field notes for anthropology must be retained to substantiate published claims and research results;
3. Hard and digital data must be recorded in a durable and retrievable form, be appropriately indexed and comply with relevant protocols;

4. Research data must be retained intact for a period of at least five years from the date of any publication which is based upon the data or longer if:
  - a. discussion of results continues;
  - b. there are regulatory or sponsor requirements; or
  - c. the data has historical or archival value.
5. Where multiple data retention periods may be applicable to a data set the longer time period applies.
6. In the case of identified personal data, the consent obtained with regard to retention, confidentiality, access and reuse must be adhered to, and data must be retained and stored in accordance with any applicable approvals (e.g. ethics committee approvals). Confidential information must be kept in secure storage;
7. Where external service providers are used for a project and identified personal information is involved, the contract must include adequate safeguards for the security of the data and records and for notification of any breaches of their security;
8. Subject to ethical, contractual and legal limitations, researchers are encouraged to make available to other researchers data, records and materials for wider use;
9. Data forming the basis of publications must be available for discussion with other researchers; where confidentiality provisions apply, the data should be kept, where possible, in a way that allows reference by third parties without breaching confidentiality; and
10. When data are obtained from limited access databases, or via a contractual arrangement, written indication of the location of the original data, or key information regarding the database from which it was obtained, must be retained by the research worker.
11. While all researchers are responsible for data and materials management, the principal investigator of a research project is responsible for ensuring that data and materials are managed correctly for that project.

## **10. Authorship**

1. For a person to be recorded as an author of an output requires that he or she is directly involved in the creation by making substantial contributions through a combination of the following criteria:
  - a. conceiving or designing the project
  - b. analysing and interpreting the data on which it is based; or
  - c. writing or critically revising the intellectual content in the output.
2. In addition to the criteria in section 10.1 all authors must give final agreement to the version to be submitted for publication and retain a record of that agreement. Minor corrections (e.g. correction of typographical errors) to proofs may be managed by the corresponding



author without the need for further agreement. However, substantial changes in content (e.g., new results, corrected values, and changes of title and authorship) are not allowed without the approval of all authors.

3. A person who has made a significant contribution to the work underpinning a publication, but does not meet any of the above criteria, should not be listed as an author.
4. The right to authorship is not tied to position or profession; ghost, gift, or honorary authorship is unacceptable. Authorship should honestly reflect contribution to the work being published.
5. Acquisition of funding, the collection of data, general supervision of the research group, provision of technical assistance or materials do not, by themselves, justify authorship.
6. Any part of an article that is critical to its main conclusion must be the responsibility of at least one author.
7. An author's role in a research output must be sufficient for that person to take public responsibility for at least that part of the output in that person's area of expertise.
8. No person who is an author, consistent with this definition, may be excluded as an author without her/his express permission in writing.
9. When there is more than one co-author of a research output,
  - a. one co-author (by agreement amongst the authors) should be nominated as executive or corresponding author for the purposes of administration and correspondence; and
  - b. the authors should discuss and reach an early agreement on the order in which authors shall be listed. A record of any agreements that are made must be kept.
10. Other persons who contributed to the work who are not authors should be named in the footnotes and/or in the Acknowledgements (where the publisher provides for this, and in a manner consistent with the norms of the research field or discipline). An author must ensure the work of cultural advisors, reference groups, students, research assistants and technical officers is recognised in a publication derived from research to which they have made a contribution. Individuals and organisations providing access to facilities, samples or reference collections must be fully acknowledged. Where individuals are acknowledged, their approval should be sought.
11. Subject to agreement with the publishers of the research output, if there are reasonable grounds to believe that a deceased person would have agreed to be an author, and the person meets the criteria for inclusion as an author, they should be so included. There should be an appropriate author information note indicating that the author is included posthumously. Similarly, if a deceased person meets the criteria for acknowledgement, and there is reasonable grounds to believe they would have agreed to be acknowledged, they should be so acknowledged.
12. All staff and students must comply with the University's [Academic Honesty Policy](#). Staff and students must act with integrity in the creation, development, application and use of ideas and information. When the ideas or work of others are used, these ideas must be appropriately and accurately cited or acknowledged.

13. Researchers should comply with authorship conventions appropriate to their discipline. These requirements may vary according to discipline, journal requirements and funding provisions. Researchers should be familiar with international best practice in their discipline, for example [ICMJE: Roles & Responsibilities](#).

## 11. Publication and Dissemination of Research Findings

1. There are many ways of disseminating research findings. Formal publication of the results of research will usually take place in academic journals or books, but this is not always the case. This section of *The Macquarie Code* applies to all forms of dissemination, including non-refereed publications, such as web pages, and other media such as exhibitions or films, as well as professional and institutional repositories.
2. Researchers must not deliberately include inaccurate or misleading information relating to research activity in research outputs, curriculum vitae, grant applications, job applications or public statements.
3. Researchers must ensure that published reports, statistics and public statements about research activities and performance are complete, accurate and unambiguous. In the event that a researcher becomes aware of unintentional misleading or inaccurate statements in their work, they must attempt to correct the record as soon as possible.
4. Publication of more than one research output of the same type (e.g. papers, books, multimedia presentations), or of different types with substantially similar content (e.g. a paper and a book chapter), on the same set(s) or subset(s) of data is not acceptable, except where each subsequent paper fully cross-references and acknowledges the earlier paper or papers (for example, in a series of closely related work, or where a complete work grew out of a preliminary publication).
5. Publication of the same material translated into different languages is acceptable provided the original source is fully acknowledged.
6. The publication of substantially similar work in more than one location is discouraged. An author who submits substantially similar work to more than one publisher must disclose this to the publishers at the time of submission. Copyright must be carefully considered in these circumstances.
7. Researchers must ensure that they maintain the confidentiality of any information to which they have been given access on a confidential basis and that consent and/or removal of any identifiers or sensitive information is in place prior to publication.
8. Publications must include information on the sources of financial support for the research and must include a disclosure of any potential conflicts of interest, if these occur. Financial sponsorship that carries an embargo on such naming of a sponsor should be avoided where possible, except with approval of the Deputy Vice-Chancellor (Research).
9. Researchers should, where possible, make the results of their research publicly accessible. Researchers must comply with the University's [Open Access Policy](#).
10. Subject to any conditions imposed by the research sponsor, researchers should seek to communicate their research findings to a range of audiences, which may include the

sponsor, professional organisations, peer researchers, policy makers and the community. Researchers may be interviewed by the media, invited to participate in debates, and approached by individuals for comment. Researchers should seek training in communicating with the media and the community.

11. When discussing the outcomes of a research project, special care should be taken to explain the status of the project — for example, whether it is still in progress or has been finalised.
12. To minimise misunderstanding about research outcomes, researchers should undertake to inform promptly those directly impacted by the research, including interested parties, before informing the popular media.
13. Confidentiality provisions to protect intellectual property rights may be agreed between Macquarie University and a sponsor of the research (see the University's [Intellectual Property Policy](#)). Researchers are nevertheless urged during negotiations to seek free publication of the results, regardless of whether they are seen as beneficial to the sponsor. Approval of the Deputy Vice-Chancellor (Research) must be obtained where such agreements limit free publication and discussion.
14. In the case of human research, potential participants in the research must be advised of any arrangements that might limit, delay or restrict the publication of the results prior to taking part in the research. Any of these arrangements must be disclosed to the Human Research Ethics Committee at the time of application and the disclosure to participants must follow the instructions of the committee.
15. The outcomes of research with a strong commercial element may have to be presented to a stock exchange or financial body before any public release.
16. Any restrictions on communications that have been agreed with the sponsor must be honoured.
17. Higher Degree Research Candidates are required to submit a digital copy of their thesis so that it may be added to the *Macquarie University Digital Thesis Collection* and included in [Macquarie University Research Online](#). Candidates must follow the [Digital Thesis Submission Guidelines](#). If a candidate anticipates that another entity, such as a publisher, may in the future hold a copyright interest in the thesis material, it is recommended that a moratorium application be submitted to the Higher Degree Research Committee or a permission from the publisher for a copy to reside in *Macquarie University ResearchOnline* be requested. Restrictions must be approved by the Higher Degree Research Committee.
18. All staff must comply with the University's [Public Comment Policy](#) and [Social Media Guideline](#).

## **12. Supervision of Students Undertaking Research**

1. Supervision of Higher Degree Research Candidates must be carried out in accordance with the [Higher Degree Research Supervision Policy](#) and the [Higher Degree Supervision Procedure](#).
2. The responsibilities of supervisors and students apply to the supervision and conduct of both undergraduate and postgraduate students at Macquarie University.

3. Supervisors must mentor their students with regard to the principles and requirements of *The Macquarie Code* and provide guidance in good research practice.
4. Supervisors must ensure the research methods and outcomes of research under their supervision are appropriate and valid.
5. Supervisors must ensure students receive appropriate acknowledgement for their work, including both publication and intellectual property (see the University's [Intellectual Property Policy](#)).
6. It is the responsibility of supervisors to ensure that a student's project has all necessary ethical and biosafety approvals prior to commencing research. If there is doubt about the need for approval, advice should be sought from Macquarie University Research Ethics and Integrity.
7. It is the responsibility of supervisors to ensure that procedures and training are in place to manage the safety of a student's project.
8. It is the responsibility of the primary supervisor to ensure the student's research data and materials are held with appropriate security and that data and materials are retained within the University for at least five years, or longer if necessary (See section 9, Research Data, Materials and Records).
9. The preparation, submission and examination of a Higher Degree Research Candidate's thesis must follow the [Higher Degree Research Thesis Preparation, Submission and Examination Policy](#) and the [Higher Degree Research Thesis Preparation, Submission and Examination Procedure](#).
10. The appointment of independent thesis examiners should follow the guidelines set out in the Council of Deans and Directors of Graduate Studies in Australia (DDOGS) Conflict of Interest Guidelines.
11. The establishment of agreements for the supervision of cotutelle and joint-degree PhD candidates, and the conduct of such collaborations, should observe the principles of the [Singapore Statement on Research Integrity](#) and the [Montreal Statement on Research Integrity in Cross-Boundary Research Collaborations](#).

Note: While Macquarie University endeavours to observe the principles of these statements, any requirements of *The Macquarie Code* or the [Australian Code for the Responsible Conduct of Research \(2007\)](#) take precedence.

## 13. Conflict of Interest

1. A conflict of interest exists where there is a divergence between the individual interests of a person and their professional responsibilities such that an independent observer might reasonably conclude that the professional actions of that person are unduly influenced by their own interests. Research related conflicts of interest may apply to researchers and those who facilitate research funding with industry, philanthropic sources and government agencies.

2. Conflicts of interest in the research area are common and it is important that they are disclosed and dealt with properly. An individual researcher should therefore expect to be conflicted from time to time, and be ready to acknowledge the conflict and make disclosures as appropriate.
3. Examples of possible conflicts of interest in research include, but are not limited to, situations:
  - a. where the research is sponsored by a related body;
  - b. where the researcher or a related body may benefit, directly or indirectly, from any inappropriate dissemination of research results (including any delay in or restriction upon publication of such results);
  - c. where the researcher or a related body may benefit, directly or indirectly, from the use of University resources;
  - d. where the researcher conducts a clinical trial which is sponsored by any person or organisation with a significant interest in the results of the trial.
  - e. where private benefits or significant personal or professional advantage are dependent on research outcomes.

Note: A related body is any person or body with which the researcher has an affiliation or a financial involvement.

A financial involvement includes a direct or indirect financial interest, provision of benefits (such as travel and accommodation) and provision of materials or facilities.

An indirect financial interest is a financial interest or benefit derived by the researcher's relatives, personal or business associates, or students.

4. It is important to recognise that actual, perceived or potential opportunities to give preference to personal interests may routinely arise from competing obligations and can be other than financial.
5. The responsibility for managing a conflict of interest rests, in the first instance, with the individual. Researchers and those who facilitate research and research funding should assess their own situation to ascertain if a conflict of interest exists whether actual, perceived or potential.
6. All staff and students must make a full disclosure of a conflict of interest or of circumstances that might give rise to an actual, perceived or potential conflict of interest as soon as reasonably practicable.
7. For the conduct of clinical trials, full disclosure must include the nature of the sponsorship and the relationships between the sponsor, trial participants and the clinical investigator.
8. Researchers have an obligation to disclose, at the point of proposing research (for example, in a grant application), any conflict of interest which has the potential to influence research and investigations, publication and media reports, grant applications, applications for appointment and promotion, or research commercialisation.



9. When a project requires ethical review, disclosure must also be made to the relevant ethics committee.
10. In the case of human research, disclosure may also need to be made to potential participants (and possibly any gatekeeper that controls access to that population). This should be determined by the relevant Human Research Ethics Committee.
11. In situations where a research project involves collaborating researchers, disclosure should be made to the other team members.
12. When publishing/reporting the results of a project, a disclosure should be included in the output and must at least be made to the relevant editor/publisher, and perhaps within the output itself.
13. Researchers must not make, or attempt to make, unlawful profits from their participation in, or knowledge of, research conducted at Macquarie University and must comply with Macquarie University's [Staff Code of Conduct](#) and/or [Student Code of Conduct](#), whichever is applicable to the researcher.
14. Staff must comply with all provisions in the relevant Enterprise Agreement in relation to outside work (see the [Academic Staff Agreement](#) and/or the [Professional Staff Agreement](#)).
15. When deciding whether to accept sponsored research or contract research funding on behalf of the University, the Deputy Vice-Chancellor (Research) may seek information regarding disclosure and management of any conflict of interest that may result.

## **14. Peer Review**

1. Peer review is the impartial and independent assessment of research by others working in the same or a related field.
2. Researchers in receipt of public funding have a responsibility to participate in the peer review process. Macquarie University encourages researchers to participate in peer review to provide public credibility to the reporting of research.
3. Researchers who are asked to participate in peer review should do so in an ethical, confidential and timely manner. Researchers should not agree to review any research for which they have a conflict of interest, or where the research is outside their area of expertise. In some circumstances, where there are limited numbers of potential reviewers with relevant expertise it may be unavoidable that a reviewer has some conflict of interest.
4. A conflict of interest must be disclosed to the person/organisation requesting the review either prior to accepting the request or as soon as the conflict of interest becomes apparent. The conflict of interest must then be taken into account.
5. Researchers whose research is being peer reviewed must not seek to influence the process or the outcomes.
6. Supervising researchers have a responsibility to assist trainee researchers in developing the necessary skills for peer review and understanding their obligation to participate.

## 15. Collaborative Research with Other Organisations

1. Macquarie University encourages collaborative research within and beyond the University, nationally and internationally.
2. Where an external research collaboration exists that requires a formal agreement, the agreement should cover:
  - a. ownership of intellectual property (see the University's [Intellectual Property Policy](#));
  - b. ownership, location and access to the data and materials;
  - c. confidentiality;
  - d. identification and management of conflicts of interest;
  - e. protocols for the dissemination of research outputs;
  - f. sharing of commercial returns, and
  - g. responsibility for ethics and research safety.
3. Researchers should keep a record of all negotiations with collaborators and any arrangements that are made. This record may take the form of copies of relevant email correspondence.
4. Researchers involved in a collaborative research project must familiarise themselves, and comply, with the written agreement governing the collaboration and all policies and agreements affecting the project.
5. Researchers must disclose to their collaborators, as soon as possible, any actual or apparent conflicts of interest relating to any aspect of a collaborative project.

## 16. Research Integrity Advisors

1. Macquarie University will appoint a network of experienced researchers to act as Research Integrity Advisors.
2. Research Integrity Advisors are people with research experience, wisdom, analytical skills, empathy, knowledge of the institution's policy and management structure, and familiarity with the accepted practices in research.
3. A sufficient number of Research Integrity Advisors will be appointed from across the University's faculties so that advice may be tailored to specific disciplines.
4. Macquarie University staff and students may seek advice from any Research Integrity Advisor and are not limited to an advisor in a particular faculty. In some cases, meeting an advisor from another Faculty may be more appropriate.

5. Research Integrity Advisors can provide advice on good research practices, and the application of *The Macquarie Code*.
6. Research Integrity Advisors can provide advice about questionable research practices and the process of making an allegation of a possible breach or possible research misconduct.
7. If an allegation is made, a Research Integrity Advisor must declare their involvement as an advisor to the Director, Research Ethics and Integrity.

## 17. Additional Requirements

1. Researchers must comply with any relevant laws, or any regulations, special standards of work performance and ethical conduct imposed by the law or Macquarie University. These are deemed to be included in *The Macquarie Code* in its application to researchers at Macquarie University.
2. Where research procedures are of a kind requiring approval by a human research or animal ethics committee, institutional biosafety committee or by a safety or other validly constituted regulatory committee, research must not proceed without prior approval. The conduct of that research must adhere to the terms of that approval.
3. Researchers should endeavour to safeguard the interests of all parties in relation to intellectual property in accordance with the University's [Intellectual Property Policy](#) and other guidelines as may be promulgated from time to time.
4. Every researcher should be provided with access to material on applicable institutional guidelines for the conduct of research, including those covering ethical requirements for human research and scientific work with animals, requirements for confidentiality, and occupational health and safety matters.

## Part B: Resolving Allegations of Breaches or Research Misconduct

### 18. Definitions of Research Misconduct and a Breach

1. **Research misconduct** constitutes a failure to comply with *The Macquarie Code*, the [Australian Code for the Responsible Conduct of Research \(2007\)](#) or specific provisions of University policies governing the conduct of research by University researchers. Research misconduct includes intent and deliberation, recklessness, gross or persistent negligence; and/or seriously deviates from accepted standards within the research and scholarly community for proposing, conducting or reporting research; and may have serious consequences.
  - a. Examples of research misconduct include the following:
    - i. Fabrication of data or results;
    - ii. Falsification or misrepresentation of data or results;

- iii. Plagiarism of data, results, or written outputs;
  - iv. Redundant or duplicate publication of data, results, or written outputs;
  - v. Failure to declare or adequately manage risk to the safety of human participants, or the wellbeing of animals or the environment;
  - vi. Misleading ascription of authorship to a publication including listing authors without their permission, attributing work to people who did not contribute to the publication, omission of people eligible to be authors, lack of appropriate acknowledgement of work primarily produced by others;
  - vii. Failure to disclose conflicts of interest or cases where a conflict of interest might reasonably be perceived to exist;
  - viii. Falsification or misrepresentation to obtain funding;
  - ix. Misuse or misappropriation of funds;
  - x. Wilfully conducting research without required ethics approval as required by the [\*National Statement on Ethical Conduct in Research Involving Humans \(2007 – updated March 2014\)\*](#) and the [\*Australian Code of Practice for the Care and Use of Animals for Scientific Purposes \(2013\)\*](#);
  - xi. Wilfully conducting research that is not compliant with the [\*Gene Technology Act 2000 \(Cth\)\*](#), the [\*Gene Technology Regulations 2001 \(Cth\)\*](#), and any relevant guidelines issued by the Office of the Gene Technology Regulator; and
  - xii. Wilful concealment or facilitation of research misconduct by others.
- b. Repeated or continuing breaches may constitute research misconduct. Where there has been previous counselling or specific direction, repeated or continuing breaches do constitute research misconduct.
  - c. Research misconduct does not include errors or differences in interpretation or judgment of data which are not dishonest, reckless or persistently negligent.
- 2. A **Breach** is an unintentional failure to comply with *The Macquarie Code*, *The Australian Code for the Responsible Conduct of Research (2007)* or specific provisions of University policies or codes governing the conduct of research by University researchers. A breach does not include honest differences in the interpretation of data.
  - 3. The definitions of research misconduct and breach in this document relate to the [\*Australian Code for the Responsible Conduct of Research \(2007\)\*](#) and do not influence or limit the definitions of similar concepts in other documents.

## 19. General Principles for Handling and Resolving Allegations

- 1. The handling of allegations of breaches of *The Macquarie Code* and/or the [\*Australian Code for the Responsible Conduct of Research \(2007\)\*](#) and of allegations of research misconduct at Macquarie University will be based upon the following principles:

- a. The response to allegations will be fair, transparent and policy-based. The arrangements for handling alleged breaches of *The Macquarie Code* and/or *The Australian Code* and allegations of research misconduct are to be based upon the principles of procedural fairness, natural justice and transparency and will follow institutional policies.
- b. The conduct of formal inquiries of alleged research misconduct should complement the academic misconduct, student misconduct and staff misconduct processes, not replace or conflict with them. Under normal circumstances, research misconduct inquiries would precede any inquiries undertaken under the relevant Enterprise Agreement.
- c. Macquarie University is committed to the principle of natural justice (i.e. giving individuals the right to respond to specific allegations made against them). The University will not normally act on anonymous formal allegations lodged against individuals. However, anonymous allegations of research misconduct may be acted upon if they contain sufficient information to enable the assessment of the allegations and the credibility of the facts and evidence on which the complaint is based (i.e. without the need for further information from the source of the allegation).
- d. Where an anonymous allegation is made the source of the allegation *will not*:
  - i. be entitled to participate in the procedures set out in the framework.
  - ii. receive notice of the status of the complaint or a report of the outcome of any inquiry or investigation conducted in respect of the complaint
- e. An anonymous allegation of a breach (unintentional failure) will not ordinarily initiate a formal review but, depending upon the specifics of the allegation, it may prompt professional development activities in the relevant area(s) or a review of processes.
- f. In some cases a complainant (internal or external) may not wish to be identified as the source of an allegation or complaint. They may not wish the Respondent, anyone involved in the review, or other third parties (e.g. the relevant head of the administrative unit) to know their identity. This might be because the complainant believes there will be recriminations if they are identified. If this is the case, everyone involved in the processing of the matter should, if possible, abide by the complainant's wishes. It should however be explained to the complainant that:
  - i. there may be practical limitations to this confidentiality (e.g. if a party seeks access to their identity through legal action);
  - ii. removing any information that might enable the complainant to be identified by inference, might limit the effectiveness of the review of the allegations; and
  - iii. issues of natural justice may necessitate revealing the identity of the complainant to the Respondent.
- g. When a possible breach relates to a dispute between two or more researchers and whenever possible and appropriate, the parties to an allegation should be encouraged to reach a mutually agreeable resolution based upon a collegiate and cooperative approach prior to lodging a formal allegation.
- h. The processing of alleged breaches and allegations of research misconduct must be conducted in a timely fashion, in good faith and honestly.



- i. Any person involved in the handling of an allegation or complaint, who believes they might be perceived to have a conflict of interest, must declare this to the Director, Research Ethics and Integrity so this can be appropriately addressed. If the Director, Research Ethics and Integrity has an actual or perceived conflict of interest it must be declared to the Deputy Vice-Chancellor (Research) so it can be addressed.
- j. When appointing an inquiry panel to investigate alleged research misconduct, the Deputy Vice-Chancellor (Research) may draw upon suitably qualified people from both within Australia and internationally. In some instances international representation among panel members may be the most appropriate course of action to guarantee the independence of the inquiry panel.
- k. The outcome of any formal inquiry must be reported to the parties making the allegation, to the Respondent(s) and other stakeholders as appropriate.
- l. The response to a breach (unintentional failure) should be proportional and aim to be remedial, focusing on professional development rather than punitive measures.
- m. At all stages outlined in these processes, comprehensive records about all allegations, the processes followed and the outcome/resolution must be maintained by those conducting the mediation/inquiry. The originals must then be provided to the Director, Research Ethics and Integrity.
- n. If at any time during the assessment of allegations or an inquiry, it becomes apparent that the allegation relates to a matter that should be dealt with under the [Reporting Wrongdoing: Public Interest Disclosures Policy](#), the [Reporting Wrongdoing: Public Interest Disclosures Procedure](#) must be followed.
- o. The University will not tolerate any reprisal action against staff who accurately and honestly report possible breaches or research misconduct. In assessing and dealing with reports of possible breaches or research misconduct, the University will consider the possibility of reprisal action and seek to minimise its occurrence. If a staff member is concerned about the possibility of reprisal action, they should raise the matter with the Director, Research Ethics and Integrity. Similarly, if any staff member is concerned that any action they need to take in the course of their role may be perceived to amount to reprisal action, they should consult the Director, Research Ethics and Integrity. Staff members who take detrimental action against an individual who accurately and honestly reports possible breaches or research misconduct may be disciplined by the University in accordance with relevant University policies and industrial instruments. Detrimental action means action causing, comprising or involving any of the following:
  - i. injury, damage or loss;
  - ii. intimidation or harassment;
  - iii. discrimination, disadvantage or adverse treatment in relation to employment;
  - iv. dismissal from, or prejudice in, employment; or
  - v. disciplinary proceedings.
- p. Frivolous/vexatious/malicious allegations of either breaches or research misconduct will not be tolerated or investigated. Persons making such allegations may be the subject of

disciplinary actions. In serious cases, or where the person is from outside Macquarie University, the matter may be referred to the police.

- q. When investigating possible research misconduct in a cotutelle or joint degree PhD candidate research program, Macquarie University will endeavour to observe the principles of the [OECD Global Science Forum, Investigating Research Misconduct Allegation in International Collaborative Research Projects, A Practical Guide \(April 2009\)](#). However, any requirements of *The Macquarie Code*, or the [Australian Code for the Responsible Conduct of Research \(2007\)](#) are deemed to take precedence.

## 20. Receiving Allegations of a Breach or Possible Research Misconduct

1. Macquarie University does not limit the categories of persons who have standing to make an allegation.
2. A person considering making an allegation may discuss their concerns with a Research Integrity Advisor.
3. The Research Integrity Advisor :
  - a. must explain that if they become aware of a possible breach or possible research misconduct the matter must be reported to the Director, Research Ethics and Integrity.
  - b. may conduct the initial discussion in hypotheticals and explain to the person that it may not be possible to make an anonymous allegation.
  - c. may assist the person in preparing their allegation.
  - d. must declare to the Director, Research Ethics and Integrity, and if applicable the Executive Dean and/or the Deputy Vice-Chancellor (Research), their involvement as an Advisor.
4. Allegations of a possible breach or possible research misconduct must be received in writing, including email, by the Director, Research Ethics and Integrity.
5. The Director, Research Ethics and Integrity should make an assessment of whether the allegation:
  - a. relates to a possible breach;
  - b. relates to biosafety or the ethical conduct of research approved by a Macquarie University Ethics Committee;
  - c. relates to possible research misconduct;
  - d. relates to matters other than research;
  - e. relates to a matter that should be dealt with under the [Reporting Wrongdoing: Public Interest Disclosures Policy](#);

- f. is frivolous, vexatious or mischievous; or
  - g. contains insufficient information, and more information is required in order to assess the nature of the allegation.
- 6. Where the assessment in section 20.5 concludes that the allegation relates to a possible breach, the process outlined in section 21 should be followed.
- 7. Where the assessment in section 20.5 concludes that the allegation relates to biosafety or the ethical conduct of research, the process outlined in section 22 should be followed.
- 8. Where the assessment in section 20.5 concludes that the allegation relates to possible research misconduct, the process outlined in section 23 should be followed.
- 9. Where the assessment in section 20.5 concludes that the allegation relates to matters other than research, the Director, Research Ethics and Integrity should refer the allegation to the appropriate department or office and inform the complainant about the status of their allegation. For example, matters of staff harassment or discrimination may be referred to Human Resources, matters of workplace safety may be referred to Health and Safety, or Higher Degree Research Candidate related matters may be referred to the Higher Degree Research Office.
- 10. Where the assessment in section 20.5 concludes that the allegation relates to a matter that should be dealt with under the [Reporting Wrongdoing: Public Interest Disclosures Policy](#), the [Reporting Wrongdoing: Public Interest Disclosures Procedure](#) must be followed.
- 11. Where the assessment in section 20.5 concludes that the allegation is frivolous, vexatious or mischievous the allegation should be dismissed. The Director, Research Ethics and Integrity should notify the complainant that their allegation has been dismissed and outline the reasons for dismissal. If the Director, Research Ethics and Integrity forms the opinion that it is appropriate, the complainant should be referred to the appropriate University disciplinary process or the police.
- 12. Where the assessment in section 20.5 concludes that there is insufficient information to properly assess the nature of the allegation the Director, Research Ethics and Integrity should ask the complainant to provide further information. If the allegation has been made anonymously the Director, Research Ethics and Integrity may decide not to proceed with an investigation.
- 13. The Director, Research Ethics and Integrity should consider the suitability of briefing the Marketing Unit so that they are informed in the event of a media inquiry. Consideration should also be given to the suitability of briefing Human Resources if applicable in the circumstances.
- 14. The Director, Research Ethics and Integrity may seek confidential advice when making their assessment of the allegation, for example, from the Office of the General Counsel.

## **21. Investigation and Resolution of a Possible Breach**

- 1. Where an allegation relates to a possible breach, the Director, Research Ethics and Integrity should refer the allegation to the relevant Executive Dean in writing. If the Respondent is not

a member of a faculty, the allegation should be referred to the relevant Head of Office who assumes the role of the Executive Dean in this process.

2. In the event that the Executive Dean or Head of Office is party to the allegation, the matter should be referred to the Deputy Vice-Chancellor (Research).
3. The Executive Dean may appoint a delegate to deal with the allegation in the first instance. If appointed, the delegate must declare any conflicts of interest, such as having provided advice, to either the complainant or the Respondent, relating to the subject of the allegation. The delegate may be a staff member with suitable authority, knowledge and experience, such as an Associate Dean (Research), an Associate Dean (Higher Degree Research) or a Head of Department.
4. The terms of reference for investigating a possible breach will be determined through agreement between the Executive Dean and the Director, Research Ethics and Integrity on a case by case basis. In general, the terms of reference should include investigating the facts surrounding the allegation and reporting on the facts and any recommended remedial actions to resolve the alleged breach.
5. The delegate should review the evidence in the allegation and may seek further information from the complainant and/or relevant others.
6. The delegate must make an assessment of the allegation, and must consult with the Director, Research Ethics and Integrity, to decide whether:
  - a. there is a prima facie case for a possible breach; or
  - b. that no breach has occurred.
7. Where the assessment in section 21.6 concludes that no breach has occurred, the delegate should inform both the complainant and Respondent of their decision in writing. A copy of the decision must be forwarded to the Director, Research Ethics and Integrity.
8. Where the assessment in section 21.6 concludes that a possible breach has occurred:
  - a. The delegate should write to the Respondent outlining their view of the possible breach, then meet with the Respondent to discuss the possible breach.
  - b. At the meeting the Respondent should be given a reasonable opportunity to respond to the details of the allegation, as well as an opportunity to provide a written response no later than five days following the meeting.
  - c. Following the response the delegate will determine and advise the Respondent if the view originally formed is still valid, and if so what improvements are required to prevent any further breaches. The delegate may seek confidential advice to decide on suitable actions for improvement.
  - d. Where reasonable, the Respondent should be provided with training and/or professional development.
  - e. The Respondent will be given a reasonable period of time, not normally more than three months, to improve in those areas identified as being necessary.

9. The Respondent is entitled to be accompanied to any meeting by a support person; however, there should not be legal representation. The Respondent and their support person may withdraw to consult if required. The support person may participate in the meeting but may not answer for the Respondent.
10. At the end of the period specified in section 21.8.e the delegate will meet with the Respondent and review their performance. Following that review:
  - a. where the delegate determines that the work of the Respondent no longer constitutes a breach, it will be recorded and no further action will be taken. Copies of the decision will be provided to the Respondent and to the Director, Research Ethics and Integrity; or
  - b. where the delegate determines that the work of the Respondent continues to constitute a breach, the delegate will:
    - i. make a report to the relevant Executive Dean within five working days of meeting with the Respondent; and
    - ii. provide a copy of the report to the Respondent and to the Director, Research Ethics and Integrity.
11. If at any time during the process the Executive Dean or their delegate determines that all aspects of the Respondent's work no longer constitute a breach, the Executive Dean or their delegate will inform the Respondent in writing that the breach has been resolved and no further action will be taken. A copy of the decision will be provided to the Director, Research Ethics and Integrity.
12. Where the delegate forwards a report to the Executive Dean, the Respondent may provide a written response to the Executive Dean. Any response by the Respondent must be provided within five working days of the Respondent receiving the report specified in section 21.10.b.
13. The Executive Dean:
  - a. will review the report and any response from the Respondent;
  - b. may seek further information from the Respondent or the delegate regarding the report or the response from the Respondent; and
  - c. will, if requested by the Respondent, seek input from up to three colleagues nominated by the Respondent in the Faculty or Office in which the Respondent works, and give them a reasonable opportunity to provide such input.
14. Having regard to the report and any further information obtained in the process referred to in section 21.13, the Executive Dean will either:
  - a. refer the matter back to the delegate for a further review period, which, depending on the circumstances, shall not normally be more than three months, with directions to which the delegate must comply before the matter is referred back to the Executive Dean to be dealt with under this sub clause; or
  - b. determine that all aspects of the Respondent's work no longer constitute a breach and no further action will be taken. The Executive Dean will provide a report in writing to the Respondent, the delegate and Director, Research Ethics and Integrity; or



- c. refer the matter to the Director, Research Ethics and Integrity as a case of possible research misconduct.
- 15. If at any time during the process outlined in section 21 the delegate or the Executive Dean forms the opinion that there is a prima facie case of possible research misconduct, or that there is a risk of corporate exposure, the matter must be referred to the Director, Research Ethics and Integrity.
- 16. The delegate, in consultation with the Director, Research Ethics and Integrity and/or the Executive Dean, should consider if, in order to reduce the likelihood of future breaches:
  - a. training for the department's or faculty's researchers is required; and/or
  - b. new or modified processes for the department or faculty are required.

## **22. Investigation of an Allegation Relating to Biosafety or the Ethical Conduct of Research Approved by a Macquarie University Ethics Committee**

- 1. Where an allegation relates to biosafety or the ethical conduct of research approved by a Macquarie University Ethics Committee, the Director, Research Ethics and Integrity should refer the allegation to the chair of the appropriate committee in writing.
- 2. The Biosafety or Ethics Committee should conduct an inquiry into the matters raised in the allegation at the soonest practical time, in accordance with the terms of reference for that Committee.
- 3. The Committee inquiry may only make findings of fact in relation to the allegation.
- 4. The Committee inquiry should provide a written report to the Director, Research Ethics and Integrity.
- 5. If the Committee forms the opinion that a breach or research misconduct may have occurred it must refer the allegation to the Director, Research Ethics and Integrity for investigation.

## **23. Investigation of Possible Research Misconduct**

- 1. Where an allegation relates to possible research misconduct, the Director, Research Ethics and Integrity must refer the allegation to the Pro-Vice Chancellor (Research, Integrity and Development) in writing.
- 2. In the event that the Pro Vice-Chancellor (Research, Integrity and Development) is a party to the allegation, the Vice-Chancellor must appoint another person to follow the procedure outlined.
- 3. The Pro Vice-Chancellor (Research, Integrity and Development) may consult with the Director, Research Ethics and Integrity, the Higher Degree Research Office, Human

Resources and the Office of the General Counsel when considering the most appropriate response to the allegation.

4. The Pro Vice-Chancellor (Research, Integrity and Development) may respond to the allegation by:
  - a. Advising the relevant Department or Faculty in an appropriate course of action and review process.
  - b. Establishing an internal inquiry into the allegation.
  - c. Establishing an external inquiry into the allegation.
  - d. Determining that the allegation is frivolous, vexatious or mischievous.
5. Where the allegation of possible research misconduct relates to the conduct of a student (including a Higher Degree Research Candidate) the matter should be dealt with via an internal inquiry unless other direction is given by the Pro Vice-Chancellor (Research, Integrity and Development).
6. The parties to the allegation should be notified promptly in writing of the course of action to be taken by the Pro Vice-Chancellor (Research, Integrity and Development). A copy of this correspondence should be forwarded to the Director, Research Ethics and Integrity.
7. If necessary, the Pro Vice-Chancellor (Research, Integrity and Development) should take all appropriate actions to secure all relevant documents and evidence relating to the allegation.
8. The Pro Vice-Chancellor (Research, Integrity and Development) should consider the need to notify relevant parties of the existence of allegations, and take appropriate actions. The Pro Vice-Chancellor (Research, Integrity and Development) should consider the risk to the University, others associated with the research and any reporting obligations. A non-exhaustive list of potential relevant parties is included in section 29.
9. The Pro Vice-Chancellor (Research, Integrity and Development) or their delegate may notify the Director, Human Resources, of the course of action to be taken and, if appropriate, provide any necessary information to Human Resources.
10. The Pro Vice-Chancellor (Research, Integrity and Development) or their delegate may notify the Director, Higher Degree Research Office of the course of action to be taken, and if appropriate provide any necessary information to the Higher Degree Research Office.
11. The Pro Vice-Chancellor (Research, Integrity and Development) or their delegate should consider briefing the Marketing Unit so that they are informed in the event of a media inquiry.

## **24. An Internal Research Misconduct Inquiry**

1. If the Pro Vice-Chancellor (Research, Integrity and Development) determines that the allegations should be referred to an Internal Research Misconduct Inquiry (Internal Inquiry), she/he will appoint an Internal Inquiry Panel in accordance with section 24.2. The Internal Inquiry Panel will convene within 15 working days of its appointment.

2. The Internal Inquiry Panel may comprise at least three persons, one of whom shall be appointed the Chair by the Pro Vice-Chancellor (Research, Integrity and Development). The Internal Inquiry Panel may:
  - a. consist of at least one member with knowledge and experience in the relevant field of research;
  - b. consist of at least one member who is familiar with the responsible conduct of research;
  - c. consist of at least one member who has experience on similar panels, or has relevant experience or expertise in investigating research misconduct issues;
  - d. be comprised of either, exclusively Macquarie University staff or a combination of Macquarie University staff and external members. It shall not however be exclusively external members;
  - e. where the matter relates to research with Aboriginal and Torres Strait Islander peoples, include at least one member with relevant experience and knowledge of research with Aboriginal and Torres Strait Islander peoples; and
  - f. declare any relevant expert knowledge held by members of the panel to the Respondent.
3. The terms of reference of the Internal Inquiry Panel are to include investigating the facts surrounding the allegation and reporting to the Pro Vice-Chancellor (Research, Integrity and Development) on the facts relating to the alleged research misconduct and any mitigating circumstances raised by the Respondent in their response. The Internal Inquiry Panel is to make a finding (or findings) of fact to determine if there has been a failure to comply with *The Macquarie Code* and/or any of the University's policies procedures, or codes of conduct governing the conduct of research by University researchers.
4. During the proceedings of the inquiry the Respondent is entitled to be accompanied to any meeting by a support person, however, there should not be legal representation. The Respondent and their support person may withdraw to consult if required. The support person may participate in the meeting but may not answer for the Respondent.
5. If, during the course of an Internal Inquiry, the Internal Inquiry Panel discovers that the potential extent of the allegations are more serious than originally thought it must provide an interim report to the Pro Vice-Chancellor (Research, Integrity and Development). The Pro Vice-Chancellor (Research, Integrity and Development) may choose to disband the internal inquiry and establish an external inquiry.
6. The inquiry will follow the process set out in section 26.

## **25. An External Independent Research Misconduct Inquiry**

1. If the Pro Vice-Chancellor (Research, Integrity and Development) determines that the allegations should be referred to an External Independent Research Misconduct Inquiry (External Inquiry), she/he will appoint an External Inquiry Panel in accordance with section 25.2. The External Inquiry Panel will convene within 20 working days of its appointment.

2. The External Inquiry Panel may comprise at least three persons, one of whom shall be appointed the Chair by the Pro Vice-Chancellor (Research, Integrity and Development). The External Inquiry Panel may:
  - a. consist of at least one member who is legally qualified or has extensive experience as a member of a tribunal or similar body;
  - b. consist of at least one member who has knowledge and research experience in a relevant, related field of research, but not directly in the research area of the allegations;
  - c. where the matter relates to research with Aboriginal and Torres Strait Islander peoples, include at least one member with relevant experience and knowledge of research with Aboriginal and Torres Strait Islander peoples;
  - d. not include members who are employed by Macquarie University, have current or recent dealings with Macquarie University, or otherwise be subject to a reasonable perception of bias; and
  - e. declare any relevant expert knowledge held by members of the panel to the Respondent. Experts in the research field should be called as witnesses to the inquiry, not as panel members. This will allow the person to be questioned by both the panel and the Respondent.
3. The terms of reference of the External Inquiry Panel are to include investigating the facts surrounding the allegation and to report to the Pro Vice-Chancellor (Research, Integrity and Development) on the facts relating to the alleged research misconduct and any mitigating circumstances raised by the Respondent in their response. The External Inquiry Panel is to make a finding (or findings) of fact to determine if there has been a failure to comply with *The Macquarie Code* and/or any of the University's policies procedures, or codes of conduct governing the conduct of research by University researchers.
4. The External Inquiry Panel should be assisted by a legally qualified person acting as 'counsel assisting'. The role of counsel assisting is to prepare the material to be put to the inquiry and to question the witnesses on behalf of the Inquiry Panel. The counsel assisting is not a member of the Inquiry Panel but may provide the Inquiry Panel with legal advice during the hearing. The Pro Vice-Chancellor (Research, Integrity and Development) may appoint a suitably qualified University staff member or an external person as counsel assisting. However, counsel assisting should not be the University General Counsel.
5. The Respondent is entitled to engage their own legal representation during the inquiry.
6. The University may appoint a representative who may attend interviews conducted by the External Inquiry Panel, but is not a member of the External Inquiry Panel.
7. The Respondent and the University's representative may attend all interviews conducted by the External Inquiry Panel.
8. The External Inquiry Panel may provide the Respondent and the University's representative with an opportunity to ask questions of interviewees whose interview they attend.
9. Whether the hearings of an External Inquiry Panel are open to the public or conducted in private should be determined by the External Inquiry Panel itself on the basis of public

interest. The External Inquiry Panel has the responsibility to hear the views of all parties on this matter before such a decision is made.

10. The External Inquiry Panel will follow the process set out in section 26.

## **26. The Research Misconduct Inquiry Process**

1. The Inquiry Panel will:
  - a. allow the Respondent a reasonable opportunity to attend an interview and provide him/her the opportunity to respond to the allegations;
  - b. make all reasonable efforts to interview any person, and review any evidence, it thinks fit to establish the facts of the particular case;
  - c. provide the Respondent and the University with a reasonable opportunity to make submissions and present evidence to the inquiry;
  - d. conduct the investigation as expeditiously as possible consistent with the requirements of this procedure;
  - e. take into account other material or information it believes is relevant to the case;
  - f. adopt as the relevant standard for a particular finding “the balance of probabilities”;
  - g. declare any conflicts of interest that may arise immediately to the panel and as soon as practical to the Pro Vice-Chancellor (Research, Integrity and Development) in writing. The Pro Vice-Chancellor (Research, Integrity and Development) should then consider the best course of action to manage the conflict of interest;
  - h. if it forms the opinion that a matter relates to a matter that should be dealt with under the [Reporting Wrongdoing: Public Interest Disclosures Policy](#), follow the [Reporting Wrongdoing: Public Interest Disclosures Procedure](#); and
  - i. keep a record of proceedings.
2. Prior to finalising their report, the Inquiry Panel will provide the Respondent with an opportunity to examine and comment upon the Inquiry Panel’s draft report. The Respondent shall be given a period of fourteen (14) business days from receiving the draft report to provide comment.
3. Once the period for receiving comment from the Respondent has expired, the Inquiry Panel will provide a final report of its findings and a copy of proceedings to the Respondent, complainant and to the Deputy Vice-Chancellor (Research) within a reasonable time from the completion of the proceedings. The final report provided to the Deputy Vice-Chancellor (Research) may be accompanied by any written rebuttal or observations the Respondent has made within the specified or agreed timeframe. A copy should also be forwarded to the Director, Research Ethics and Integrity.



## 27. Subsequent Actions on Completion of an Inquiry

1. The Deputy Vice-Chancellor (Research) should review the findings of the Inquiry Panel and the written rebuttal or observations the Respondent has made in accordance with sub-section 26(2) and may decide any of the following :
  - a. to accept the findings of the Inquiry Panel;
  - b. to reject the findings of the Inquiry Panel and either :
    - i. refer the allegation back to the original Inquiry Panel to be reheard, or
    - ii. establish a new inquiry panel to hear the allegation in accordance with the procedure set out in section 23 ; or
  - c. decide that the matter be otherwise dealt with.
2. If the Inquiry Panel finds research misconduct proven on a balance of probabilities and the Deputy Vice-Chancellor (Research) accepts the findings of the Inquiry Panel, then he/she may decide:
  - a. where the Respondent is a student of the University, to notify the Registrar that a finding of research misconduct has been made and direct the Registrar to consider and impose disciplinary sanction (s) under Schedule 2 of the *Macquarie University Student Discipline Procedure* as the Registrar considers appropriate , or
  - b. where the Respondent is a staff member of the University (including but not limited to academic staff, professional staff, technical staff, visiting academics and conjoint appointees), to direct the Director of Human Resources to take disciplinary action as the Director considers appropriate.
3. In addition, the Deputy Vice Chancellor (Research) may decide to take any one or more of the following actions:
  - a. advise the relevant University Office, Department or Faculty of an appropriate course of action and review of internal processes; or
  - b. make any other decision he/she considers appropriate in the circumstances.
4. The Deputy Vice-Chancellor (Research) will notify the Respondent, complainant and the Director, Research Ethics and Integrity of his/her decision(s) in 27.1, 27.2 or 27.3 in writing within fourteen (14) working days of the date of the decision(s).
5. Where the Respondent is a University staff member, the staff member may not appeal under this Code against any disciplinary action taken pursuant to the relevant enterprise agreement. Where the Respondent is a student, the student may not appeal under this Code against any disciplinary action taken under the *Macquarie University Student Discipline Procedure* (there are separate appeal rights available to the student under Part 6 of the *Macquarie University Student Discipline Procedure*).
6. Where allegations are shown to be unfounded, the Deputy Vice-Chancellor (Research) should consider if there is a need to reinstate the good reputation of the Respondent and their associates, and take appropriate action including notifying the same parties that were notified (if any) under section 29.

7. The Deputy Vice-Chancellor (Research), in consultation with the Director, Research Ethics and Integrity and/or the relevant Dean, should consider if, in order to reduce the likelihood of future breaches or research misconduct:
  - a. training for the department's or faculty's researchers is required; and/or
  - b. new or modified processes for the department or faculty are required.
8. The Director, Research Ethics and Integrity, should consider the need to notify relevant parties of the outcome of the inquiry process and take appropriate action. A non-exhaustive list of potential relevant parties is included in section 29.

## **28. Record Keeping**

1. The Director, Research Ethics and Integrity is responsible for maintaining a register of all breach and research misconduct investigations and outcomes.
2. All records relating to cases of alleged breach or research misconduct will be retained and disposed of in accordance with the University's retention and disposal procedures.

## **29. Notification of Parties**

1. The administration of the arrangements discussed above should be open, transparent, inclusive, timely and honest. Listed below are typical stakeholders who should be kept informed at various stages of the process. It may not be necessary, or indeed appropriate to always contact all of these parties, but it should be considered. This list is not exhaustive.
  - a. All the members of the Respondent's research team (and supervisory team for Higher Degree Research Candidate research);
  - b. The source of the complaint/allegation;
  - c. The relevant Head of Department or Head of Office;
  - d. The relevant Executive Dean;
  - e. The funding body;
  - f. The relevant ethics and/or biosafety committee;
  - g. The site or the body with duty of care/governance responsibilities relevant to the research;
  - h. Any clinical trials associated with the research;
  - i. The editor/contact for where the research outputs have been published/reported;
  - j. Any regulatory body with direct interest in the project/complaint; and

- k. Any research participants directly affected by the research misconduct allegation or finding.
  - l. Any relevant employer or sponsor of the Respondent.
2. The Deputy Vice-Chancellor (Research) should consider the public interest when dealing with the media. The Deputy Vice-Chancellor (Research) may consult with the Inquiry Panel when preparing information for the media. If a statement is made to the media during an inquiry, a similar statement should be made at the conclusion of the inquiry detailing the findings of the inquiry, whether or not the allegations were substantiated. These media releases should be made available on the University website.

### **30. Appeals**

1. The Respondent may appeal the findings of the Inquiry Panel or decision(s) of the Deputy Vice Chancellor (Research) taken under section 27.1, 27.2 or 27.3 on the grounds set out in this section 30.
2. The Respondent may only appeal the findings of the Inquiry Panel or decision(s) of the Deputy Vice Chancellor (Research) taken under section 27.1, 27.2 or 27.3 on one or more of the following grounds:
  - a. the Respondent was not given a reasonable opportunity before the findings of the Inquiry Panel were made to present his or her case as to what the findings should be; or
  - b. that the Inquiry Panel in making their findings or the decision(s) of the Deputy Vice Chancellor (Research) taken under section 27.1, 27.2 or 27.3 were biased against the Respondent; or
  - c. that procedures that were required to be followed by the inquiry Panel in making their findings were not followed, so as to cause substantial injustice to the Respondent; or
  - d. the Inquiry Panel in making their findings took an irrelevant consideration into account.
3. An appeal must be made in writing to the Chair, Academic Senate and lodged within ten (10) working days of the Respondent receiving notification of the decision(s) of the Deputy Vice-Chancellor (Research) under section 27.4.
4. An application for appeal must :
  - a. be in writing and in the English language; and
  - b. specify the grounds on which the appeal is sought and provide particulars in support of the grounds; and
  - c. be received by the Chair, Academic Senate within the allowed time frame.
5. In determining any appeal under this section, the Chair, Academic Senate :
  - a. May follow any procedure he or she consider appropriate;

- b. Is not bound by any rules of evidence or other legal forms, and may inform himself/herself in relation to any matter in any manner they think fit;
  - c. Must act fairly in all the circumstances, having regards to the requirements of natural justice
- 6. The Chair, Academic Senate may:
  - a. dismiss the appeal; or
  - b. uphold the appeal and either:
    - i. refer the allegation back to the original Inquiry Panel to be reheard, or
    - ii. establish a new inquiry panel to hear the allegation in accordance with the procedure set out in section 23.
- 7. The decision of the Chair, Academic Senate and a short statement of the reasons for the decision must be notified in writing to the Respondent within fourteen (14) working days of the date of the decision.
- 8. The decision of the Chair, Academic Senate is final.
- 9. Any person has right to appeal to the [NSW Ombudsman](#) and/or to the Australian Research Integrity Committee in accordance with the [Australian Research Integrity Committee Framework \(2011\)](#).

### **31. External Inquiries**

- 1. Processes instituted under *The Macquarie Code* may need to be suspended on procedural fairness grounds, or other grounds, should there be an external criminal, civil or other administrative tribunal inquiry into the same factual matters as those alleged to constitute research misconduct.
- 2. The Deputy Vice-Chancellor (Research) or their delegate may, after any such external inquiry is completed, and where it remains feasible to do so, consider and complete the research misconduct inquiry.

### **32. Collaborative Research and Research Conduct Whilst Not a Researcher at Macquarie University**

- 1. Where the allegations of research misconduct appear to involve collaboration between employees of more than one organisation, the Deputy Vice-Chancellor (Research) or their delegate may agree with the other relevant organisations that a joint investigation and inquiry be held. The procedures for the joint investigation and inquiry shall be agreed in writing, and shall substitute for the procedures set out in *The Macquarie Code*.

2. Macquarie University will, as far as possible, cooperate when investigating allegations of research misconduct arising from research collaborations across institutions (including non-university research organisations) - sharing information and limiting duplication.
3. If the alleged research misconduct occurred when the Macquarie University researcher was a student at or employed by another institution, the allegations will be passed to that other institution for investigation and appropriate action.
4. In the case of an allegation, or proven research misconduct, involving a researcher when employed or a student elsewhere, the Deputy Vice-Chancellor (Research) or their delegate may investigate the conduct of the researcher to satisfy Macquarie University that there has been no research misconduct while under the auspices Macquarie University. Macquarie University will provide all reasonable assistance to assist any inquiry established by the previous institution.

### **33. Termination of Employment or Education Prior to the Completion of an Inquiry or Investigation**

1. The termination, expiration or completion of the Respondent's employment or candidature will not affect the procedures of *The Macquarie Code*.
2. If the Respondent refuses to participate in the process after leaving Macquarie University, the inquiry panel will use its best efforts to reach a conclusion concerning the allegations, noting in its report the Respondent's failure to cooperate and its effect on the panel's review of the evidence.

## **Notes**

### **34. Contact Officer**

Director, Research Ethics and Integrity.

### **35. Endorsed by Academic Senate**

2<sup>nd</sup> September 2014

### **36. Date Approved**

2<sup>nd</sup> September 2014

### 37. Approval Authority

The Deputy Vice-Chancellor (Research)

### 38. Date of Commencement

2<sup>nd</sup> September 2014

### 39. Version Control and Amendment History

Version Control	Date effective	Approved by	Amendment
1	2 September 2014	Deputy Vice Chancellor (Research)	Major review and alignment of the Policy with the <i>NHRMC Australian Code for the Responsible Code of Conduct</i> , <u>resulting in changes to improve processes and clarify roles</u>
2	January 2015	Deputy Vice Chancellor (Research)	Updated appeals process to ensure consistency between University processes and updated links to new Intellectual Property Policy
3	March 2016	Deputy Vice Chancellor (Research)	Addition of Complaints Management resources in Related documents
4	September 2016	Deputy Vice Chancellor (Research)	Amendment to Section 24, namely, the removal of the requirement for an Internal Institutional Research Misconduct Inquiry for Higher Degree Research Candidate matters to consist of the Director, Higher Degree Research Office and the Dean, Higher Degree Research.
5	June 2017	Deputy Vice Chancellor (Research)	Minor addition of text in section 1 to encompass the purpose of the code (now including reference to the consequences of failing to adhere to the standards);  Rephrasing of section 13.1 to provide clarity regarding conflict of interest;  Addition of a further example of Research Misconduct in section 18, namely, the “Misuse or misappropriation of funds”;

			<p>Replacement of the role of Deputy Vice Chancellor (Research) (<b>DVC(R)</b>) in sections 23, 24, 25 and 26 of Code with Pro-Vice Chancellor (Research, Integrity and Development) to keep this role independent from decision making role of DVC(R) in section 27;</p> <p>Changes to section 27 – to clarify decision-making powers of DVC(R) and also clarify pathway for additional disciplinary sanctions for research misconduct for students and staff researchers;</p> <p>Minor adjustment of text in section 28 to clarify current record keeping practices;</p> <p>Amendments to section 30 to clarify appeal rights only on procedural fairness grounds and distinguish appeal grounds between findings of Inquiry Panel and decision of DVC(R);</p> <p>Updated the flowcharts in the appendix to reflect the above amendments.</p>
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#### 40. Date for Next Review

April 2018

#### 41. Related Documents

##### Macquarie University Documents

[Academic Honesty Policy](#)

[Academic Staff Agreement](#)

[Digital Thesis Submission Guidelines](#)

[Higher Degree Research Thesis Preparation, Submission and Examination Policy](#)

[Higher Degree Research Thesis Preparation, Submission and Examination Procedure](#)

[Higher Degree Research Supervision Policy](#)

[Higher Degree Supervision Procedure](#)

[Intellectual Property Policy](#)

[Macquarie University Ethics Statement](#)

[Managing Complaints at Macquarie - Training Video and Supporting Resources](#)

[Open Access Policy](#)

[Professional Staff Agreement](#)

[Public Comment Policy](#)

[Reporting Wrongdoing: Public Interest Disclosures Policy](#)

[Reporting Wrongdoing: Public Interest Disclosures Procedure](#)

[Staff Code of Conduct](#)

[Student Code of Conduct](#)

[Social Media Guideline](#)

## **External Documents**

[Australian Code for the Responsible Conduct of Research \(2007\)](#)

[Australian Code of Practice for the Care and Use of Animals for Scientific Purposes \(2003\)](#)

[Australian Research Integrity Committee Framework \(2011\)](#)

Council of Deans and Directors of Graduate Studies in Australia (DDOGS) Conflict of Interest Guidelines

[Gene Technology Act 2000 \(Cth\)](#)

[Gene Technology Regulations 2001 \(Cth\)](#)

[Guidelines for Ethical Research in Australian Indigenous Studies \(2012\)](#)

[ICMJE: Roles & Responsibilities](#)

[Keeping research on track: a guide for Aboriginal and Torres Strait Islander peoples about health research ethics \(2006\)](#)

[Montreal Statement on Research Integrity in Cross-Boundary Research Collaborations](#)

[Singapore Statement on Research Integrity](#)



[Statement on Consumer and Community Participation in Health and Medical Research \(2002\)](#)

[The National Statement on Ethical Conduct in Human Research \(2007, updated March 2014\)](#)

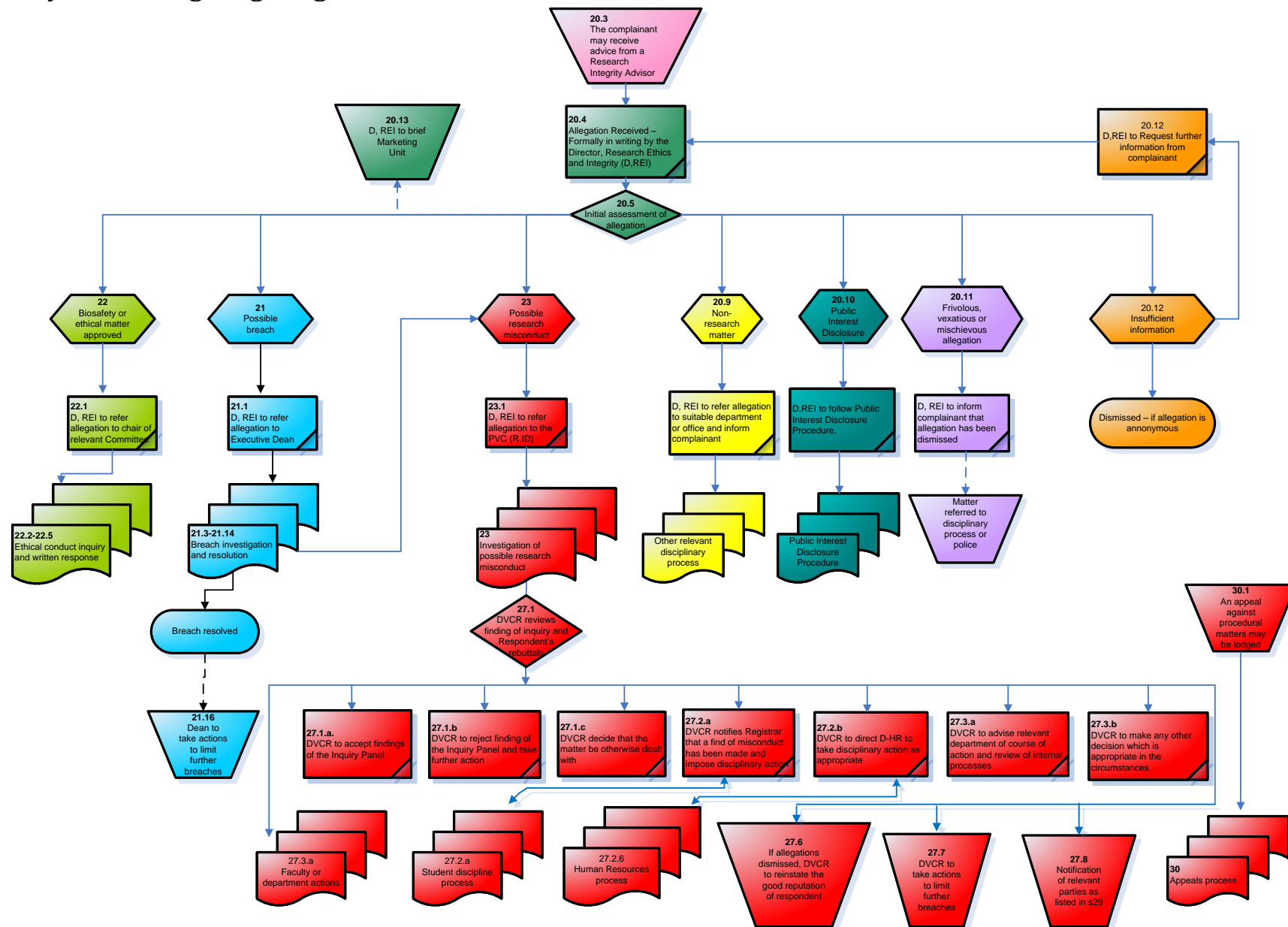
[Values and Ethics - Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research \(2003\)](#)

## **42. Keywords**

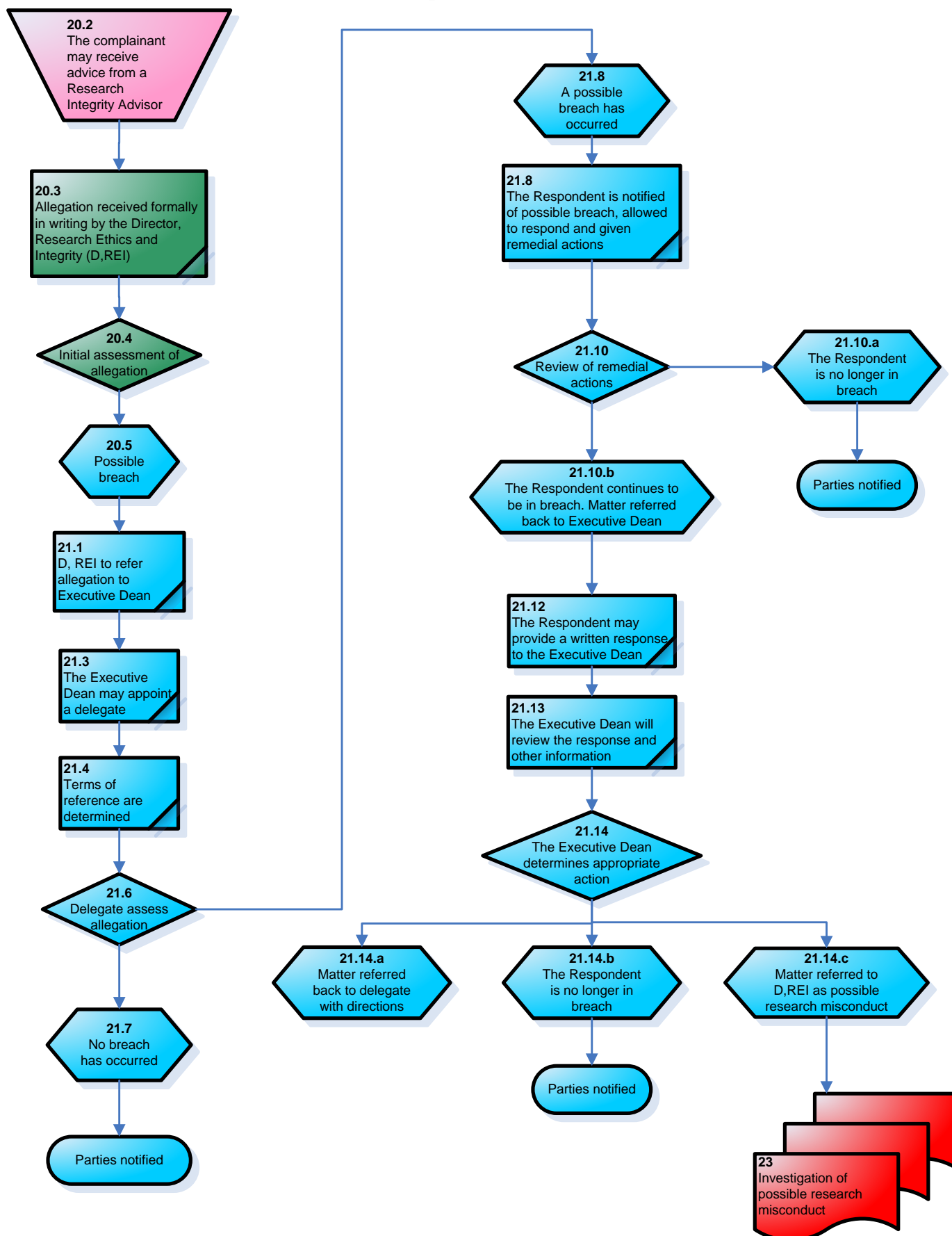
Authorship; Breach; Collaboration; Conflicts of Interest; Data; Dissemination; Integrity; Materials; Peer Review; Publication; Research; Research Integrity Advisor; Research Misconduct; Research Misconduct Inquiry; Researchers; Responsible Conduct of Research; Responsible Research; Special Responsibilities; Supervision

## **Appendix**

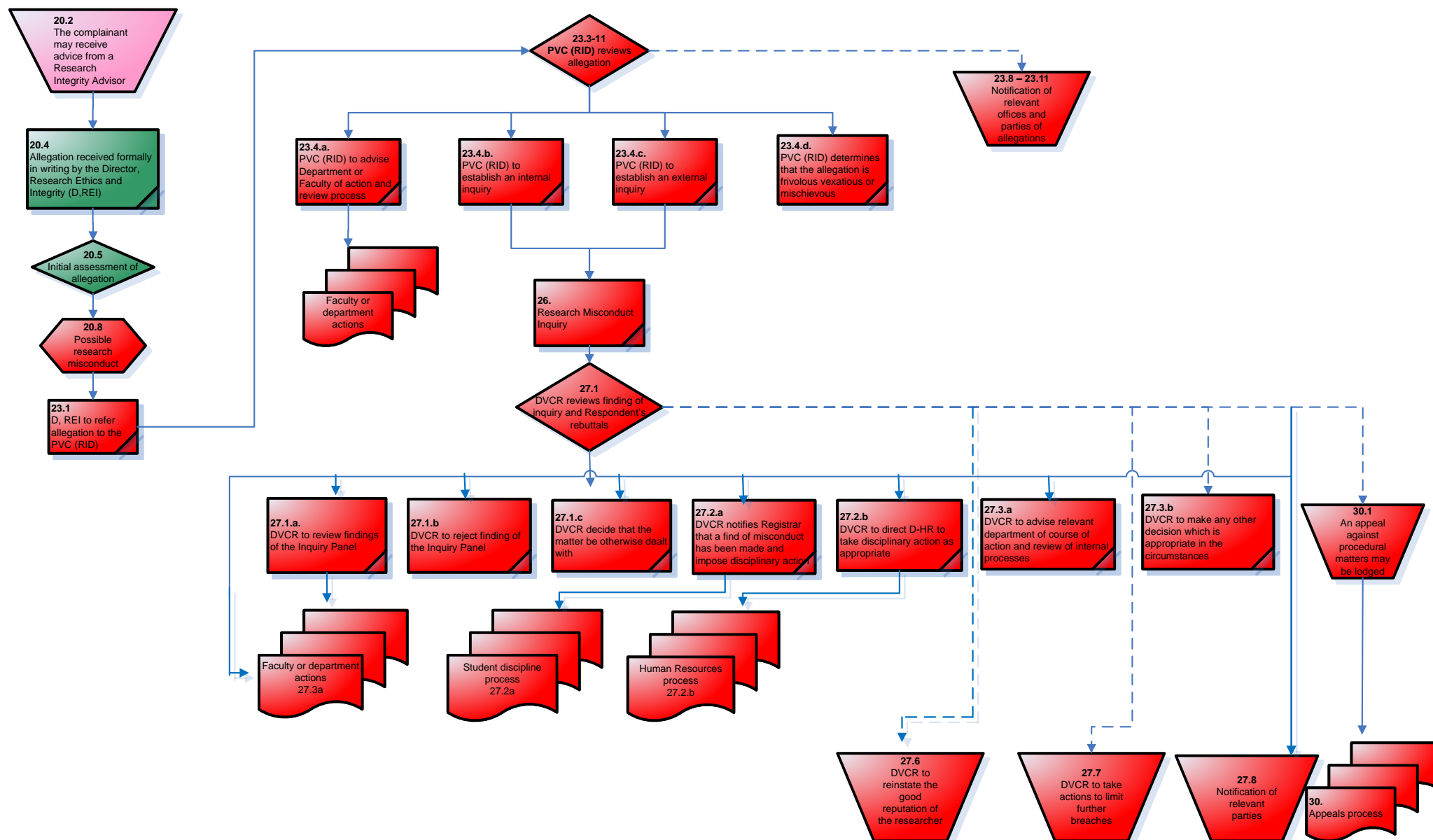
## 43. Pathway for investigating alleged breaches and research misconduct



## 44. Investigation and resolution of a possible breach



## 45. Investigation of possible research misconduct



## 46. Flowchart Key

### Flowchart Key

