

Managing Complaints about the Conduct of Research - Higher Degree by Research Candidates Procedure

Section 1 - Purpose and Scope

Purpose

- (1) This Procedure supports The University of Queensland's (UQ) [Responsible Research Management Framework Policy](#) by describing the processes for:
- managing complaints about the responsible conduct of research involving Higher Degree by Research (HDR) candidates; and
 - assessing, investigating and reporting potential breaches of the [Australian Code for the Responsible Conduct of Research \(the Code\)](#) and the [Policy](#).

Context

- (2) A breach is a failure to observe a law, agreement, or code of conduct. In the context of the responsible conduct of research, a breach exists when there has been a failure to meet the principles and responsibilities of [the Code](#) and/or provisions in the [Responsible Research Management Framework Policy](#).
- (3) Research misconduct denotes a serious breach of [the Code](#) and/or the provisions in the [Responsible Research Management Framework Policy](#) that is also intentional or reckless or negligent.

Scope

- (4) This Procedure applies to all Higher Degree by Research (HDR) Candidates.
- (5) Complaints about the conduct of research involving HDR Candidates will be handled in accordance with this Procedure. Complaints about non-research related matters involving HDR Candidates will be handled in accordance with the [Student Integrity and Misconduct Policy](#).
- (6) Complaints about the conduct of research involving students other than HDR Candidates will be handled in accordance with the [Student Integrity and Misconduct Policy](#).
- (7) Complaints about the conduct of research involving staff and/or title holders will be handled in accordance with the [Managing Complaints about the Conduct of Research Procedure](#).

Section 2 - Process and Key Controls

- (8) Researchers are encouraged to self-disclose potential breaches of the [Responsible Research Management Framework Policy](#) or [the Code](#) in accordance with this Procedure.

(9) Making a complaint about the responsible conduct of research is detailed in clauses 20-25. Depending on the nature of the complaint, the protections under the [Public Interest Disclosure Policy](#) and [Procedure](#) may apply.

(10) Complaints made under this Procedure will be investigated and managed in accordance with this Procedure and consistent with the principles of:

- a. [the Code](#);
- b. [Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research \(the Guide\)](#); and
- c. other applicable codes or legislation.

(11) Findings of a breach may be progressed in accordance with relevant UQ policies and procedures including the [Student Integrity and Misconduct Policy](#).

(12) Complaints will be managed in a manner that is fair and consistent with the principles of procedural fairness.

Section 3 - Key Requirements

Advice on Research Conduct

(13) Individuals with a concern about the conduct of research are encouraged to discuss their concern with a Research Integrity Advisor (see [Research Integrity website](#)) in the first instance. Research Integrity Advisors can provide advice on accepted research practices, [the Code](#), [the Guide](#), UQ policy and procedures and other applicable codes of conduct that apply to research. A Research Integrity Advisor can help in considering:

- a. whether the concern may be related to a potential breach;
- b. what other internal processes may be accessed if the concern is not related to a potential breach; and
- c. how to make a formal complaint about a potential breach in accordance with this Procedure.

(14) The Research Integrity Advisor's role does not extend to the assessment or investigation of a complaint. The Research Integrity Advisor will not make contact with the person who is the subject of concern.

(15) Alternatively, where an individual has concerns about research conduct they may seek advice from their Supervisor, Head of Organisational Unit or the Research Ethics and Integrity office.

Confidentiality

(16) Information relating to a complaint or proceedings will be kept confidential where possible and will not be disclosed outside the University, or to parties not involved in the proceedings, except in limited circumstances.

(17) These limited circumstances include:

- a. when the University is required to disclose the information, such as under relevant funding agreements or policies;
- b. where disclosure is in accordance with clauses 42-43 ('Further Actions' provisions);
- c. when disclosure is required to progress a related process.

Precautionary Actions

(18) The University may take any reasonable temporary precautionary action to manage risks. Precautionary action may be taken in relation to:

- a. The researcher concerned;
- b. any activity that could harm humans, animals or the environment;
- c. funds from external providers; and
- d. material that may be required for the assessment or investigation.

(19) Any precautionary action taken by the University will be consistent with the principles contained in [the Guide](#).

Making a Complaint about the Conduct of Research

(20) Formal complaints about the conduct of research may be submitted:

- a. verbally or in writing to the Research Ethics and Integrity office;
- b. verbally or in writing to the Advisor of the HDR Candidate, with the Advisor referring the complaint to the Research Ethics and Integrity office; or
- c. verbally or in writing to the Head of Organisational Unit, with the Head of School referring the complaint to the Research Ethics and Integrity office; or
- d. online through the University's [Complaints Management webpage](#).

(21) Complaints will be acknowledged in writing (where possible). Anonymous complaints will be considered in the same way as other complaints based on the information provided, however, the assessment of the complaint may be limited if further information relevant to the complaint is required but cannot be obtained.

(22) Where a complainant chooses not to proceed with a complaint or a respondent ceases to be a student at the University, the University is not prevented from progressing the complaint under this Procedure.

(23) A complaint may be dismissed by the Designated Officer if:

- a. it has already been considered by the University;
- b. the complainant has not provided information pertinent to the complaint; or
- c. it is frivolous or vexatious.

(24) Dismissal of a frivolous or vexatious complaint may occur at any point, and action to address this with the complainant may be taken.

(25) Where a complaint is not related to [the Code](#) or the [Responsible Research Management Framework Policy](#) and/or is not within the scope of this Procedure (as per Section 1), the complaint may be dismissed by Research Ethics and Integrity or the complaint/complainant referred elsewhere, where appropriate.

Preliminary Assessment

(26) A preliminary assessment includes the collection, recording and assessment of information relating to a complaint to determine whether the complaint, if proven, would constitute a breach. Preliminary assessments are generally conducted by Research Ethics and Integrity, whose staff usually fulfil the role of Assessment Officer in [the Guide](#).

(27) Where it is necessary to discuss the matter with the respondent, they will be notified of the complaint and be provided with:

- a. Sufficient detail to understand the nature of the complaint; and
- b. An opportunity to respond in writing.

(28) The respondent may be provided with an invitation to meet with the Assessment Officer, with the option to bring a support person.

(29) At conclusion, the Designated Officer will be provided with preliminary assessment advice from Research Ethics and Integrity. The Designated Officer may determine that the complaint be:

- a. dismissed;
- b. referred back to Research Ethics and Integrity for further assessment;
- c. referred elsewhere internally;
- d. dealt with as a breach that can be resolved without the need for an investigation, with or without corrective instructions issued. In this case the respondent will have been provided with an opportunity to respond to the evidence; or
- e. referred for investigation.

(30) If the Designated Officer determines the matter constitutes a breach of [the Code](#), that can be resolved without the need for an investigation, the outcome will be referred to the appropriate officer to determine whether any further action is required in accordance with the provisions of the [Student Integrity and Misconduct Policy](#).

(31) Depending on the outcome, nature of the complaint, and the level of involvement and impact on either the complainant or respondent, a summary of the decision made by the Designated Officer may be provided to the complainant and the respondent.

Investigation

(32) The purpose of an investigation is to make findings of fact to allow the responsible Executive Officer to assess whether a breach has occurred, the extent of any breach and the recommended actions. When the Designated Officer refers a matter for investigation they will:

- a. set the terms of reference for the investigation, which establishes its objectives and scope;
- b. provide the respondent with written notification that outlines the process, the nature of the complaint and the terms of reference for the investigation; and
- c. appoint a person or persons (investigation panel) in accordance with [the Guide](#) to conduct the investigation.

(33) The investigation should be conducted within a reasonable timeframe, fairly, impartially and free from bias.

(34) Where the respondent or complainant elects to have a support person, their role is to provide personal support, within reasonable limits, during an interview.

(35) The respondent will be provided with an opportunity to respond in person and in writing to the complaint and the evidence (which may be de-identified) relevant to the terms of reference. This may occur at different points during an investigation.

(36) The investigation process may include the investigation panel:

- a. Reviewing the initial complaint and records associated with the preliminary assessment.
- b. Obtaining evidence from relevant witnesses, including experts; and
- c. Collecting and examining relevant documentary evidence.

(37) The investigation panel will prepare a written report that addresses the terms of reference. A draft of the written report or a summary of the relevant information will be provided to the respondent with a reasonable opportunity to comment. Any comments received will be considered by the investigation panel before the report is finalised and provided to the Designated Officer. If the respondent does not participate in the process, the investigation will continue in their absence, including finalisation of the report.

(38) The Designated Officer may determine to proceed with an investigation without forming an investigation panel where:

- a. a respondent has not contested the potential breach; and
- b. the potential breach does not involve other parties.

(39) Where an investigation is progressed under these circumstances without formation of an investigation panel, the Designated Officer may request expert advice to assist their deliberations. The respondent will be provided the opportunity to respond in writing to the complaint.

(40) Following consideration of the investigation report and recommendations of the panel, the Designated Officer will provide the investigation report to the responsible Executive Officer with recommendations. The responsible Executive Officer may accept or reject all or some of the conclusions and recommendations and may decide:

- a. To refer the matter back to the Designated Officer or the panel for further investigation.
- b. That there has been no breach, in which case responsible Executive Officer may:
 - i. Dismiss the matter;
 - ii. Refer the matter elsewhere internally;
 - iii. Issue corrective instructions.
- c. That there has been a breach, in which case, taking into account the extent of the breach, the responsible Executive Officer may:
 - i. Refer the matter elsewhere internally.
 - ii. Issue corrective instructions.
 - iii. Determine that the breach constitutes research misconduct.
 - iv. Refer the matter for appropriate action under the [Student Integrity and Misconduct Policy](#).

(41) The respondent will be provided with a summary of the responsible Executive Officer's decision and the complainant will be notified of the conclusion of the investigation. Depending on the nature of the complaint and the level of involvement and impact on the complainant, a summary of the decision may be provided to the complainant.

Further Actions

(42) The Designated Officer or responsible Executive Officer may disclose the results of an assessment or investigation and any action taken by the University to relevant third parties. This may include the respondent's Advisor, Supervisor or Head of Organisational Unit, the Integrity Officer, other research institutions, external funding bodies, affected staff and students, research collaborators, professional registration bodies, journal editors and the general public. If the respondent ceases to be a student or researcher at the University, the University may refer the results of an assessment or investigation and any action taken by the University to any new institution that enrolls or employs the respondent.

(43) The public record, including publications, may need to be corrected if it is established as a result of an assessment or investigation that research findings and their dissemination have been affected.

Section 4 - Roles, Responsibilities and Accountabilities

Deputy Vice-Chancellor (Research and Innovation)

(44) The Deputy Vice-Chancellor (Research and Innovation) or other sub-delegate of the Vice-Chancellor and President

fulfils the role of responsible Executive Officer in this Procedure, consistent with [the Guide](#). The Deputy Vice-Chancellor (Research and Innovation) has final responsibility for receiving reports of the outcomes of an investigation and deciding on the course of actions to be taken.

Pro-Vice-Chancellor (Research)

(45) The Pro-Vice-Chancellor (Research) or other sub-delegate of the Vice-Chancellor and President fulfils the role of Designated Officer in this Procedure, consistent with [the Guide](#). The Pro-Vice-Chancellor (Research) is responsible for:

- a. Overseeing the preliminary assessment of a complaint and deciding on the course of actions to be taken.
- b. The appointment of an investigation panel.
- c. Determining the terms of reference for the panel and investigation.
- d. Consideration of the investigation report and recommendations from the investigation panel; and
- e. Providing the final investigation report and their recommendations to the responsible Executive Officer.

Research Ethics and Integrity office

(46) The Research Ethics and Integrity office is responsible for receiving and managing complaints about the conduct of research and supporting the conduct of preliminary assessments and investigations.

(47) Research Ethics and Integrity staff usually fulfil the role of the Assessment Officer in [the Guide](#).

Research Integrity Advisor

(48) Research Integrity Advisor are responsible for the provision of advice to individuals with a concern about the conduct of research.

Head of Organisational Unit

(49) The Head of Organisational Unit is responsible for notifying Research Ethics and Integrity if a complaint about research conduct has been received.

Section 5 - Monitoring, Review and Assurance

(50) The Deputy Vice-Chancellor (Research and Innovation) is responsible for continuously monitoring the effectiveness and application of this Procedure or whenever there is a change in [the Code](#) and/or [the Guide](#).

(51) The Pro-Vice-Chancellor (Research) is responsible for the management of the application and function of Research Ethics and Integrity as it relates to this Procedure.

Section 6 - Recording and Reporting

Records

(52) The Offices of the Deputy Vice-Chancellor (Research and Innovation), Pro-Vice-Chancellor (Research) and Research Ethics and Integrity will retain records and materials related to matters assessed and investigated in accordance with this Procedure. These records shall be retained and disposed of in accordance with the University's [Information Management Policy](#).

(53) Where a complaint is dismissed, no records of any preliminary assessment or investigation will be kept on a staff member's Human Resource file, or a HDR Candidate's student file.

Reports

(54) When required, reports containing aggregate data on complaints assessed and investigated in accordance with this Procedure must be provided to the relevant Senior Executive or committee.

Section 7 - Appendix

Definitions

Terms	Definitions
Assessment Officer	Research Ethics and Integrity staff usually fulfil the role of the Assessment Officer in the Guide .
Advisor	The principal Advisor of an HDR Candidate.
Complainant	A person or persons who has made a complaint about the conduct of research.
Designated Officer	The Pro-Vice-Chancellor (Research) or other sub-delegate of the Vice-Chancellor and President fulfils the role of Designated Officer in this Procedure, consistent with the Guide .
HDR Candidate	A person enrolled as a student in a Higher Degree by Research program at the University.
Integrity Officer	The Deputy Dean, Graduate Research School, including their nominee as approved in writing by the Dean, Graduate Research School.
Researchers	Any University Staff member, Student or title holder who conducts, or assists with the conduct of, research at, or on behalf of, the University.
Respondent	A person or persons subject to a complaint or allegation about a potential breach of the Code and/or the provisions in the Responsible Research Management Framework Policy .
Responsible Executive Officer	The Deputy Vice-Chancellor (Research and Innovation) or other sub-delegate of the Vice-Chancellor and President and President fulfils the role of Responsible Executive Officer in this Procedure, consistent with the Guide .
Staff	Continuing, fixed-term, research (contingent funded) and casual staff members.
Student	A person enrolled as a student at the University or undertaking courses or programs at the University.
Support person	A person who accompanies a party to an interview. The support person must not be a practicing barrister or solicitor.
Title Holder	Visiting academics, academic title holders, Industry Fellows, Emeritus Professors, adjunct and honorary title holders, and conjoint appointments.

Status and Details

Status	Current
Effective Date	6th June 2023
Review Date	6th June 2028
Approval Authority	Deputy Vice-Chancellor (Research and Innovation)
Approval Date	6th June 2023
Expiry Date	Not Applicable
Policy Owner	Sue Harrison Deputy Vice-Chancellor (Research and Innovation)
Enquiries Contact	Research Strategy and Performance