

# Managing Complaints about the Conduct of Research 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; and
  - assessing, investigating and reporting potential breaches of the [Australian Code for the Responsible Conduct of Research 2018](#) (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 staff and title holders who conduct - or assist with the conduct of - research at, or on behalf of, UQ.
- (5) Complaints about the conduct of research involving Higher Degree by Research candidates will be handled in accordance with the [Managing Complaints about the Conduct of Research - Higher Degree by Research Candidates Procedure](#).
- (6) Complaints about the conduct of research involving students other than Higher Degree by Research candidates will be handled in accordance with the [Student Integrity and Misconduct Policy](#).

## Section 2 - Process and Key Controls

- (7) Researchers are encouraged to self-disclose potential breaches of the policy or the Code in accordance with this Procedure.
- (8) Making a complaint about the responsible conduct of research is detailed in Clauses 19 to 23. Depending on the nature of the complaint, the protections under the [Public Interest Disclosure Policy](#) and [Public Interest Disclosure Procedure](#) may apply.
- (9) 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. The [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

(10) Findings of a breach may be progressed in accordance with the [UQ Enterprise Agreement 2021-2026](#) (or as amended or replaced), a staff member's individual contract of employment and relevant UQ policies and procedures.

(11) 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

(12) Individuals with a concern about the conduct of research are encouraged to discuss their concern with a [Research Integrity Advisor](#). 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.

(13) 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.

(14) 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

(15) 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.

(16) 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 39 and 40;
- c. when disclosure is required to progress a related process.

### Precautionary Actions

(17) 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.

(18) 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**

(19) 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 Head of Organisational Unit, with the Head referring the complaint to the Research Ethics and Integrity office; or
- c. online through the University's [Complaints Management webpage](#).

(20) 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.

(21) Where a complainant chooses not to proceed with a complaint or a respondent ceases to be a researcher at the University after a complaint has been submitted, the University is not prevented from progressing the complaint under this Procedure. 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.

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

(23) 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 clauses 1 to 6), the complaint may be dismissed by Research Ethics and Integrity or the complaint/complainant referred elsewhere, where appropriate.

## **Preliminary Assessment**

(24) 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 Office in the Guide.

(25) 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.

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

(27) 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.

(28) 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**

(29) 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.

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

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

(32) 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.

(33) 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.

(34) 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.

(35) 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.

(36) 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.

(37) 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 the 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 misconduct/serious misconduct provisions of the [UQ Enterprise Agreement 2021-2026](#) or a staff member's individual contract of employment.

(38) 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**

(39) 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 supervisor or Head of Organisational Unit, 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 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 employs the respondent.

(40) 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)**

(41) 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)**

(42) 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**

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

(44) Research Ethics and Integrity staff usually fulfil the role of the Assessment Officer in the Guide.

## **Research Integrity Advisor**

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

## **Head of Organisational Unit**

(46) 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**

(47) 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.

(48) 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**

(49) The Office of the Deputy Vice-Chancellor (Research and Innovation), Office of the 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](#).

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

## **Reports**

(51) 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

Term	Definition
Assessment Officer	Research Ethics and Integrity staff usually fulfil the role of the Assessment Officer in the Guide.
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.
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 <a href="#">Responsible Research Management Framework Policy</a> .
Responsible Executive Officer	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.
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 Holders	visiting academics, academic title holders, industry fellows, emeritus professors, adjunct and honorary title holders, and conjoint appointments.

## Status and Details

<b>Status</b>	Current
<b>Effective Date</b>	11th August 2022
<b>Review Date</b>	11th August 2027
<b>Approval Authority</b>	Deputy Vice-Chancellor (Research and Innovation)
<b>Approval Date</b>	11th August 2022
<b>Expiry Date</b>	Not Applicable
<b>Policy Owner</b>	Sue Harrison Deputy Vice-Chancellor (Research and Innovation)
<b>Enquiries Contact</b>	Research Strategy and Performance