

## Research Breach Procedure

### 1. Purpose and Scope

This Procedure supports KOI's Responsible Conduct of Research Policy.

Most of the Content of this Procedure is drawn directly from the [Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research](#) .

KOI encourages staff, students and third parties to report any potential breaches of the [Australian Code for the Responsible Conduct of Research, 2018](#) ("the Code"). This Procedure explains:

- how complaints of potential breaches of [the Code](#) can be made;
- how potential breaches of [the Code](#) are assessed and investigated;
- processes for managing and resolving potential and actual breaches of [the Code](#); and
- processes for the review of decisions relating to potential and actual breaches.

This Procedure ensures that KOI has developed mechanisms for preventing, reporting, investigating and resolving potential breaches of [the Code](#).

This Procedure applies to all potential breaches of [the Code](#). It applies to:

- a. all staff;
- b. all other members of the Institute's community involved in research and research training;
- c. all Higher Degree by Research (HDR) candidates.

This Procedure does not apply to students undertaking coursework units. Student academic misconduct is dealt with under the [Student Academic Integrity Policy](#) and [Student Academic Integrity Procedure](#).

### 2. Related Documents

This Policy is to be read in conjunction with KOI's:

- [Conflict of Interest Policy](#)
- [Conflict of Interest Procedures](#)
- [Conflict of Interest Guidelines](#)
- [Documents and Records Control Policy](#);
- [Human Research Ethics Policy](#);
- Research Authorship Procedure;
- **Research Data Management Procedure**;
- Responsible Conduct of Research Policy.

### 3. Definitions

The following definitions are drawn from [the Code](#) and the associated [Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research](#).

**Allegation** – means "a claim or assertion arising from a preliminary assessment that there are reasonable grounds to believe a breach of the Code has occurred. May refer to a single allegation or multiple allegations".

**Assessment Officer** – “a person or persons appointed by an institution to conduct a preliminary assessment of a complaint about research”.

**Balance of Probabilities** – “the civil standard of proof, which requires that, on the weight of evidence, it is more probable than not that a breach has occurred”.

**Breach** – “a failure to meet the principles and responsibilities of the Code and may refer to a single breach or multiple breaches”.

**Complainant** – “a person (or persons) who has made a complaint about the conduct of research”.

**Conflict of interest** – “A conflict of interest refers to actual, potential or perceived circumstances in which a KOI Person’s or student’s personal interest conflicts with or could be considered to conflict with their obligations to KOI, and where the interests of KOI are actually, potentially, or perceived to be compromised.”

**Corrective actions** – “include retractions or errata of publications, training, counselling and systemic improvements”.

**Investigation** – “the action of investigating an allegation of a breach of the Code by the Panel, following the preliminary assessment. The purpose of the investigation is to determine whether a breach of the Code has occurred, and if so, the extent of that breach, and to make recommendations about further actions”.

**Panel** – “the person or persons appointed by KOI to investigate a potential breach of [the Code](#)”.

**Preliminary assessment** – “the gathering and evaluating of evidence to establish whether a potential breach of [the Code](#) warrants further investigation”.

**Procedural fairness** – “being that a fair and proper procedure is used when making a decision”.

**Research** – “the concept of research is broad and includes the creation of new knowledge and/or the use of existing knowledge in a new and creative way so as to generate new concepts, methodologies, inventions and understandings. This could include synthesis and analysis of previous research to the extent that it is new and creative”.

**Research misconduct** – “a serious breach of [the Code](#) which is also intentional or reckless or negligent”.

**Researcher** – “person (or persons) who conducts, or assists with the conduct of, research”.

**Respondent** – “person (or persons) subject to a complaint or allegation about a potential breach of [the Code](#)”.

**Support person** – “person who accompanies a party to an interview regarding a breach of [the Code](#)”.

#### 4. Roles and responsibilities

KOI encourages staff, students and third parties to report any potential breaches of [the Code](#).

KOI indemnifies officers of KOI responsible for assessing and investigating allegations of breaches.

Officers of KOI involved in the management and investigation of potential breaches are defined as follows:

- **Responsible Executive Officer (REO):** The Vice President Academic or another senior professional or academic officer nominated by the CEO and President, who has overall responsibility for the responsible conduct of research and for receiving reports on the outcomes of assessments and investigations. The REO is also directly responsible for making final determinations on potential breaches that have been subject to investigation.
- **Designated Officer (DO):** The Director, Governance, Risk and Compliance, or another senior professional or academic institutional officer, nominated by the REO who receives complaints

about the conduct of research or potential breaches and oversees their management and investigation where required.

- **Assessment Officer (AO):** The person nominated by the DO on a case-by-case basis to conduct a preliminary assessment of a complaint about alleged research misconduct. The AO must be a senior member of staff, must not have a conflict of interest in relation to the respondent and must not be from the same discipline and operational unit as the respondent. In exceptional circumstances an external AO may be appointed.
- **Investigation Panel (the Panel):** People nominated by the REO on a case-by-case basis to investigate a complaint and produce a report detailing findings of fact and recommendations for the REO. Panel members must not have a conflict of interest in relation to the respondent and must not be from the same discipline and operational unit as the respondent.
- **Research Integrity Advisor (RIA):** Person with knowledge of [the Code](#) and institutional processes nominated by the CEO and President to promote the responsible conduct of research and provide advice to those with concerns or complaints about potential breaches of [the Code](#).
- **Research Integrity Office (RIO):** Staff responsible for managing research integrity at KOI.
- **Review Officer (RO):** Senior executive nominated on a case-by-case basis to be responsible for conducting a procedural review of an investigation or assessment. The RO must not have a conflict of interest in relation to the respondent and must not be from the same discipline and operational unit as the respondent. In exceptional circumstances an external RO may be appointed.

Where a complaint is made against a DO, the REO will ensure an alternative DO manages that complaint.

Where a complaint is made against the REO, the CEO and President will appoint an alternative REO.

## 5. Procedures

This procedure must be read in conjunction with [the Code](#) and the [Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research](#) ("the Guide"). In the event of there being any inconsistency between either [the Code](#) or [the Guide](#) with KOI's governance and other documents, [the Code](#) and [the Guide](#) will prevail.

All researchers must conduct themselves in a manner consistent with the standards set out in [the Code](#), [the Guide](#), KOI's Responsible Conduct of Research Policy, other relevant governance documents, and instructions and approvals from ethics committees.

In the investigation, management and determination of breaches of research integrity, KOI is committed to rigour, and the exercise of sound judgement and careful deliberation.

Breaches of [the Code](#) include but are not limited to:

- not meeting required research standards, such as failing to comply with ethics requirements, conducting research without requisite approvals, and concealment of breaches of [the Code](#);
- fabrication, falsification and misrepresentation of research data or source materials;
- falsification and/or misrepresentation to obtain funding;
- plagiarism of someone else's work;
- duplicate publication without acknowledgement of the source;
- failure to appropriately maintain research records;

- inappropriate destruction of research records, research data and/or source material;
- inappropriate disclosure of, or access to, research records, research data and/or source material;
- failure to provide guidance or mentorship to researchers or research trainees under supervision;
- misleading ascription of authorship, including failing to offer authorship to those who meet the requirements;
- awarding authorship to those who do not meet the requirements;
- failure to acknowledge the contributions of others fairly;
- failure to disclose and manage conflicts of interest;
- failure to conduct peer review responsibly.

In keeping with [the Code](#) and the [the Guide](#), KOI recognises breaches of research integrity occur on a spectrum, from minor or less serious to major or more serious.

The seriousness of a breach will be determined on a case-by-case basis, with factors (without excluding other factors) including:

- the extent of the departure from the principles and responsibilities of research integrity;
- the extent of the departure from accepted research practice;
- the extent to which research participants, the wider community, animals and the environment are, or may have been, affected;
- the extent to which the breach affects the trustworthiness of research;
- the level of experience of the researcher/s;
- whether there are repeated breaches by the researcher/s;
- whether institutional failures have contributed to the breach;
- any other mitigating or aggravating circumstances.

### **Making a complaint and raising a potential breach**

A complaint about a potential breach of [the Code](#) may be made by any person. Potential complainants are encouraged to seek advice from an RIA of KOI.

A person who has concerns about inappropriate research conduct may seek advice from an RIA of the Institute or the Vice President Academic.

A complaint about a potential breach may be made verbally or in writing to [complaintsresearch@koi.edu.au](mailto:complaintsresearch@koi.edu.au). The person lodging the complaint (the complainant) is encouraged by the Institute to provide all relevant information about the complaint, but the process of making a complaint should not be onerous.

The complainant can be requested by the Institute to provide additional information if necessary.

The Institute may assist the complainant to lodge a complaint.

Verbal complaints made to the DO will be confirmed with the complainant in writing.

Complainants must not make a complaint in bad faith or provide information they know to be inaccurate or misleading. Doing so may result in disciplinary action and where appropriate will be reported to an appropriate external regulatory body or agency.

Anonymous complaints of potential breaches will be considered based on the information provided. However, lodging a complaint anonymously may limit the Institute's understanding of the complaint and adversely impact upon any resulting assessment or Panel Investigation.

### **Protection of complainants**

KOI will ensure the complainant is protected from adverse circumstances and adverse consequences for having made the complaint, and will manage situations where a power imbalance exists, such as complaints brought by students and/or staff in more junior positions.

KOI does not tolerate reprisals, threatening behaviour or other actions that threaten the welfare of Institute members and third parties, which should they arise, will trigger other institutional processes.

### **Consideration and management of complaints**

The DO receives all complaints regarding research conduct and considers whether the complaint relates to a potential breach of [the Code](#).

If the complaint does not represent a potential breach, it may be dismissed or referred to the CEO and President for consideration of other relevant institutional processes, where necessary.

If the complaint does represent a potential breach of [the Code](#), the matter is referred to the AO for assessment, unless the DO decides that further assessment and investigation is unnecessary.

The DO may make a determination without further investigation if:

- a. the matter may be addressed at the local level, such as where the matter is an unintentional administrative error, or a clerical error or oversight related to research administration; or
- b. the respondent has admitted to breaching [the Code](#); or
- c. an investigation into the matter has already commenced under another process initiated by the Institute.

If a complainant withdraws a complaint, the DO will continue to consider the complaint and will advise the REO that the complaint was withdrawn.

If the DO identifies a potentially significant risk to humans, animals, the environment, or national security, they must immediately advise the CEO and President and the REO.

At any stage in the complaint management process, consideration may also be made of the appropriateness of advising third parties of research integrity complaint management activities. The disclosure to third parties will not affect the principles of procedural fairness unless required by law, policy or procedure. Parties to consider include:

- regulators;
- partner organisations and institutions;
- individual collaborators external to KOI;
- funding providers, especially where these are external;
- KOI's insurers.

### **Preliminary assessment**

The DO will assign the complaint to a suitable AO, who:

- must be a senior member of staff; and
- must not be from the same discipline and operational unit as the respondent; and

- must not have a conflict of interest in relation to the respondent.

Conflicts of interest must be managed in accordance with KOI'S [Conflict of Interest Policy](#) and related procedures and guidelines.

The AO will conduct a preliminary assessment in a timely manner and in no more than 40 working days of the receipt of the complaint by the DO.

KOI authorises the AO to secure all documents and other evidence necessary to assess the allegation.

The AO will collate, prepare and retain records of the assessment in accordance with KOI's [Documents and Records Control Policy](#).

During the assessment, the AO may contact the person or persons against whom the complaint is made (the respondent) in writing. If the AO contacts the respondent, they will:

- notify the respondent of the complaint and advise them that an assessment of a potential breach is underway;
- ensure the notification provides sufficient details about the complaint to allow the respondent to understand the nature of the complaint and to respond;
- invite the respondent to meet with the AO, with the option to bring a support person. A record of any meetings must be prepared and the respondent provided with a copy;
- offer to clarify any aspects of the complaint with the respondent unless inappropriate to do so; and
- invite the respondent to provide a written response in no less than 10 working days.

During the assessment the AO will, where necessary:

- seek further information from the complainant and the respondent;
- seek the involvement of those in supervisory roles in the potential breach;
- consider the need to involve other institutions, stakeholders or external experts in the matter;
- consult with one or more experts to provide specific or independent advice about the conduct of the assessment.

After completing the assessment, the AO will present a preliminary assessment report to the DO. This report must include:

- recommendations for further action(s);
- a summary of the assessment process;
- an inventory and evaluation of the facts and information gathered and analysed, including responses from the respondent; and
- an assessment of how the potential breach relates to the principles and responsibilities of [the Code](#), to other external regulatory frameworks (where necessary), and to the Institute's policies, procedures and related processes.

The preliminary assessment report will be considered by the DO.

The DO will determine whether the matter should be:

- dismissed;
- resolved locally, with or without corrective actions;

- referred for investigation; or
- referred to other processes at KOI.

If the DO dismisses a complaint, the DO must consider the following:

- if the complaint has no basis in fact (for example, due to a misunderstanding or because the complaint is frivolous or vexatious), then efforts, if required, must be made to restore the reputation of any affected parties;
- if the complaint is considered to have been made in bad faith or is vexatious, the complainant should be subject to appropriate disciplinary measures and processes.

Examples of frivolous, vexatious and bad faith complaints include, but are not limited to:

- fabricating a complaint;
- making trivial or petty complaints;
- making repeated, unsubstantiated complaints; or
- seeking to raise or agitate issues that have already been addressed or determined.

If the assessment raised systemic issues associated with the complaint, such as a lack of clarity on the ethical requirements of a research project, KOI will make efforts to address these issues.

The outcomes of determinations will be communicated to the respondent, the complainant, and other relevant stakeholders as appropriate.

### **Investigation**

The purpose of the investigation is to make findings of fact to allow the REO to:

- determine whether a breach of [the Code](#) or the Institute's research policies and procedures has occurred;
- assess the nature, seriousness and extent of the breach; and
- consider any recommendations of the Panel.

The investigation is conducted by an investigation panel, which determines whether, on the balance of probabilities, the respondent has breached [the Code](#).

The Panel consists of one or more members appointed on a case-by-case basis by the REO with advice from the DO. In selecting members of the Panel, the REO will consider:

- the expertise and skills required of the members, including:
  - an appropriately qualified Chair;
  - experience and expertise in relevant disciplines;
  - prior experience of similar panels and/or other relevant experience; and
  - knowledge and understanding of research, research supervision, research integrity, research training (where necessary) and related processes;
- the appropriate number of members (noting that a Panel can be comprised of one person);
- the need for members to be free from conflicts of interest or bias. Panel members must ensure that relevant interests are disclosed to the REO and managed appropriately in accordance with the [Conflict of Interest Policy](#) and [Conflict of Interest Procedures](#). Where a perceived or actual conflict of interest cannot be managed, the affected panel member must be recused.

The DO will:

- prepare a clear statement of the complaint and the associated allegations;
- develop the terms of reference for the investigation with reference to [the Guide](#);
- advise the REO on membership of the Panel, with consideration of the composition of the Panel informed by [the Guide](#); and
- seek legal advice on matters of process where appropriate.

Once potential Panel members have been selected, the DO will inform the respondent of the Panel's composition and provide an opportunity for the respondent to raise concerns and respond in writing.

Once the Panel is finalised it will convene to develop an investigation plan.

The conduct of the investigation will be in keeping with the principles of confidentiality, procedural fairness, the terms of reference as appropriate, institutional processes, [the Guide](#), and [the Code](#).

KOI provides all information and resources needed by the Panel, including secretariat support, and maintains a record of evidence (Appendix 3 of [the Guide](#) provides a sample checklist).

If the Panel finds during the investigation that the scope and/or the terms of reference are too limiting, the Chair will refer the matter to the DO with an explanation. The DO will consider the matter and determine whether to amend the scope of the investigation and the terms of reference. If the scope of the investigation is revised, the respondent and other relevant stakeholders will be advised, and the respondent given the opportunity to respond to any new material arising from the revised scope.

Any party who requests or is required to attend the Investigation Panel for interview will be given no less than 10 working days' notice. They may bring a support person. A support person is not an advocate and does not represent or speak on behalf of any party. If the respondent or complainant requires a higher level of support, they must seek the Panel's approval.

All those asked to give evidence are to be provided with relevant and if necessary de-identified information as prescribed by [the Guide](#).

Parties do not have the right to legal representation unless otherwise determined by the Panel for particular matters.

The Panel will:

- assess the evidence (including its veracity) and consider if more evidence is required;
- provide the respondent an opportunity to respond to the allegations and to the evidence in writing or in person and to provide additional relevant evidence to the Investigation Panel;
- give the complainant the opportunity to review and respond to relevant evidence if necessary; for example, if the complainant's interests may be directly or adversely affected by the Investigation;
- arrive at findings of fact about the complaint;
- consider whether [the Code](#) has been breached and the seriousness of any breaches; and
- make recommendations as appropriate.

At its discretion, the Panel may request expert advice to assist the investigation.

If the respondent or complainant chooses not to respond to the invitation to attend the Panel, the investigation will continue regardless.

The Panel will prepare a written report of the investigation, which must include its recommendations and

findings of fact, consistent with its terms of reference.

The Panel is encouraged to reach a consensus. If any member of the Panel has dissenting views, these views must be included in the investigation report.

Prior to submitting the report to the DO, a draft report will be provided to the respondent for comment within 10 working days.

Where a complainant will also be affected by the outcome, the draft report or a summary will be provided to the complainant for comment within 10 working days.

Should the respondent or complainant not respond to or attend the Panel, the Panel will continue to finalise the report.

Following consideration of any further information, including responses from the respondent and/or the complainant, the report will be finalised and presented to the REO.

The REO will consider the Panel's report and recommendations and decide a finding of whether there has been a breach of [the Code](#).

If the REO finds there has not been a breach, the following will be considered:

- if the complaint is found to have no basis in fact, then efforts or actions must be taken to restore the reputation of the respondent;
- if a complaint is found to have been frivolous or vexatious, actions must be undertaken to address this with the complainant under appropriate institutional processes; and
- the mechanisms for communicating with, and for support for, the respondent and the complainant.

If the REO finds there has been a breach of [the Code](#), the REO will decide the Institute's response and consider a range of matters, including but not limited to the following:

- the nature, seriousness and extent of the breach;
- any appointments of the respondent and appropriate management of these appointments with other institutions;
- efforts or actions that can be undertaken to correct the public record; and
- where any systemic issues are identified, that these are referred appropriately within the Institute to ensure they are addressed.

The REO may determine that a serious breach of [the Code](#) which is also intentional, reckless, or negligent constitutes research misconduct.

The REO may also inform the CEO, relevant senior managers, relevant funding agencies, journals, researchers, professional registration bodies, the general public and other relevant parties, as necessary and as determined by the REO.

Where a breach involves corrupt conduct or criminal behaviour, the Institute will refer the matter to the Independent Commissioner Against Corruption (the ICAC), the police, or other external agencies as necessary.

If at any time the respondent admits to the allegation(s) of the complaint in full, the REO will make a finding of a breach and consider disciplinary action.

The REO must also consider if any corrective actions are required as prescribed by this procedure.

### **Communication of findings**

Following the REO's consideration of the report of the Panel, the Institute will communicate in writing the decisions and actions to the respondent and complainant. Other relevant parties such as funding bodies, agencies, authorities or other institutions will be informed as relevant and/or required. The Institute is obliged to address the findings of an investigation appropriately, even where a respondent leaves the Institute prior to or during an investigation. This may include appropriate and lawful disclosure, correction of the research record, or referral of the matter to the new employing institution.

All efforts must be taken to correct the public record of the research, including publications, if a breach of [the Code](#) has affected the accuracy or trustworthiness of research findings and their dissemination.

### **Disciplinary action following a finding**

Where there has been a finding of a serious breach or of research misconduct, the REO may refer the case to the CEO.

The panel's investigation and the REO's findings will form the preliminary investigation, unless the CEO decides that an additional investigation is required prior to taking disciplinary action.

### **Methods for Review of a Code investigation**

A request for a review of an investigation will only be considered on the grounds of procedural fairness. A review will consider the procedures and processes used by the Panel in conducting the investigation in order to affirm, or not, the outcome of the investigation.

A request for a review of the investigation must be lodged by the respondent or the complainant with the RIO within 10 working days of notification of the outcome of the investigation.

The request for a review should be sent to [complaintsresearch@koi.edu.au](mailto:complaintsresearch@koi.edu.au) and clearly outline the procedural fairness grounds relied upon, including any supporting material or documentation.

The RIO will assess the request for review and appoint an RO if the request fulfills the following criteria:

- submission by a complainant or respondent of an investigation under this procedure;
- receipt by the RIO within ten (10) working days of the notification of the outcome of the investigation;
- the request is based on the grounds of alleged procedural fairness deficiencies; and
- provision of sufficient evidence of the alleged procedural fairness deficiencies.

If the request for a review does not fulfill these criteria, the RIO will not appoint an RO and will advise the applicant why a review will not be undertaken.

Requests for review that fulfill the above criteria will be directed by the RIO to an appropriate RO within twenty working days of receiving the request for review from the respondent or the complainant. The RO must not have a conflict of interest in relation to the complaint and must not be from the same discipline and operational unit as the respondent. Conflicts of interest must be managed in accordance with the [Conflict of Interest Policy](#) and [Conflict of Interest Procedures](#).

The RO will undertake a review in accordance with [the Code](#), [the Guide](#) and the Institute's policies, procedures, and internal processes.

The RO will consider the procedures and processes used by the Panel in conducting the investigation itself. The RO will affirm, or not, the related findings of fact and recommendations arising out of the investigation. Where necessary, the RO will seek further clarification of the procedures and processes used by the Panel in conducting the investigation.

Upon completion of the review, the RO will determine whether the conduct of the investigation aligned

with the Institute's policies and procedures, [the Code](#) and [the Guide](#), and the principles of procedural fairness.

Notice of the review determination must be provided to the respondent which advises:

- a statement of reasons for the determination;
- that the determination is final and conclusive, and may not be the subject of a further review within the Institute;
- a website link to the Institute's relevant policies and procedures; and
- that if not satisfied with the result or the conduct of the Appeals process as described, respondents and complainants may additionally seek external review, identifying appropriate bodies or agencies for external review.

Interested third parties may not request a review but they may seek external review by appropriate external bodies or agencies.

### **Safety issues**

If at any time it becomes apparent that the complaint relates to an activity that could harm humans, animals or the environment, the CEO must be advised immediately and immediate action must be taken to minimise the risk of harm.

Action is at the discretion of the Institute and is independent of [the Code](#) related investigation.

Safety issues identified may require referral or notification to an appropriate agency. They may also trigger other institutional responsibilities and processes.

## **6.Associated Information**

### **Legislation and Standards:**

- [Australian Code for the Responsible Conduct of Research \(2018\)](#) (the Code);
- [Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research](#) ;
- [Higher Education Standards Framework \(Threshold Standards\) 2021](#);
- [National Health and Medical Research Council's Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders](#);
- [The National Statement on Ethical Conduct in Human Research \(2025\)](#) (the National Statement);
- [Voluntary AI Safety Standard \(2025\)](#), Australian Government.

## **7.Monitoring and Reporting**

The Academic Board, supported by the Research and Scholarship Committee, will monitor the effectiveness of this Procedure through:

- a. monitoring its implementation and effectiveness;
- b. benchmarking of KOI's research and research training standards with other higher education providers.

**Document Control**

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