Procedure for handling research complaints and allegations of research misconduct

Introduction

Complaints and allegations of misconduct in research must be dealt with in accordance with the Australian code for the responsible conduct of research (the Code).

Background

The Code describes the principles and practices of responsible conduct of research for institutions and researchers. It provides a framework for resolving allegations of breaches of the Code and research misconduct.

All Health Support Queensland (HSQ) research should demonstrate the principles of good research practice:

- honesty and integrity
- respect for human research participants, animals and the environment
- good stewardship of public resources used to conduct research
- appropriate acknowledgement of the role of others in research
- responsible communication of research results.

Scope

This procedure applies to all HSQ staff involved in the conduct, supervision or administration of research.

Minor breaches and allegations of research misconduct should be dealt with at the local level by the relevant institutional committee in accordance with this procedure and the process outlined in departmental operating procedures.

Major breaches and allegations of research misconduct must be dealt with by a designated person in accordance with this procedure.
# Definitions

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tr>
<td>AEC</td>
<td>Animal ethics committee. The FSS AEC is constituted in accordance with the <em>Australian code for the care and use of animals for scientific purposes</em>, 2013</td>
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<td>Breach</td>
<td>Less serious deviations from the Code—defined as minor issues.</td>
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<td>Code</td>
<td>The <em>Australian code for the responsible conduct of research</em>, NHMRC (2007).</td>
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<td>Complaint</td>
<td>Dissatisfaction about a researcher, the conduct of research, or about the conduct of a researcher or ethics committee.</td>
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<td>Designated person</td>
<td>Person responsible for conducting preliminary investigations into research misconduct and advising the Chief Executive or their delegated officer if allegations appear to be justified and what action needs to be taken.</td>
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<tr>
<td>Fabrication</td>
<td>A deliberately false or improbable account.</td>
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<td>Falsification</td>
<td>To state untruthfully, misrepresent.</td>
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<td>FSS</td>
<td>Forensic and Scientific Services</td>
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<tr>
<td>HREC</td>
<td>Human research ethics committee. A committee constituted under the guidance of the <em>National statement on the ethical conduct in human research</em> to conduct the ethical and scientific review of a human research protocol.</td>
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<td>Major issue</td>
<td>Serious research misconduct where the involvement of independent (i.e. non-Department of Health) people may be required.</td>
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<td>Minor issue</td>
<td>Breaches of the Code that can be clearly remedied at the local level.</td>
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<tr>
<td>Plagiarism</td>
<td>The practice of taking someone else’s work or ideas and passing them off as one’s own.</td>
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<td>Procedural fairness</td>
<td>A concept which provides a person a fair, reasonable and publicly accountable process in resolving disputes. This process is also called ‘natural justice’.</td>
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<td>Research integrity advisor/s</td>
<td>Person/s responsible for explain the options open to the complainant.</td>
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<td>Research misconduct</td>
<td>A complaint or allegation that involves all the following:</td>
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<td>• an alleged breach of the Code</td>
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<td>• intent, deliberation, recklessness or gross and persistent negligence</td>
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<td></td>
<td>• serious consequences, such as false information on the public record, or adverse effects on research participants, animals or the environment.</td>
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<td>• Breaches of the Code that warrant formal allegation and investigation would be expected to lead to disciplinary action.</td>
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*Appendix 1* provides examples outlined in the Code of research misconduct.
# Roles and responsibilities

<table>
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<tr>
<th>Roles</th>
<th>Responsibilities</th>
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<tr>
<td>Chief Executive (CE)</td>
<td>Overall responsibility for the process. Some aspects, including minor issues can be delegated to the senior manager of each service line.</td>
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<tr>
<td>Designated person (DP)</td>
<td>Conducts the preliminary investigation to assess the allegations/s, and provide advice to the CE or their delegated officer as to whether allegation/s are justified and if a prima facie case exists.</td>
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<tr>
<td>Research integrity advisor (RIA)</td>
<td>Provide advice to the complainant. The role of the RIA does not extend to investigation or assessment of the allegation.</td>
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<tr>
<td>FSS human ethics committee (FSS HEC)</td>
<td>The co-ordinator/chair is responsible for investigating minor complaints such as:</td>
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<tr>
<td>Pathology Queensland low and negligible risk institutional review board (PQ LNR-IRB)</td>
<td>- Operations of the committee</td>
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<tr>
<td>FSS animals ethics committee (FSS AEC)</td>
<td>- Conduct of project approved by the committee</td>
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<td></td>
<td>If the complaint cannot be handled at this level, a formal complaint must be made in writing to the designated person.</td>
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<td>Major issues should be referred to the designated person.</td>
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*Appendix 2* provides a list of positions and nominated officers currently appointed to these roles.
Process for receiving and resolving complaints and allegations of research misconduct

Step 1: Complainant lodges complaint in writing to any of the following:
- research supervisor
- senior management (team leader, director etc.)
- research integrity advisor
- research office
- institutional committee (IC) e.g. HREC or AEC
- other authorised person (AP).

Step 2: Preliminary assessment

Minor Issue: Investigation may be conducted by:
- Institutional Committee (only when complaint relates to a project approved by the Committee; or a Committee decision; or matter relevant to the Committee)
- Other Authorised Person (determined by Senior Management)

Major Issue: All major issues are to be referred immediately to the Designated Person for preliminary investigation.

Step 2a: Complaint referred to designated person for preliminary investigation

Step 2b: Designated person conducts preliminary investigation and provides advice to CE HSQ or delegated officer as to whether:
- allegation should be dismissed
- dealt with under misconduct provisions unrelated to research
- referred back to the departmental level with instructions as to how they are to be handled
- investigated further through a formal research misconduct inquiry (internal or external)

Step 2b: Institutional committee or authorised person conducts investigation (internal)

Allegation proven

Step 3: IC or AP determines appropriate sanction, provides recommendation to Delegated Officer who advises the person investigated and all relevant parties.

Records must be forwarded to DP.

Allegation dismissed

Step 3a: CE HSQ determines resolution

Allegation overturned

Step 3a: CE notifies all relevant parties of decision, maintains appropriate records.

Allegation upheld

Step 3a: CE determines sanction, notifies all relevant parties of decision, and maintains appropriate records.

Progress to research inquiry

Step 3b: CE notifies all relevant parties of decision to proceed to a research misconduct inquiry (internal or external)

Internal panel constituted

Step 3b: Panels provide advice to CE on inquiry findings. CE considers findings and determines appropriate action. DP maintains records.

External panel constituted

Step 3b: CE notifies all relevant parties of decision to proceed to a research misconduct inquiry (internal or external)
Lodging a complaint

- Anyone who is concerned that a researcher has not acted responsibly must take action in a timely manner.
- It is preferable that complaints and allegations are dealt with at the local level. The RIA will suggest other approaches if this is not possible.

Preliminary assessment

- The assessment should take into account the requirements of the Code and HSQ procedure on research misconduct.
- Consideration should be given as to whether immediate action needs to be taken, e.g. referral of allegations which are not related to research.
- Arrangements in the workplace must ensure procedural fairness.
- Designated person has authority to secure all documents and evidence.

Reviewing employer-employee agreements

- The process for handling research misconduct must be consistent with relevant workplace agreements and the law.

Internal misconduct inquiry

- The panel may be constituted of external persons where a major issue has been identified.
- Appointed members must be free from bias or conflicts of interest.
- The panel should be formed to provide appropriate knowledge and expertise.
- At least one member should have experience on similar panels or relevant experience or expertise.
- Legal representation of persons should not be allowed, but a person appearing before the inquiry may be accompanied by a support person.
- The panel must provide a written record of its findings, and the reasons for these findings, to the person who is the object of an allegation.
- Appeals should be directed to the Director General, Department of Health.

Independent external research misconduct inquiry

- Where the consequences of the inquiry are likely to be serious, and the need to maintain public confidence in research is paramount, the Chief Executive or their delegated officer is advised to establish an independent external research misconduct inquiry.
- Panel members must not be employed by the department, have any current or recent dealings with the department or be subject to a reasonable perception of bias.
- The panel must have a minimum of three representatives providing legal expertise, knowledge and expertise in a relevant field of research, but not directly in the research area of the allegation.
- The panel should be assisted by a legally qualified person acting as ‘counsel assisting’ in the preparation of the case.
- The person facing the allegation should be entitled to legal representation.
• The person subject to the inquiry may have an entitlement to appeal to a higher authority, most usually the courts.

**Procedural fairness**

• A person who is the subject of an allegation must be treated fairly and provided with opportunities to respond to allegation/s in writing.
• Any panel formed to conduct an inquiry that may lead to disciplinary action must be free from bias or preconception, and panel members must conduct themselves in a manner which demonstrates this.

**Possible sanctions**

Possible sanctions may include but are not limited to:

• correction of public records
• disciplinary action under employment agreements and contracts
• training
• compliance plans
• corrective action plans
• letter of reprimand
• supervision
• suspension
• termination of project and/or funds.

**Timeframes**

Acknowledgement of receipt of the complaint must be issued in writing to the complainant within five working days.

All minor complaints should be resolved within 30 calendar days.

An update will be provided every 30 days while a complaint is unresolved.

**Associated documentation**

• FSS HEC terms of reference QIS 10664
• FSS AEC terms of reference QIS 10642
• Pathology Queensland laboratory institutional review board for low/negligible risk human research terms of reference QIS 30919
• HSQ research guidelines QIS 30900

Contact the relevant Research integrity advisor (RIA) if you require copies of these documents.
References


Appendix 1  Examples of research misconduct

Examples of research misconduct

There are many ways in which researchers may deviate from the standards and provisions of this code, including but not limited to:

- fabrication of results
- falsification or misrepresentation of results
- plagiarism
- misleading ascription of results
- failure to declare and manage serious conflicts of interest
- falsification or misrepresentation to obtain funding
- conducting research without the required regulatory approval
- risking the safety of human participants, the well-being of animals or the environment
- deviations from the Code that occur through gross or persistent negligence
- wilful concealment of research misconduct by others.
## Appendix 2  HSQ designated positions responsible for handling research complaints and allegations

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<th>Roles</th>
<th>Delegated positions</th>
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<tr>
<td>Chief Executive</td>
<td>Chief Executive, HSQ</td>
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<tr>
<td>Designated person</td>
<td>Quality advisor / senior branch manager</td>
</tr>
<tr>
<td>Research integrity advisors (RIA)</td>
<td>Research and development project officer, FSS</td>
</tr>
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<td></td>
<td>Local area advisors, e.g. Research and ethics coordinators, FSS</td>
</tr>
<tr>
<td>FSS human ethics committee (FSS HEC)</td>
<td>Chair and/or co-ordinators</td>
</tr>
<tr>
<td>Pathology Queensland low and negligible risk institutional review board</td>
<td>Chair and/or co-ordinators</td>
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