Framework for Handling and Resolving Breaches of the NHMRC Code and Scientific Misconduct at the Royal Children's Hospital Campus (RCH & MCRI)

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Related documentation	Australian Code for the Responsible Conduct of Research (2018) National Statement on Ethical Conduct in Human Research (2001) – updated 2018 MCRI Responsible Scientific Conduct at MCRI Policy & Procedure MCRI Code of Conduct Responsible Conduct of Research at the Royal Children's Hospital Campus Policy
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1. PURPOSE

The Royal Children's Hospital (RCH), Murdoch Childrens Research Institute (MCRI) and the University of Melbourne Department of Paediatrics (UMDP) (the Campus Partners), endorse the *Australian Code for the Responsible Conduct of Research* (2018) (the Code) developed by the National Health and Medical Research Council, the Australian Research Council, and Universities Australia. The Campus Partners have adopted the Code, implementing and maintaining policies and administrative procedures which address all the issues raised in the Code.

This framework is guided by the Code and associated Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research (2018), (the Investigation Guide).

This framework must be read in conjunction with other relevant institutional and campus policies including the current relevant employment contracts and enterprise agreements.

This framework is designed to ensure that all research integrity matters are considered in a procedurally fair manner. The process for managing breaches of the Code must be proportional, fair, impartial, timely, transparent, and confidential. These principles encapsulate the hearing rule (an opportunity to be heard), the rule against bias (decision-makers do not have a personal interest in the outcome) and the evidence rule (decisions are based on evidence). For further information see section 3 of the Investigation Guide.

2. BACKGROUND

Melbourne Children's is a campus partnership between The Royal Children's Hospital (RCH), Murdoch Children's Research Institute (MCRI), the University of Melbourne Department of Paediatrics (UoMP) and The Royal Children's Hospital Foundation. This integration allows researchers to work alongside health professionals and academics creating better outcomes for children.

Under this framework, in recognition of the complex and integrated employment relationships of researchers, staff and students across the Melbourne Children's Campus, the RCH and MCRI have agreed to collaborate and establish a single framework and procedure to manage allegations of breaches of the Code.

3. SCOPE

This framework applies to all staff, past and present (paid or unpaid, voluntary or honorary appointments) and students at the RCH and MCRI engaged in research.

This framework does not apply to employees of the UoM who are conducting research activities at the Melbourne Children's. (UoM employees see Office of Research Integrity (OREI) policies procedures.)

This framework deals specifically with allegations related to departures from acceptable research conduct. The processes in this procedure are not for the investigation of other forms of departures from best practice or misconduct although sometimes research misconduct can be associated with other forms of misconduct such as harassment, bullying or financial misconduct.

4. RESPONSIBILITIES

The whole campus has a responsibility for managing allegations of breaches of the Code and research misconduct. This is through a number of accountability mechanisms for implementing the Code, including responsibilities to funding agencies and our own governance frameworks.

Institutionally, the RCH and MCRI are required to manage concerns or complaints and investigate potential breaches of the Code related to research for which they are responsible. These are outlined in section 1.3 of the Code.

Similarly researchers must ensure that their research conduct and practice reflect the principles and responsibilities as set out in the Code (see R14-19) and other relevant institutional policies.

4.1 Research Integrity Advisors (RIAs)

RCH/MCRI has appointed RIA's who are people with research experience, knowledge of the institution's processes, the Code, and familiarity with accepted practices in research to promote the responsible conduct of research and provide advice to those with concerns about potential breaches of the Code.

A person with concerns about research conduct may consult with an RIA. An RIA may make a complaint or express concern about any possible breach of the Code. They will be able to provide advice about the relevant institutional processes and available options, including how to make a complaint. Outcomes of the discussion between the RIA and the complainant (the person making the complaint) may include:

- not proceeding if the complaint or concern is clearly not related to a breach of the Code

- proceeding under other institutional processes
- making a complaint or expressing concern about a potential breach of the Code either verbally or in writing to the Designated Officer (DO).

An RIA cannot advise on matters where they have a potential, perceived or actual conflict of interest.

The RIA's role does not extend to review of the complaint or concern, including contacting the person who is the subject of that complaint or concern, or being involved in any subsequent review other than as witness or to provide testimony.

5. DEFINITIONS

Table 1. Definition of terms used in this procedure.

Allegation	A claim or assertion arising from a preliminary appraisal that there are reasonable grounds to believe a breach of the Code has occurred. May refer to a single allegation or multiple allegations.
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.
Designated Officer (DO)	A senior research manager appointed by the institution to: • receive complaints about the conduct of research or potential breaches of the Code and to oversee their management and investigation where required. • to conduct a preliminary appraisal of a complaint about research or delegate tasks to an appraisal officer as required. • this is the Director of Research Operations at the RCH and the Research Integrity Lead at the MCRI.
Breach of the Code	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.
Responsible Officer (RO)	A senior executive officer who has final responsibility for receiving reports and deciding the outcomes of processes of assessment or investigation of potential or found breaches of the Code and deciding on the course of action to be taken. At the MCRI this is the Director or Deputy Director. At the RCH this is the CEO or Executive Director of Medical Services and Clinical Governance
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.
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
Research Integrity Advisor (RIA)	Person(s) nominated by the institution with knowledge of the Code and institutional processes. Promotes the responsible conduct of research and provide advice to those with concerns or complaints about potential breaches of the Code.
Research Misconduct	Serious deviation from accepted practice that is intentional, reckless, or negligent.
Support person	A person who accompanies a party to an interview. The support person must act in a support capacity and not as a legal advisor.

6. BREACHES OF THE CODE

A breach is defined as a failure to meet the principles and responsibilities of the Code and may refer to a single breach or multiple breaches.

Breaches of the Code occur on a spectrum, from minor (less serious) to major (more serious). Major breaches would typically require internal review or investigation by a panel while some minor breaches may be addressed at the preliminary appraisal stage or by mediation and/or local resolution through corrective actions. There are also some matters that relate to research administration that can easily be rectified at the local level and resolved prior to the need to consider a preliminary appraisal. Unintentional administrative errors, clerical errors or oversights are some examples of this.

Table 2. Examples of breaches of the Code (not exhaustive).

Not meeting required research standards	• Conducting research without ethics approval as required by the National Statement on Ethical Conduct in Human Research and the Australian Code for the Care and Use of Animals for Scientific Purposes • Failing to conduct research as approved by an appropriate ethics review body • Failing to abide by contract or research agreements • Conducting research without the requisite approvals, permits or licences • Misuse of research funds • Concealment or facilitation of breaches (or potential breaches) of the Code
Fabrication, falsification, misrepresentation	• Fabrication of research data or source material • Falsification of research data or source material • Misrepresentation of research data or source material • Falsification and/or misrepresentation to obtain funding
Plagiarism	• Plagiarism of someone else's work, including theories, concepts, research data and source material • Duplicate publication (also known as redundant or multiple publication, or self-plagiarism) without acknowledgment
Authorship	• Failure to acknowledge the contributions of others fairly and/or in accordance with expected practice.

	• Misleading ascription of authorship including failing to offer authorship to those who qualify or awarding authorship to those who do not meet the requirements
Research data management	• 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
Supervision	• Failure to provide adequate guidance or mentorship on responsible research conduct to researchers or research trainees
Conflicts of interest	• Failure to disclose and manage conflicts of interest
Peer review	• Failure to conduct peer review responsibly

7. RESEARCH MISCONDUCT

Some major (serious) breaches may amount to research misconduct. Research misconduct is a serious breach of the Code which is also intentional, reckless or negligent.

Research misconduct does not include honest differences in judgement. Unintentional errors do not usually constitute research misconduct unless they result from behaviour that is reckless or negligent.

Furthermore, repeated or persistent breaches will likely constitute a serious breach, which will trigger consideration of research misconduct.

Consideration of the type of behaviour may be used to infer whether the breach is intentional or reckless or negligent. Fabrication and falsification are types of breaches that are commonly recognised as being undertaken intentionally or recklessly and are examples of research misconduct.

This procedure deals specifically with allegations related to breaches of the Code and research misconduct which can be associated with other forms of misconduct. Other forms of misconduct or departures from best practice such as bullying, harassment or financial misconduct are managed by other institutional policies and procedures.

7.1 Seriousness of Breaches

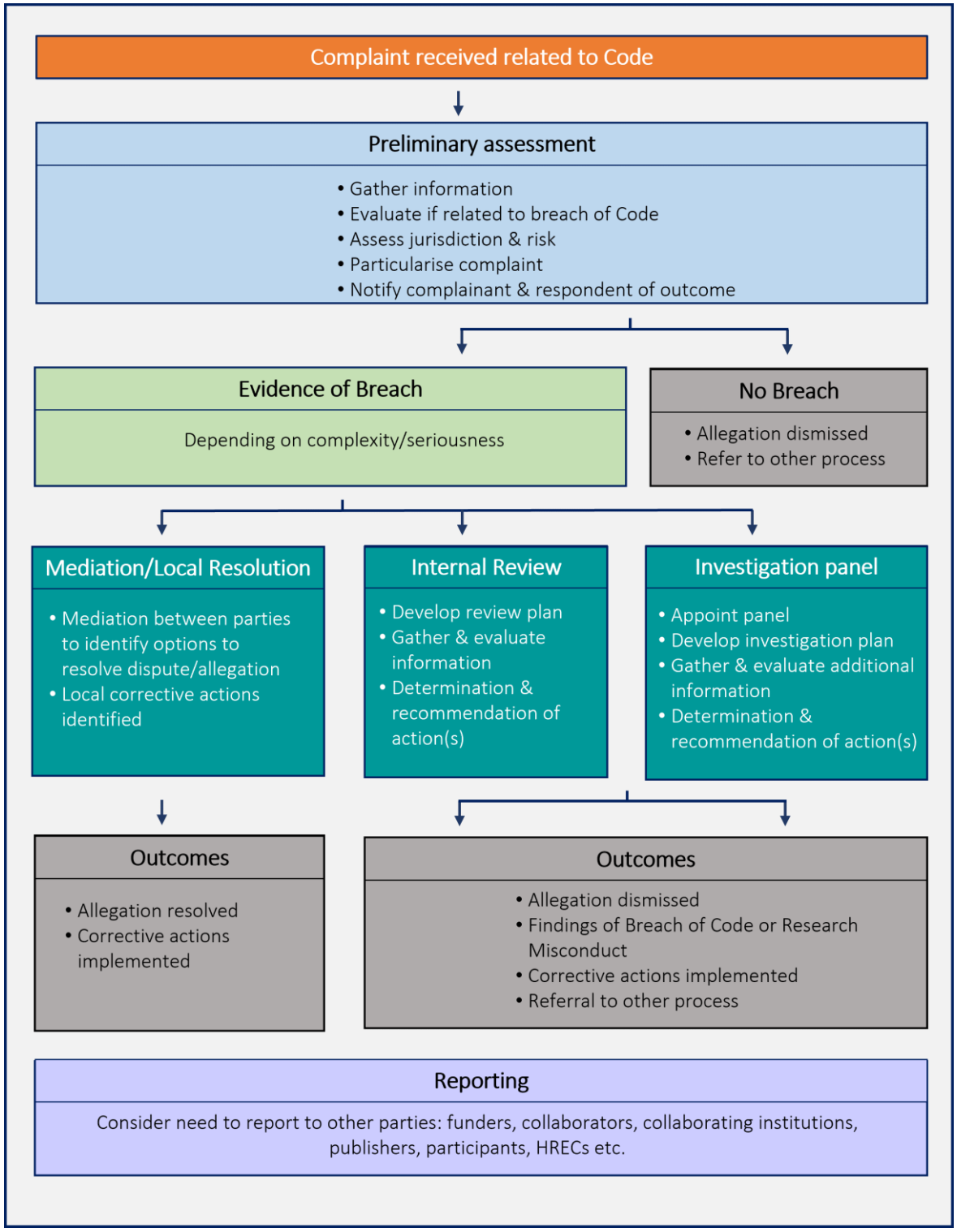
The factors that may be considered (without excluding other factors) when determining the seriousness of a breach are:

I. the extent of departure from accepted practice as determined by discipline norms
II. the extent to which research participants, the wider community, animals and the environment are, or may have been, affected by the breach
III. the extent to which it affects the trustworthiness of research
IV. the level of experience of the researcher
V. whether there are repeated breaches by the researcher
VI. whether institutional failures have contributed to the breach
VII. whether there are any other mitigating or aggravating circumstances.

8. MANAGEMENT OF ALLEGATIONS OF A BREACH OF THE CODE

This procedure outlines the process by which the RCH and MCRI will manage complaints or allegations of a breach of the Code.

Figure 1 Overview of the process for managing research integrity complaints or concerns.



A complaint or concern about a potential breach of the Code occurs when a concern is raised or identified that one or more researchers have conducted research that is not in accordance with the principles and responsibilities of the Code.

Complaints may be dismissed at any stage for a variety of reasons, including if the complaint appears to be unrelated to research, appears to have been made in bad faith or is vexatious.

Alternatively, a complaint may trigger other processes or require immediate action if corrupt or criminal behaviour is potentially involved or if it relates to an activity that could harm humans, animals or the environment. Where a matter may involve potentially corrupt conduct and/or potential criminal behaviour, the DO will obtain advice from RCH/MCRI legal and may refer the matter to another agency such as the police or crime commission. Where a matter raises significant safety or regulatory issues during the risk assessment, referral or notification to an appropriate agency may also be required (e.g. WorkSafe, AHPRA, TGA). This may also trigger other institutional responsibilities and processes.

If a respondent has left MCRI or RCH during or following a complaint or concern investigated, the RCH/MCRI has a continuing obligation to address the complaint or concern.

An admission by the respondent of a breach of the Code should not be seen as an end point. It may still be necessary to conduct an investigation to identify appropriate corrective actions, any other parties that may be complicit or any other necessary steps. This will be decided by the DO.

All decisions and reasons for those decisions are to be documented and treated as confidential. All investigation files will be retained in accordance with institutional processes Where appropriate, funding agency or other authorised personnel will be given access to the records upon request.

8.1 RECEIPT OF COMPLAINTS

8.1.1 Complaints or concerns about a potential breach of the Code should be made either verbally or in writing to a research integrity advisor, the RCH Director of Research Operations or the MCRI Research Integrity Lead.

8.1.2 Complaints or concerns should include as much information as possible to assist in the review without being onerous. At a minimum, a description of what transpired, who was involved and where and when the incident or matter occurred should be provided or documented.

8.1.3. Anyone (internal or external) can make a complaint or express concern.

8.1.3. A complaint or concern may be made anonymously however any inquiries or investigation may be limited if enough information is not provided and the complainant cannot be contacted, similarly. Maintaining anonymity of the complainant may be infeasible depending on the nature and context of the complaint. These issues should be discussed with any anonymous complainants.

8.1.4. If the complaint or concern does not relate to an RCH or MCRI researcher, the matter will be referred to the relevant institution as appropriate. However, if the conduct occurred while the researcher was a researcher at the RCH or MCRI then the complaint will be accepted. Where the jurisdiction for the complaint is unclear or multiple institutions are involved, the DO will liaise with other relevant institutions to ensure relevant elements of the complaint are reviewed by the appropriate institutions or nominate a lead institution who is accepted by other jurisdictions to undertake the review. This is to limit duplication of review.

8.1.5. If invoked and applicable, a person raising an allegation (the complainant) in relation to a research conduct issue must be treated in accordance with the institutional policies that deals with protected disclosures (whistle blower).

8.1.6. Persons making unwarranted allegations may be subject to action by RCH and/or MCRI.

8.1.7. Where a complainant chooses not to proceed with a complaint, then the MCRI or RCH may still assess the nature of the complaint and proceed to a preliminary appraisal if deemed appropriate by the DO.

8.2 PRELIMINARY APPRAISAL

8.2.1. After receiving a complaint or concern, the DO will undertake a preliminary appraisal.

8.2.2. To conduct the preliminary appraisal, facts and information regarding the complaint or concern will be collected and evaluated.

8.2.3. The purpose of the preliminary appraisal is to:

i. Particularise the elements of the complaint against the principles of the code and consider whether the complaint or concern, if proven, would amount to a breach of the Code
ii. Asses the jurisdiction for reviewing the complaint and ensure any other relevant institutions are informed of the complaint if related to their jurisdiction or a lead institution nominated to undertake the preliminary appraisal
iii. Asses the risks proposed by the complaint and manage any immediate or ongoing risks
iv. Gather and evaluate any information required to assess the complaint. This may include obtaining external or independent advice from relevant experts.
v. Based on the evidence, assess whether there is evidence of a breach of the Code and if so the seriousness of the breach. Assess recommendation and next steps. This should be provided in a report to the RO.

8.2.4 It may be necessary (but not always) for the DO to discuss the matter with the person alleged to have breached the Code (the respondent) during a preliminary appraisal to clarify the facts and/or information. In this case, the respondent will be notified and provided with:

i. Sufficient detail for the respondent to understand the nature of the complaint or concern
ii. An opportunity to respond within a nominated timeframe. This may include an invitation to meet with the option to bring a support person. The support person must act in a support capacity and not as a legal advisor.
iii. A record of meetings should be prepared, and the respondent provided with a copy as appropriate.

8.2.5 The RO will receive the preliminary appraisal report and decide on the outcomes of the processes and on the course of action to be taken. This can include:

- Allegation dismissed
- Allegation referred to other process
- Mediation and/or local resolution

- Internal review
- Investigation panel

8.2.6. The complainant, and, if appropriate, the respondent, will be informed of the outcome of the preliminary appraisal. Information will not be shared with anyone external to the DO's office unless required.

8.2.7 Where a preliminary appraisal does not support a referral of an allegation of a breach of the Code for further enquiry see section 8.6 for further information that should be considered.

8.3 MEDIATION / LOCAL RESOLUTION

8.3.1 It is recognised that sometimes complaints or concerns of breaches of the Code, however valid, stem from interpersonal relationship breakdowns or disputes between the complainant and respondent.

8.3.2 Where appropriate and depending on the context and seriousness of the breach, mediation between the parties and/or local resolution of the matter through corrective actions should be pursued as the primary course of action.

8.3.3 When a preliminary appraisal finds that mediation and/or local resolution of the issue through corrective actions is required, the DO will encourage all participants to actively participate in the process of resolving identified conflicts via an impartial third person (mediator).

8.3.5 Depending on the situation, the this can be via an independent professional mediator or an impartial person within the organisation such as the Department Head, Theme or Group Leader or DO. Any corrective actions identified through this mediation process will be agreed to and actioned by participants and reported back to the DO.

8.4 INTERNAL REVIEW

8.4.1 If a preliminary appraisal identifies a breach in the Code and the RO authorises for the complaint to be reviewed by an internal review then further review of the complaint will be undertaken via the internal review pathway.

8.4.2 The purpose of the internal review is to gather and evaluate any additional information required to assess the complaint and the seriousness of the breach. It should not duplicate the activity already undertaken as part of the preliminary appraisal.

8.4.3 The internal review will be undertaken by the relevant Department Head or MCRI theme or Group leader and assisted by the DO or delegate. If a conflict of interest arises then an alternative internal reviewer will be assigned by the DO.

8.4.4 The internal reviewer will:

i. assess the evidence gathered during the preliminary appraisal and the preliminary appraisal report.
ii. develop a review plan to identify what further information or avenues of investigation are required.
iii. If required, discuss the matter with the respondent and complainant to clarify or obtain further information.

iv. Asses the seriousness of the breach of the Code and propose recommendation of corrective actions. This should be provided in a report to the RO.

8.4.5 The RO will receive the internal review report and decide on the outcomes of the processes and on the course of action to be taken. This can include:

- Allegation dismissed
- Breach of the Code confirmed, and corrective actions identified and implemented
- Allegation referred to other process

8.5 INVESTIGATION PANEL

8.5.1 If a preliminary appraisal identifies a breach in the Code and the RO authorises for the complaint to be reviewed by investigation panel then the following process applies.

8.5.2 A Panel will be convened under a terms of reference that sets out the scope and purpose of the investigation (see intuitional SOPs and appendix 2 of the Investigation Guide). The panel may have one or more members. If there is more than one member, then a Chair may be appointed. The DO will decide the size and composition of the panel. Factors considered will include the seniority of those involved, the potential consequences for those involved, and the need to maintain public confidence in research. Some or all members may be external if required.

8.5.3. In selecting members for the Panel, the DO will consider:

- the expertise and skills required selection of a person appropriately qualified as Chair
- appropriate level of experience and expertise in the relevant discipline(s)
- the need for a person with prior experience of similar panels or relevant experience
- knowledge and understanding of the responsible conduct of research
- appropriate number of members
- the need for members to be free from conflicts of interest or bias
- gender/diversity of members.

8.4.4. Once potential panel members have been selected, the respondent will be advised of the panel's composition and provide an opportunity for the respondent to any raise concerns.

8.4.5. Members of the panel are expected to:

i. work within RCH/MCRI processes
ii. follow the procedure established and work within the terms of reference for the Panel
iii. respect confidentiality
iv. adhere to the principles of procedural fairness
v. complete the enquiry in a timely manner; and
vi. prepare a written report.

8.5.6. All those requested to give evidence to the panel will be given adequate notification.

8.5.7. Those required to give evidence to the Panel may bring along a support person. The role of the support person is to provide personal support and must not act as a legal advisor.

8.5.8. The respondent will be provided with an opportunity to respond to the allegation and relevant evidence, and to provide additional evidence upon which the panel may rely. If the respondent does not respond or appear before the panel when requested, the enquiry continues in their absence. If

this is the case the complainant may also be given the opportunity to see relevant evidence used in the review.

8.5.9. A panel enquiry may be suspended at any stage in the process if the panel decides that the matter should be dealt with in another institutional process or there is insufficient evidence or information.

8.5.10. All those asked to give evidence to the panel will be provided with the following information, if relevant, including:

i. schedule of meetings and/or hearings they are asked to attend
ii. relevant parts of the terms of reference for the review, if appropriate
iii. advice as to how the Panel intends to conduct interviews
iv. that they may be accompanied by a support person
v. advice about whether the interviews will be recorded
vi. whether an opportunity will be provided to comment on matters raised in the interview
vii. disclosing interests
viii. confidentiality requirements
ix. panel's procedures.

8.5.11. The panel will make a determination as to whether the respondent has breached the Code. The panel:

i. will assess the evidence and consider if more may be required
ii. may request expert advice
iii. must arrive at findings of fact about the allegation
iv. must identify whether the principles and responsibilities of the Code have been breached
v. must consider the seriousness of any breach and whether the breach amount to research misconduct
vi. will provide a report into its findings of fact consistent with its terms of reference
vii. will make recommendations as appropriate.

8.5.12 The Panel is encouraged to come to a consensus. If there are dissenting view(s), there should be opportunity for the Panel member to provide this view for inclusion in the draft and final report. 8.5.12. On completion of the enquiry, the panel will prepare a draft written report of the enquiry and submit this to the DO.

8.5.13 The DO will provide the draft report, or a summary of all relevant information on which the RO's decision will be based, to the respondent with a reasonable timeframe to comment. The draft report, or a summary of the information, may also need to be provided to the complainant if they will be affected by the outcome. If dissenting view form part of the draft report, it must be provided to the respondent and in some circumstances the complainant, if they will be affected by the outcome

8.5.14 Any further information comments on the draft report by the respondent or complainant will be provided to the investigation panel who can update the report as required and finalise report for consideration by the RO.

8.5.15. The RO will consider the final report, the findings of fact, evidence presented, and any recommendations made by the Panel. The RO will also consider the extent of the breach, whether this amounts to research misconduct, the appropriate corrective actions and if referral to

disciplinary procedures is required. Where systemic issues are identified as a contributing factor, these need to be referred to the institution to be addressed.

8.6 Outcomes if no breach of the Code

8.6.1. If after the preliminary appraisal, local resolution, internal review or investigation panel, the RO decides there has been no breach of the Code, the following will be considered:

i. if the allegation has no basis in fact, then efforts must be taken to restore the reputations of those alleged to have engaged in improper conduct
ii. if an allegation is considered to have been frivolous or vexatious, action to address this with the complainant should be taken under appropriate institutional processes
iii. All efforts will 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.
iv. The mechanism for communication with, and support for, the respondent and complainant.

8.7. Findings of a Breach of the Code & Monitoring of Investigation Outcomes

8.7.1 Where the RO accepts that a breach of the Code and/or research misconduct has been found, the RO decides the institution's response, taking into account the extent of the breach and whether other institutions should be advised.

8.7.2 In the case of joint, adjunct and/or honorary appointments of the respondent, the DO will see advice from legal and people and culture in relation to the management of these appointments with other institutions.

8.7.3 All efforts should 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.

8.7.4 Where corrective actions have been applied, ongoing compliance to these actions will be monitored by the DO or relevant manager. If there are any concerns regarding compliance to corrective actions the RO may refer the matter back for review or for consideration under a different institutional process including disciplinary action. Persistent non-compliance with corrective actions will result could result in a finding of a more serious research breach and thus more serious corrective actions or penalties applied.

8.8 Reporting Requirements

If a breach of the Code and/or misconduct has been found, the DO must consider all reporting requirements and ensure all reporting requirements are met whilst maintaining confidentiality. Reporting requirements can include but are not limited to:

- RCH/MCR Line manager/Theme Leader/People & Culture
- Research funder (e.g. NHMRC policy on misconduct related to NHMRC funding, ARC Research Integrity Policy).
- Research Collaborators or Sponsors
- Publishers of the research record.
- Other research institution integrity offices

- Institutional HRECs
- Regulatory bodies such as the Therapeutics Good Administration, Australian Health Practitioner Regulation Agency
- Any other parties to whom you have a contractual obligation to report.

8.9 Communicating the findings

8.9.1 General communication during the review process:

Complainants who may be directly affected by the outcome of a Code investigation (for example, someone who is involved in a dispute with the respondent) should be provided with as much detail as possible to provide assurance that their complaint is being/has been considered appropriately.

In contrast, for complainants who have only a general concern in the matter, it may be sufficient to provide minimal details to convey the outcome. These complainants will generally not have direct interests at stake and will not be directly affected by the outcome (for example, someone conducting peer review on a paper).

8.9.2 Communication of an internal review or investigation panel findings

When the RO has considered the Panel's report, any decisions or actions are to be communicated to the respondent and the complainant. Subsequent actions may include informing relevant parties (such as funding bodies, other relevant authorities or other institutions) of the outcome.

The REO should consider whether a public statement is appropriate to communicate the outcome of an investigation.

In cases where the respondent resigns, the institution still has an obligation to address the findings of the investigation. The matter may also need to be referred to the new employing institution. In this case, institutions should consider seeking legal advice to ensure that any information disclosure can be made and is done appropriately and lawfully.

9. MECHANISM OF REVIEW OF A CODE INVESTIGTION

Only requests for a review of a panel enquiry on the grounds of procedural fairness will be considered. If a review is requested, then the information and report from the preliminary appraisal may be taken into account.

The aim of a review is to affirm or not the outcome of the panel enquiry. If new information comes to light, the DO will consider if a new investigation will be necessary.

9.1. The mechanism of review for a Code investigation is:

i. A request for a procedural review must be made in writing to the DO within 14 days of receiving the findings of the final report.
ii. A decision to proceed with a review will be made by the RO.
iii. The review will be undertaken by an RIA who has no previous involvement in the initial investigation or review.
iv. The reviewer will look process undertaken during the investigation and ensure the process adheres to this policy and that the investigation was procedurally fair. If the review finds that the investigation was not procedurally fair then the investigation or affected steps of the investigation will be repeated.

v. The outcome of the review will be communicated to the respondent, and possibly the complainant if they are directly affected.
vi. If the complainant remains dissatisfied by the outcome of a review of a Code investigation, they can request that the investigation be reviewed by the Australian Research Integrity Committee.