

MANAGING AND INVESTIGATING POTENTIAL BREACHES OF THE AUSTRALIAN CODE FOR THE RESPONSIBLE CONDUCT OF RESEARCH

Version

#1

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1. BACKGROUND

As an Independent Medical Research Institute (MRI), the Harry Perkins Institute of Medical Research (the Perkins) is committed to upholding the standards set forth in the Australian Code for the Responsible Conduct of Research (2018) ('the Code'). This includes implementing effective governance and management practices that support responsible research conduct. A key component of this responsibility is establishing procedures for assessing and addressing concerns or complaints related to research conduct—whether raised by internal staff, affiliated researchers, or individuals external to the Perkins.

While many researchers affiliated with Perkins are formally employed by the University of Western Australia (UWA) and other partner institutions, the Institute's procedures are designed to accommodate this arrangement. They reflect the Perkins' obligation to promote contemporary standards in research governance and management. In practical terms, Perkins is tasked with the initial assessment of matters concerning research conduct, while any ensuing actions—depending on the nature of the issue—may be carried out by the researcher's employing institution.

2. PURPOSE

- These Procedures set out the roles and responsibilities of parties involved in research integrity at the Perkins, and the actions to be followed when issues of research conduct are raised or a breach of the Code is reported.
- These Procedures are consistent with those outlined in the *NHMRC Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research (2018)*.
- These Procedures should be read in conjunction with the following documents:

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- *The Australian Code for the Responsible Conduct of Research (2018) ('the Code')*¹
- *The NHMRC Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research (2018) ('the Guide')*
- *NHMRC Research Integrity and Misconduct Policy (2019)*
- *The Perkins Research Integrity Framework*
- *The Perkins Research Integrity Policy*
- *The Perkins Policy on the Responsible Use of Generative AI*

3. SCOPE

- 3.1. These Procedures apply to all persons conducting research and laboratory services at the Perkins, and those involved in the assessment or investigation of any research conduct matters.
- 3.2. Disciplinary issues are addressed in accordance with the Perkins Code of Conduct or where appropriate through referral to the relevant employing or enrolling institution.

4. DEFINITIONS

Term	Definition
Administering Institution	An Institution approved by the NHMRC to administer funding and which accepts the responsibility to manage research integrity and investigate breaches of the Code in relation to NHMRC funding, and which can delegate the responsibility for the conduct of research integrity investigations.
Assessment Officer (AO)	Person appointed by the Designated Officer (DO) to conduct a preliminary assessment on the instructions of the DO
Breach of the Code	A failure to meet the principles and responsibilities of the Code. Breaches of the Code can range from minor (less serious) to major (more serious).
Code	<i>Australian Code for the Responsible Conduct of Research (2018)</i> as amended from time to time.
Complainant	Person who has made a Complaint about a potential breach of the Code.
Complaint	A formal complaint made about a potential Breach of the Code

¹ As amended from time to time.

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Designated Officer (DO)	A senior member of the Perkins or another appropriately qualified person, other than the Director, appointed to receive complaints and oversee their management and investigation where required.
Employing Institution	The Institution that has an employment contract with the person who is the subject of any complaint. While students are not employed, they are enrolled through a partner University, though the Perkins has a responsibility for the research conducted by the student at the Perkins.
Guide	<i>NHMRC Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research (2018)</i> or any subsequent published revision thereof.
NHMRC	National Health and Medical Research Council.
Procedural Fairness	Administrative Law principle whereby anyone whose rights may be affected by any decision made in relation to research integrity has an opportunity to hear and respond to any allegations made against them.
Questionable Research Practices	A spectrum of research-related behaviours that range from honest errors and mistakes at one end, through to more serious behaviours at the other and which can lead to untrustworthy results and undermine the entire purpose of research ² .
Researchers	Any researcher approved to conduct research at the Perkins. It includes but is not limited to employees, visiting scientists, students, affiliates, honorary appointees and professional services staff directly involved in research activities.
Research Integrity Advisor (RIA)	Person(s) appointed by the DO to provide impartial and confidential advice to researchers on matters related to Research Integrity. This advice may include the courses of action open to anyone wishing to make a complaint. RIAs are normally, but not exclusively, senior or experienced researchers.
Research Misconduct	A serious breach of the Code, which is also intentional, reckless or negligent.
Responsible Executive Officer (REO)	Individual appointed as decision maker in relation to the outcomes of any investigations conducted in relation to a potential breach of the Code which may also meet the threshold for research misconduct. The REO is the Director of the Perkins. However, in instances where the Institute Director may have a Conflict of Interest, an alternate REO may be appointed.

² Taken from the UK Research Integrity Office publication on questionable research practices <https://ukrio.org/wp-content/uploads/Simon-Kolstoe-Guidance-QRPs-2023.pdf>.

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5. RESPONSIBILITY MATRIX

Role	Functions
Assessment Officer/ Research Integrity Officer (AO/RIO)	• Be available to provide advice to all research staff on research integrity matters. • Conducts a preliminary assessment • Consults with Designated Officer and relevant persons, including Respondent and external experts where necessary • Secures evidence and manages records • Provides a report to Designated Officer • Notify all those required to attend or participate in the investigation • Provide Panel with all relevant documentation • Provide Panel with Secretariat support for any investigation • Ensures the Panel follows Institutional processes • Provides information to relevant persons • Notifies Funding Bodies and relevant authorities where required
Research Integrity Advisor (RIA)	• Act as sounding board for potential complainants or those wishing to raise issues related to research integrity • Provide confidential advice on options available for complaint resolution
Designated Officer (DO)	• Assigns preliminary assessment to AO • Oversees the preliminary assessment and receives outcome report • Decides whether a complaint is referred to an investigation, or other course of action including referral to institutional processes, local resolution or dismissal • Prepare statement of allegations • Establish Terms of Reference • Nominates and establishes Panel • Receives the investigation report and make recommendations to REO
Responsible Executive Officer (REO)	• Receives Investigation Report • Determines whether a breach of the Code has occurred and extent of a breach • Decides on course of action • Liaises with relevant entities or authorities in relation to outcome.

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6. RAISING AN ISSUE RELATED TO RESEARCH CONDUCT

- 6.1. Not all issues raised in relation to research conduct are research integrity matters such as a breach of the Code. They may relate simply to questions about good research practices or about Questionable Research Practices. To resolve such questions or issues, there are several avenues for discussion or resolution. These include discussion with other researchers, senior scientists, the Designated Officer, a Research Integrity Advisor (RIA) or the Research Integrity Officer (RIO). The decision about whom to approach is one of personal preference.
- 6.2. The Perkins has appointed four RIAs and a RIO to support researchers by offering guidance on research conduct and integrity. Researchers wishing to raise concerns about research integrity are encouraged to first consult an RIA, who may be able to help resolve the matter informally, without the need to lodge a formal complaint.
- 6.3. RIAs play an advisory role in navigating research integrity concerns. After a confidential discussion with the individual raising the issue, the RIA can recommend suitable pathways for resolution. These may include:
 - Direct discussion with the individual involved;
 - Consultation with the relevant lab head or senior colleague;
 - Referral of the concern, either directly to the Designated Officer or via the Research Integrity Officer.
- 6.4. If the issue cannot be resolved informally, a formal complaint should be lodged in accordance with procedures outlined in the next section.

7. Lodging A Complaint

7.1 Lodgement of a complaint ³

Complaints regarding potential breaches of the Code may be lodged through different channels:

- By consulting a RIA, particularly where the provided evidence suggests that, on the balance of probabilities, a breach of the Code has occurred;
- By submitting a written complaint, (which can be done anonymously)⁴.

³ Instructions for submitting a complaint are available on the Perkins website at [insert URL].

⁴ Complaints can be submitted through the Perkins' complaints handling system or directly to the DO or RIO.

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7.2 Confidentiality of Complaints

To the extent permitted by law, all complaints will be handled with strict confidentiality by those involved in their management. Furthermore, the identity of the individual subject to the complaint will only be disclosed to those responsible for assessing or investigating the matter.

7.3 Required Details in a Complaint

To enable proper assessment, complaints must include sufficient information. If inadequate evidence is provided to support the likelihood that a breach of the Code has occurred, it may not be possible to proceed with further action.

7.4 Protection of Complainants

In accordance with the Code, the Perkins is committed to safeguarding those who wish to raise issues in relation to research integrity from any adverse repercussions resulting from the submission of a complaint. Any form of reprisal or threatening behaviour will not be tolerated.

8. MANAGEMENT AND INVESTIGATION OF COMPLAINTS

8.1 Acknowledgment of Complaints

When a written complaint is submitted to either the DO or Research Integrity Officer (RIO), an acknowledgment will be provided within seven days.

8.2 Anonymous Complaints

Complaints can be submitted anonymously by internal personnel or by members of the public. While anonymous submissions cannot be formally acknowledged, they will be reviewed by the relevant institutional representative⁵ to determine the appropriate area to resolve any complaint.

8.3 Initial Review and Management of Research Integrity Complaints

Once a complaint is received and acknowledged (where possible), the DO, with support from the AO, will determine how the complaint should be managed. If the complaint contains sufficient detail suggesting a potential breach of the Code, the matter will proceed to a preliminary assessment conducted by the AO. If the information is insufficient, the complaint may be dismissed or redirected to alternative institutional processes—such as review under the Perkins Code of Conduct.

8.4 Complaints Involving External Personnel

Where the complaint concerns individuals employed by another institution, the Perkins will not escalate the matter to that institution until a preliminary assessment has been completed. Referral will only occur if the assessment confirms a breach of the Code.

⁵ This may include for example, People and Culture, Safety or Research Integrity.

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8.5 Communication with Complainants

The DO, or their delegate (e.g. the AO), should be available to obtain additional information from the complainant and to explain how the complaint will be managed.

9. PRELIMINARY ASSESSMENT

9.1 Purpose of the Preliminary Assessment

- 9.1.1. The primary objective of the preliminary assessment is to collect and evaluate pertinent facts and information to determine whether, if substantiated, the Complaint would represent a breach of the Code.
- 9.1.2. The preliminary assessment does not involve making determinations regarding research misconduct; such conclusions are reserved for any subsequent investigative process.

9.2 Conduct of the Preliminary Assessment

- 9.2.1 The principles of procedural fairness must be observed throughout the preliminary assessment and any subsequent investigation.
- 9.2.2 The preliminary assessment is conducted by the Perkins AO and overseen by the DO.
- 9.2.3 The AO will consult with the DO and other relevant personnel within the Institute as necessary, ensuring all records relating to the preliminary assessment are accurately prepared and maintained.
- 9.2.4 During the preliminary assessment, the AO is responsible for the following actions:
 - a) Identifying, collecting, cataloguing, and securing all relevant facts, information, and evidence, which may include journals, laboratory books, research data, and related materials;
 - b) Liaising with the Respondent and other relevant parties as needed to clarify specific facts or information;
 - c) With input from the DO:
 - Assessing whether expert advice is required for the appropriate collection and management of facts and information; and
 - Determining whether it is necessary to involve or seek input from other institutions, particularly in cases involving multi-institutional or cross-jurisdictional collaborative research.
- 9.2.5 Upon completion of the preliminary assessment, the AO will submit a written report to the DO. This report should summarise the procedures undertaken, provide an inventory and evaluation of the gathered facts and information, assess their relevance to a potential breach of the Code or other institutional processes, and include recommendations for further action.

9.3 Outcomes from the Preliminary Assessment

- 9.3.1 Following finalisation of the preliminary assessment report, the DO will review the findings and decide whether the matter should be:

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- a) Dismissed;
 - b) Resolved without the need for investigation;
 - c) Referred for formal investigation; or
 - d) Referred for consideration under other relevant Perkins processes.
- 9.3.2 If the facts and information evaluated during the preliminary assessment do not support referring a Complaint for investigation, the DO, via the AO, should consider whether:
 - a) The Complaint arose from a misunderstanding;
 - b) The Complaint is frivolous or vexatious; or
 - c) There are broader systemic issues requiring attention.
- 9.3.3 Should a complaint be determined to have been made in bad faith or found to be vexatious, the Perkins will take steps to restore the reputation of any affected individuals. Additionally, this issue must be addressed with the Complainant, in accordance with the Perkins Code of Conduct.
- 9.3.4 If the Respondent departs the Perkins following a Complaint, the organisation continues to have a responsibility to assess the Complaint, implement appropriate corrective actions, and inform any relevant institutions or funding agencies as necessary.
- 9.3.5 Perkins will provide written outcomes in a timely manner to the Respondent and, where appropriate, to the Complainant at the conclusion of the preliminary assessment.

9.4 Notification of relevant administering/employing institutions

As the Perkins does not currently employ most of the researchers that conduct research within the building, there is a responsibility to notify the employing institution, and in the case of students, the relevant Research School, if a breach of the Code is confirmed following the Preliminary Assessment. This should be done as soon as possible after the preliminary assessment has been completed to enable the relevant institution to notify other relevant entities such as funding bodies.

9.5 Notification of Funding Bodies

- 9.5.1 Employing/Administering institutions must notify funding bodies such as the NHMRC must be notified at different stages of the complaints management process by the institution responsible for administering the funding. In accordance with the *NHMRC Research Integrity and Misconduct Policy 2019* this includes within 2 weeks of the conclusion of the preliminary assessment stage where it has been established that there would, if proven, be a breach of the Code, and, if relevant, within 2 weeks of the conclusion of the investigation.
- 9.5.2 Where no guidance is available in relation to notification of a relevant funding body, the DO of the administering/ employing institution has the discretion to determine whether notification should be made to that funding body.
- 9.5.3 If the preliminary assessment exceeds, or is expected to exceed, twelve (12) weeks from the Complaint receipt date, this must also be reported to the NHMRC.

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- 9.5.4 Details regarding notifications and any information that must be supplied should be checked in any funding agreements.

10. CONDUCTING THE INVESTIGATION

10.1 Decision whether to investigate, and the responsibility for the investigation

- 10.1.1 Following the preliminary assessment and consideration of the report, a breach of the Code has been found that cannot be resolved by internal procedures, the DO, may recommend that an investigation be conducted for matters that cannot be appropriately handled through other processes.
- 10.1.2 The decision to investigate should, where relevant, include consultation with the Respondent's administering/employing institution.

10.2 Purpose of the investigation

- 10.2.1 The purpose of the investigation is to make findings of fact to allow the DO to assess whether the breach of the Code that occurred, meets the threshold for a serious breach or research misconduct.
- 10.2.2 To achieve this, the nature of the breach, i.e. whether it was deliberate, reckless or negligent and seriousness of the Breach will be assessed.

10.3 Preparation for the investigation

- 10.3.1 If the DO determines an investigation is required, the following steps should be taken by the DO⁶:
- Prepare a clear statement of allegations;
 - Develop the terms of reference for the investigation as outlined in Appendix 2 of the Guide;
 - Nominate the investigation Panel and Chair⁷; and
 - Seek legal advice on matters of process where appropriate.
- 10.3.2 When the DO has decided to investigate the Complaint, the AO will notify in writing all those required to attend or participate in the investigation.

10.4 Composition and Appointment of the Investigation Panel

- 10.4.1 The investigation will be conducted by a Panel which may comprise one or more members either internal or external to the Perkins. The decision as to the size and composition of the Panel will be influenced by factors such as the potential seriousness of the Breach and the potential consequences to the Institute.
- 10.4.2 When deciding the Panel's composition, the DO will consider:
- The expertise and skills required, having regard to the need for members to be free from conflicts of interest;

⁶ The DO may be assisted in this activity by the AO.

⁷ A panel need not be appointed for all investigations. These can be undertaken by a single qualified individual. However, where the outcome may have significant reputational consequences, a panel is recommended.

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- Number of members; and
 - Gender/diversity of members.
- 10.4.3 In appointing Panel members, the DO may seek advice on appropriate personnel where appropriate, including from the AO/ RIO (if appointed). However, the REO should not be involved in any appointment process.
- 10.4.4 Once potential Panel members have been identified, the DO should advise the Respondent of the Panel members and provide an opportunity for the Respondent to raise any concerns.
- 10.4.5 Panel members are to be appointed in writing. The Panel Appointment letters must include the following:
- a) Terms of reference of the Investigation
 - b) That all relevant information and support will be provided by The Perkins
 - c) The need for a declaration of confidentiality
 - d) The need to declare any conflict of interest
 - e) That all Panel members are indemnified by The Perkins in relation to their role in the investigation.
 - f) The need to observe Procedural Fairness during the Investigation
 - g) That the investigation must be completed in a timely manner
 - h) That a written report must be prepared.

10.5 Conduct of the investigation

- 10.5.1 Before commencing an investigation, the Panel should refer to the Guide (Sample checklist for the Investigation Procedure).
- 10.5.2 The Panel's role is to determine whether, on the balance of probabilities, the Respondent has breached the Code. To do this, the Panel:
- a) Assesses the evidence and considers if more may be required;
 - b) Arrives at findings of fact about the allegation;
 - c) Identifies whether the principles and responsibilities of the Code have been breached;
 - d) Considers the seriousness of any breach;
 - e) Assesses the level of recklessness and/or negligence;
 - f) Provides a report into its findings of fact consistent with its terms of reference; and
 - g) Makes recommendations as appropriate.
- 10.5.3 The Panel may request expert advice to assist the investigation. However, any expert advisors would be expected to declare any conflicts of interest and to sign a confidentiality agreement.
- 10.5.4 The Principles of Procedural Fairness must be applied when undertaking the investigation. This includes that investigations are robust, free from bias and that the Respondent(s) are provided ample opportunity to respond to allegations and relevant evidence, to provide any additional evidence upon which the Panel may rely and to view and provide a response to the report when drafted and before finalisation.

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- 10.5.5 The principles of procedural fairness do not include a right to legal representation. The decision as to whether to permit legal or specialist representation will be considered by the panel or the person conducting the investigation on a case-by-case basis.
- 10.5.6 If the Respondent chooses not to respond or appear before the Panel within a reasonable timeframe, the investigation will continue in their absence. The Respondent may provide reasons for not responding or appearing. The Panel should record in its report the failure to respond or appear, and if provided, the relevant circumstances.
- 10.5.7 A person appearing before the Panel may be accompanied by a support person. The support person's role is to provide personal support, within reasonable limits. Their role is not to advocate, represent or speak on the other person's behalf.
- 10.5.8 All those asked to give evidence are to be provided with relevant, and if necessary de-identified information, including but not limited to:
- a) The Panel's procedures;
 - b) Whether they may be accompanied by a support person;
 - c) Whether interviews will be recorded; and
 - d) Confidentiality requirements.

10.6 The Investigation Report

- 10.6.1 On completion of the investigation, the Panel will, with the assistance of any secretariat, prepare a draft written report of the investigation, that fully addresses the terms of reference.
- 10.6.2 The draft report should contain findings of fact and any recommendations (refer to Appendix 4 of the Guide for a sample checklist for the report of the investigation findings).
- 10.6.3 The draft report, or a summary of all relevant information on which the DO's decision will be based, should be provided to the respondent with a reasonable timeframe to comment⁸⁻⁹.
- 10.6.4 Following consideration of any further comments from the Respondent or others directly affected by the outcome, the Panel will finalise the report and provide it to the DO.
- 10.6.5 The DO will, following acceptance of the report¹⁰, provide the final report to the REO with recommendations.
- 10.6.6 The REO will make the final decision as to whether a Breach of the Code has occurred, the extent of the breach and the course of action.
- 10.6.7 Where the REO agrees with any recommendation that there has been no Breach of the Code, they will consider:

⁸ The Panel is not required to provide a draft report if in the judgement of the Panel there is no utility in so doing so, e.g. where there are no adverse findings.

⁹ A reasonable timeframe may be 2 weeks or 10 business days. However, consideration should be given for extra time should the Respondent request with justification.

¹⁰ The DO should formally accept the report if satisfied with the conclusions and recommendations.

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- a) whether there is a need to restore the reputation of the Respondent and any others who are alleged to have engaged in improper conduct.
 - b) Where the Complaint is considered to have been frivolous or vexatious, action required to be taken under appropriate Institute policies and procedures,
 - c) The mechanism for communication with, and support for, both the Respondent and the Complainant.
- 10.6.8 Where the REO agrees with any recommendation that there has been a Breach of the Code, they will decide the Institute's response, considering the extent of the breach and whether other institutions should be advised.
- 10.6.9 Institute responses to a finding of a Breach of the Code can include but is not limited to:
- a) Disciplinary action in accordance with the relevant institutional processes;
 - b) Correction of the public record of the research, including publications;
 - c) Where systemic issues are identified, these should be referred to the Perkins to be addressed;
 - d) Where relevant, advising other relevant parties such as the NHMRC, other funding bodies, employing institutions or other relevant stakeholders;
 - e) Considering whether the matter needs to be referred to a new employing institution (in cases where the Respondent resigns).
- 10.6.10 Where systemic issues are identified as a contributing factor, these need to be referred to the Institute to be addressed.
- 10.6.11 The Perkins REO will inform the Respondent in writing, (and Complainant as appropriate), of any decisions and actions arising from that decision.

10.7 Mechanisms for Review of an Investigation

- 10.7.1 When communicating the outcomes of an investigation, the institution must inform the Respondent (and possibly the Complainant if they are directly affected by the outcome), of their right to request a review and how to lodge a request for a review, including timeframes and the information required for a request to be considered.
- 10.7.2 Reviews may be internal, through an institutional process, or external, through the Australian Research Integrity Committee (ARIC). Those affected by the outcome of the investigation have a right to seek review through either means.
- 10.7.3 For an internal review:
- Requests for review should be directed to the Perkins REO within 2 weeks of the date that the outcome of the investigation was notified;
 - The request for review must outline the grounds for review, and can only be considered on the grounds of procedural fairness;
 - In the first instance, the review will be referred to the Panel for reconsideration.
 - The outcome of the review will be communicated back to the Respondent in writing.
- 10.7.4 For review by ARIC, persons affected should consult the NHMRC website at <https://www.nhmrc.gov.au/research-policy/research-integrity/australian-research-integrity-committee-aric#download> and download and submit a form for review.

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11. Additional Considerations following the investigation

11.1 Notification of Funding Bodies

- 11.1.1 Where the Perkins is the employing/administering institution, it has a responsibility to notify the NHMRC, and potentially other funding bodies, within 2 weeks of the conclusion of the investigation.
- 11.1.2 Where the Perkins is the employing/administering institution, and has either suspended funding before the completion of the investigation, or has identified an immediate risk to the safety of humans, animals or the environment, the NHMRC must be notified no later than one (1) week after the risks have been identified or funding suspended

11.2 Notification of external authorities

Where the breach of the Code may be a criminal action or is corrupt conduct, relevant external regulatory authorities including the Crime and Corruption Commission of WA, Police or Workcover may need to be notified.

11.3 Actions that may be taken by funding bodies

- 11.3.1 Funding bodies, including the NHMRC, may initiate precautionary actions prior to the outcome of a research misconduct matter being finalised. Examples of precautionary actions include:
- Temporary suspension of grant payments;
 - Placing conditions on grants that address or mitigate any identified risks; and
 - Limitations being placed on participation in peer review.
- 11.3.2 Affected persons will be notified in writing of any precautionary actions taken by the NHMRC or other funding bodies.
- 11.3.3 Funding bodies may also take consequential action in response to findings of research misconduct. Examples of consequential actions include:
- Imposing conditions on grants;
 - Termination of grants and recovery of grant funds.

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12. Perkins Contacts

Role	Name	Telephone	Email
Research Integrity Advisor (RIA)	Dr Rhonda Taylor		
Research Integrity Advisor (RIA)	Dr Rikki Brown		
Research Integrity Advisor (RIA)	Dr Bo He		
Research Integrity Advisor	Professor Alistair Forrest		
Research Integrity Officer	TBC		
Designated Officer (DO)	Professor Moira Clay (Deputy Director)		Moira.clay@perkins.org.au
Responsible Executive Officer (REO)	Professor Peter Leedman (CEO/Director)		Peter.Leedman@perkins.org.au

13. RELATED DOCUMENTS

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14. APPROVAL AND AMENDMENT HISTORY

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