



Australian Government

Australian Research Council

Research Integrity Policy

Version:	2023.1
Issued:	5 September 2023
Date for review:	5 September 2025
Owner:	Policy and Strategy Branch

Contents

- 1. Introduction** _____ 3
 - 1.1 The Australian Research Council** _____ 3
 - 1.2 Purpose of policy** _____ 3
 - 1.3 Commencement, review and enforcement** _____ 3
 - 1.4 ARC roles and responsibilities** _____ 4
- 2. Scope** _____ 4
 - 2.1 Overview** _____ 4
 - 2.2 Application** _____ 4
 - 2.3 Breaches of the Code and research misconduct** _____ 5
- 3. Reporting research integrity matters—requirements for institutions** _____ 7
 - 3.1 When is reporting to the ARC required?** _____ 7
 - 3.2 Information required by the ARC** _____ 9
- 4. Self-reporting where individuals engaged in ARC business are implicated research integrity matters** _____ 10
- 5. Reporting of matters identified through ARC business** _____ 10
- 6. Concerns raised by members of the public—pathways for making complaints to institutions via the ARC** _____ 11
- 7. ARC actions** _____ 12
 - 7.1 Processes for ARC actions** _____ 12
- 8. Privacy and confidentiality** _____ 13
 - 8.1 Access to personal information** _____ 14
- 9. Appeals** _____ 14
- 10. The role of the Australian Research Integrity Committee (ARIC)** _____ 15
- 11. Contacts** _____ 16

1. Introduction

1.1 The Australian Research Council

The Australian community expects research to be conducted responsibly, ethically and with integrity and the Australian Research Council (ARC) plays a vital leadership role in maintaining and promoting the responsible conduct of research. Responsible research conduct is critical to the success of, and maintenance of public confidence in, Australia's research efforts. Management of research integrity in Australia is a shared responsibility that involves the ARC, the National Health and Medical Research Council (NHMRC) and a range of other institutions and entities.

As the principal Australian Government funder of fundamental and applied research across all disciplines outside of clinical and other medical research, the ARC's purpose is to grow knowledge and innovation for the benefit of the Australian community through providing support for the highest quality research, assessing the quality, engagement and impact of research, and providing advice on research matters.

1.2 Purpose of policy

Responsible research conduct is critical to the success of, and maintenance of public confidence in, Australia's research efforts. Research must be developed, undertaken and reported according to appropriate ethical, legal and professional frameworks, obligations and standards in a research environment underpinned by a culture of integrity.

The [Australian Code for the Responsible Conduct of Research, 2018](#) (the Code) establishes a framework that provides a foundation for high-quality research, credibility and community trust in the research endeavour. As the ARC expects the highest standards of integrity in all aspects of research it funds, including in the application process adherence to the Code is a prerequisite for the receipt of ARC funding.

The ARC further expects the highest standards of integrity among the individuals who conduct ARC business, including those who assess grant applications and evaluate research excellence.

The purpose of this policy is to promote and support research integrity and safeguard confidence in the value of publicly funded research by:

- making transparent the ARC's role in ensuring research integrity and addressing breaches of the Code;
- establishing a framework to support the integrity of the ARC's grant application, peer review, grant selection and research evaluation processes, funding decisions and research; and
- raising awareness of the importance of research integrity and the possible consequences for research institutions and individuals if appropriate standards are not maintained.

1.3 Commencement, review and enforcement

The *Research Integrity Policy* (the policy) commenced on 13 April 2015, the date it was first publicly released. ARC Funding Rules/Grant Guidelines and Funding/Grant Agreements published after the commencement of the policy require ARC-funded institutions to comply with the policy.

This version of the policy (2023.1) will come into effect on 1 September 2023. It will not apply retrospectively and the version that is to be applied in any particular instance will depend upon when a complaint is received. For complaints that were received by an institution before the commencement date of this policy—whichever version of the policy that was in effect on the date of receipt of the complaint will apply.

The ARC will review the policy every two years. The policy will also be reviewed immediately after any changes are made to the Code, which may delay or bring forward any review by the ARC.

The date of effect for any amendments to the policy will be the date on which an amended version of the policy is publicly released.

1.4 ARC roles and responsibilities

Research Integrity Office

The ARC Research Integrity Office is the point of contact for all matters within the scope of this policy, and is responsible for all associated administrative arrangements within the ARC. Individuals or institutions with questions regarding any matters in this policy, or anyone wishing to notify the ARC of a matter within the scope of this policy, may contact the ARC Research Integrity Office via the details provided in section 11 ('Contacts').

Research Integrity Officer

The ARC Research Integrity Officer manages the Research Integrity Office and provides advice to the ARC Senior Research Integrity Officer.

Research Integrity Review Committee

The ARC Research Integrity Review Committee will consider and make recommendations to the ARC Senior Research Integrity Officer on precautionary and consequential actions under Section 7.1 of this policy. The Committee is chaired by the ARC Research Integrity Officer.

Senior Research Integrity Officer

The ARC Senior Research Integrity Officer is responsible for making decisions under section 7.1 regarding any precautionary and consequential actions if the integrity of the ARC's processes, funding decisions or research outcomes are considered at risk as a result of an alleged or proven breach of the Code. The Senior Research Integrity Officer is advised by senior ARC staff, the Research Integrity Officer, and Legal Counsel, as appropriate.

2. Scope

2.1 Overview

This policy outlines requirements for institutions, and individuals engaged in ARC business, to report to the ARC on research integrity matters, and the action the ARC may take in response to reported breaches of the Code.

It also describes how the ARC can refer concerns or complaints to research institutions, who, in accordance with the Code, are responsible for managing and investigating potential breaches of the Code.

The ARC does not investigate concerns or complaints about potential breaches of the Code. An exception to this is that the ARC may instigate its own investigation where the matter involves potential fraud, such as misuse of funding, as the ARC has obligations under the Commonwealth Fraud Control Framework.

This policy complements and supports all ARC Funding Rules/Grant Guidelines and Funding/Grant Agreements, which require compliance with this policy, the Code, the documents specified in section 2.3 of this policy, and any related successor documents.

2.2 Application

The policy applies to complaints about, and findings of, breaches of the Code that relate to:

- current or past ARC-funded projects;

- current ARC-funded researchers, regardless of whether the matter relates to their current ARC-funded projects;
- current ARC grant applications;
- named applicants on grant applications in current ARC selection rounds, regardless of whether the matter relates to an ARC grant application; and
- ARC employees and anyone engaged on ARC business such as College of Experts members, committee members, panel members, external assessors and all other contractors.

The policy also applies to any other Commonwealth funding for research delivered through or by the ARC.

2.3 Breaches of the Code and research misconduct

Definition of a breach of the Code

For the purposes of this policy, and consistent with the Code and the [Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research](#) (the Investigation Guide), a “breach” is defined as a failure to meet the principles and responsibilities of the Code. It may refer to a single breach or multiple breaches.

The definition of a breach of the Code includes, but is not limited to, a failure to comply with any of the principles or requirements contained in the following and their successor documents:

- the NHMRC/ARC/UA [National Statement on Ethical Conduct in Human Research 2007 \(updated 2018\)](#);
- the NHMRC [Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders \(2018\)](#)
- [the AIATSIS Code of Ethics for Aboriginal and Torres Strait Islander Research \(2020\)](#)
- the NHMRC/ARC/CSIRO [Australian code for the care and use of animals for scientific purposes, 8th edition \(2013\)](#);
- Australia Council for the Arts [Protocols for using First Nations Cultural and Intellectual Property in the Arts \(2020\)](#)
- any Commonwealth and/or State or Territory legislation where that legislation relates to research integrity.

Institutions are required to exercise judgement in determining whether there has been a failure to comply with the principles in the applicable documents and, therefore, whether a breach of the Code has occurred.

Breaches of the Code occur on a spectrum, from minor (less serious) to major (more serious). Where a breach is found, institutions are required to consider the factors outlined in section 2.2 of *the Investigation Guide* to determine the seriousness of the breach.

Definition of research misconduct

Research institutions are not required to use the term ‘research misconduct’. For institutions that choose to apply the term, the Code provides the following recommended definition:

‘Research misconduct is a serious breach of the Code which is also intentional or reckless or negligent.’

Section 2.3 of *the Investigation Guide* provides guidance on using the term research misconduct.

Examples of breaches¹

Examples of breaches of the Code include, but are not limited to, the following:

i. 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
- Conducting research without the requisite approvals, permits or licences
- Misuse of research funds
- Concealment or facilitation of breaches (or potential breaches) by others

ii. 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

iii. 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 of the source

iv. Research data management

- Failure to appropriately maintain research records
- Inappropriate destruction of research records, research data and/or source material
- Inappropriate disclosure or access of research records, research data and/or source material

v. Supervision

- Failure to provide adequate guidance or mentorship on responsible research conduct to researchers or research trainees under their supervision

vi. Authorship

- Failure to acknowledge the contributions of others fairly
- Misleading ascription of authorship including failing to offer authorship to those who qualify or awarding authorship to those who do not meet the requirements

vii. Conflicts of interest

- Failure to disclose and manage conflicts of interest

viii. Peer review

- Failure to conduct peer review responsibly

¹ Examples contained in the *Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research*

3. Reporting research integrity matters—requirements for institutions

The Code requires institutions to foster and support responsible research conduct, provide mechanisms for receiving concerns or complaints about potential breaches of the Code, and to investigate and resolve potential breaches as they arise.

Under ARC Funding/Grant Agreements institutions are responsible for reporting to the ARC on potential and actual breaches of the Code in accordance with this policy.

This section outlines the reporting requirements for institutions, including when and what to report to the ARC. For any questions regarding these requirements, please contact the ARC's Research Integrity Office (see section 11 'Contacts').

3.1 When is reporting required?

1. Before the completion of a preliminary assessment

Where a matter relates to a complaint about a potential breach of the Code, institutions must report to the ARC **before** the completion of a preliminary assessment if:

- a) an institution has suspended funding to an individual or team involved in ARC funded research. Institutions must notify the ARC as soon as possible and no later than **one week** after the funding is suspended;
- b) the complaint or evidence collected identifies an imminent or real risk of harm to humans, animals or the environment and the institution has suspended, or intends to suspend, the research activity related to an ARC grant. Institutions must notify the ARC of the risks no later than **one week** after the risks have been identified;
- c) the preliminary assessment is expected to take longer than **12 weeks** from the date of receipt of the complaint. Notifications should be made as soon as it is determined that the preliminary assessment will take longer than **12 weeks**. Following this notification, progress updates should be provided to the ARC every **6 weeks** until the preliminary assessment is complete.

2. On the outcome of a preliminary assessment

Institutions must inform the ARC within **two weeks** of the outcome of a preliminary assessment where:

- a) it has been established that a complaint, if proven, would constitute a breach of the Code, and the complaint has been resolved without the need for an investigation;
- b) the matter has been referred to an investigation; or
- c) irrespective of the outcome of the preliminary assessment, the ARC was aware of the complaint before the completion of the preliminary assessment and has notified the institution that reporting to the ARC is required (see also section 3.1(5)).

3. While an investigation is underway

Where a matter relates to a complaint about a potential breach of the Code, institutions must report to the ARC while an investigation is underway if:

- a) an institution has suspended funding to an individual or team involved in ARC funded research. Institutions must notify the ARC as soon as possible and no later than **one week** after the funding is suspended;
- b) the complaint or evidence collected identifies an imminent or real risk of harm to humans, animals or the environment and the institution has suspended, or intends to suspend, the research activity related to an ARC grant. Institutions must notify the ARC of the risks no later than **one week** after the risks have been identified;

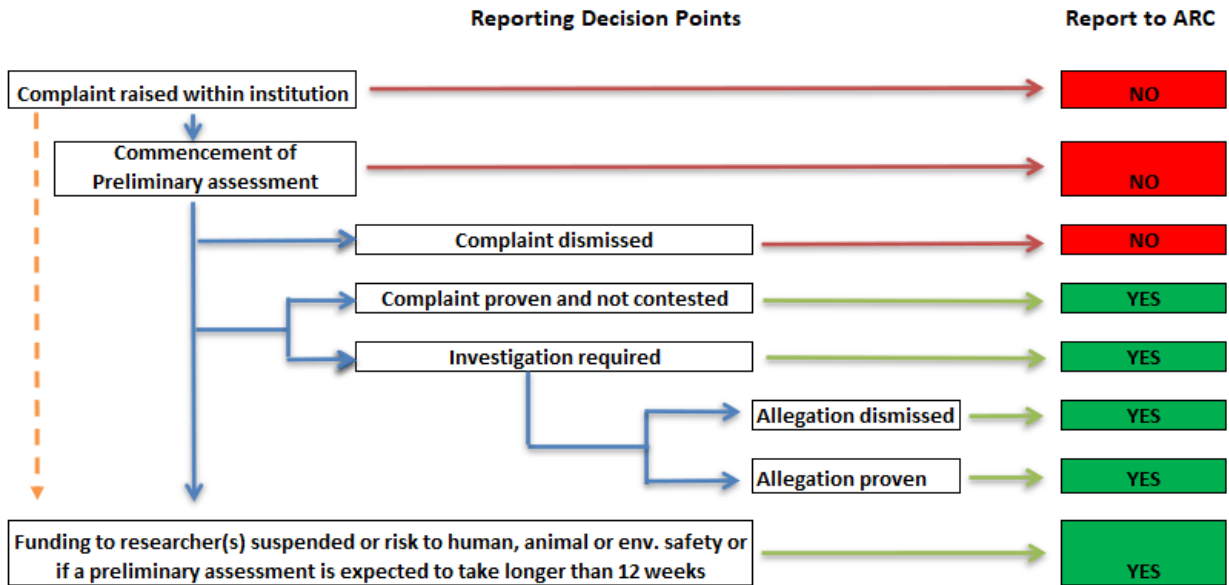
- c) an investigation takes longer than **12 weeks** from the date of commencement of the investigation. Regular progress updates should be provided to the ARC every **12 weeks** while an investigation is underway.

4. On the outcome of an investigation

Institutions must inform the ARC within **two weeks** of the outcome of any investigation into potential breaches of the Code.

The requirements for institutions to report to the ARC on matters identified by the institution are summarised in Diagram 1.

Diagram 1 – Standard reporting requirements



5. Specific requirements for matters referred to institutions by the ARC

In instances where the ARC refers a matter that has been identified by the ARC or raised by a member of the public, the outcome of the preliminary assessment **must be** reported to the ARC regardless of whether the complaint has been dismissed.

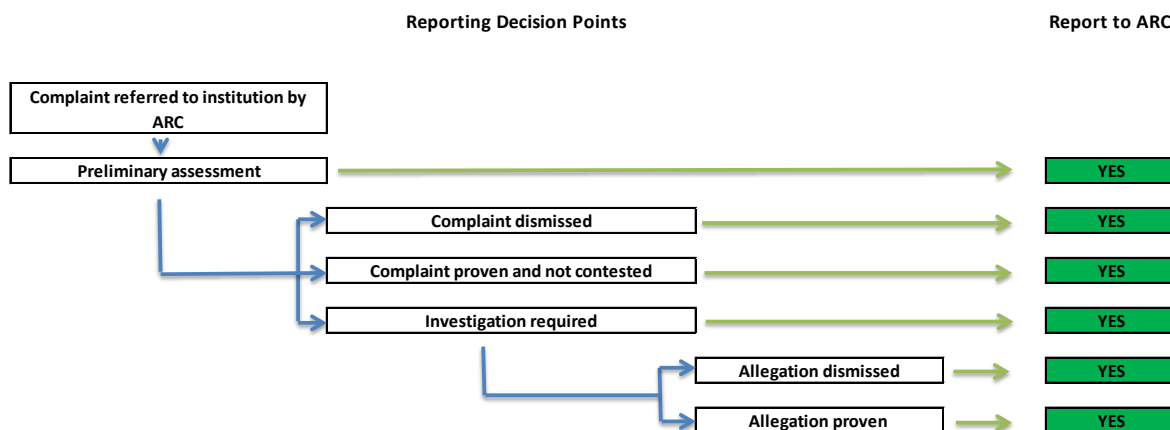
Where a matter is referred by the ARC, that institution is required to confirm within **two weeks** whether a preliminary assessment will be conducted. It must then report to the ARC **within 12 weeks** either the outcome of the preliminary assessment, including if the matter has been dismissed, or provide a progress update as per 3.1.3.

Where the ARC has provided the name and contact details of the individual who made the complaint, the ARC expects that the institution will provide sufficient assurance to this individual that the matter has been addressed.

On occasions, the ARC will become aware of a complaint (through, for example, a member of the public or media) while a preliminary assessment is underway. In these cases, the ARC will notify the institution that the ARC is aware of the complaint, request an update on the status of the matter, and advise that reporting requirements under 3.1 and 3.2 of this policy apply.

The requirements for institutions to report to the ARC on research integrity matters of which the ARC was aware prior to the completion of the preliminary assessment are summarised in Diagram 2.

Diagram 2 – Reporting requirements for matters the ARC is aware of



6. When not to report

Institutions are not required to inform the ARC when:

- an individual implicated in a research integrity matter is engaged in ARC business as an assessor or committee member and is not otherwise covered by the policy. Individuals engaged in ARC business are required to self-report directly to the ARC (see section 4); or
- the institution is not aware that the individual is a named investigator on an ARC grant application submitted by another institution.

7. Collaborative research projects involving more than one institution

Where a matter directly relates to an ARC-funded research project and the implicated researcher is not located at the Administering Organisation, the investigating institution:

- should consider notifying the Administering Organisation when a potential breach of the Code is referred to an investigation; and
- must notify the Administering Organisation if a breach requiring corrective or disciplinary action has occurred.

Where possible, the Administering Organisation should notify any other participating organisations, including any Partner Organisations, involved in the project. The ARC acknowledges that the details that can be provided will sometimes be subject to the privacy law obligations that exist in their state or territory jurisdiction.

3.2 Information required by the ARC

1. For all research integrity matters

For all research integrity matters reported to the ARC, the institution must provide:

- the name(s) of the individual(s) implicated in the potential or actual breach;
- an overview of the complaint or allegation(s), including, if applicable, any identified risks as per section 3.1(1) and 3.1(3)
- ARC project IDs for any ARC-funded projects or grant applications implicated in the potential or actual breach;
- notification of whether funding and/or research activity for any ARC-funded projects has been suspended by the institution;
- an indicative timeframe for the completion of the preliminary assessment or investigation (if still underway);

- confirmation that the complaint has been, or is being, managed and investigated by the institution in accordance with the Code, either using the processes set out in the Investigation Guide or through other equivalent processes.

2. When a matter has been referred for an investigation

When notifying the ARC that **a matter has been referred for an investigation**, the institution must provide the information listed at section 3.2 (1), an outline of the findings of the preliminary assessment, and the Designated Officer's determination. This must include sufficient details to enable the ARC to understand the seriousness of the allegations, and any risks relevant to ARC grants or grant applications.

3. Outcome of a preliminary assessment or an investigation

When notifying the ARC of the **outcome of a preliminary assessment** (where a complaint has been resolved and/or corrective actions implemented without the need for an investigation) or **an investigation**, the institution must provide:

- the information listed at section 3.2 (1), where applicable;
- an outline of and rationale for the findings, and the decision about whether or not a breach (or potential breach if reporting on the outcome of a preliminary assessment) has occurred. This should include sufficient information to enable the ARC to understand the facts and the seriousness of any breach, and consider any implications for ARC grants or grant applications. To fulfil this requirement institutions may wish to submit the preliminary assessment or investigation report, or a summary document that outlines the outcome of the complaint in sufficient detail; and
- an outline of any action being undertaken by the institution in response to the matter, including action to correct the public record and/or mitigate against repeated breaches.

The purpose of requiring this information is to allow the ARC to determine whether the allegations or findings have the potential to undermine the integrity of ARC processes, funding decisions or research outcomes, or confidence in the value of publicly funded research. Should the institution consider that there is a legal reason why certain information cannot be provided, the institution must advise the ARC of its reasons.

4. Self-reporting where individuals engaged in ARC business are implicated in research integrity matters

ARC employees and anyone currently engaged on ARC business, such as ARC College of Experts members, committee members, panel members, external assessors and all other contractors, are required to advise the ARC Research Integrity Office **within two weeks** when:

- a breach is admitted by or proven against them (and not contested) without the need for a formal investigation;
- a formal investigation of which they are a subject is instigated; or
- a formal investigation of which they are a subject is concluded (regardless of whether an allegation is proven or dismissed).

Sufficient information regarding the allegation and/or finding must be provided to enable the ARC to assess whether the matter provides a risk to the integrity of ARC processes and, therefore, whether any action is required in relation to the individuals' involvement in ARC business.

5. Reporting of matters identified through ARC business

ARC employees and anyone engaged in ARC business, such as ARC College of Experts members, Committee members, external assessors, applicants and other contractors are

required, as soon as practical, to report to the ARC Research Integrity Office all potential breaches and any matter potentially affecting research integrity identified through the conduct of ARC business.

Sufficient information should be provided to allow the ARC to assess whether there is a basis for referring the matter to the institution; and to enable the relevant institution to progress a preliminary assessment (if required).

Individuals notifying the ARC of complaints relating to a potential breach must provide:

- their name and contact details;
- the name of the individual(s) who they allege has/have committed a breach;
- the name of the institution at which the potential breach may have occurred;
- the nature and details of the potential breach;
- when the potential breach occurred;
- ARC project IDs, where known, for any ARC-funded projects or grant applications implicated in the potential breach.

Subject to the ARC agreeing that a potential breach may have occurred, the ARC Research Integrity Office will refer the matter to the relevant institution for handling in accordance with the requirements of the Code and the Investigation Guide. To protect the confidentiality of the ARC's processes, the name of any assessor or committee member who raised the concern with the ARC will not be provided to the institution.

Where a matter relates to an allegation regarding an ARC peer review assessment, that assessment may be disregarded, to ensure the integrity of the ARC application process.

Institutions are required to report to the ARC on matters that the ARC has referred to them in accordance with section 3 of this policy.

6. Concerns raised by members of the public—pathways for making complaints to institutions via the ARC

Members of the public are able to notify the ARC Research Integrity Office if they are concerned that a breach relating to ARC-funded research or ARC business may have occurred.

Sufficient information should be provided to allow the ARC to assess whether there is a basis for referring the complaint to the institution, and to enable the relevant institution to progress a preliminary assessment, if required.

Individuals notifying the ARC of complaints relating to a potential breach must provide:

- their name and contact details, unless they wish to make an anonymous complaint;
- the name of the individual(s) who they allege has/have committed a breach;
- the name of the institution at which the potential breach may have occurred;
- the nature and details of the potential breach;
- when the potential breach occurred;
- ARC project IDs, where known, for any ARC-funded projects or grant applications implicated in the potential breach; and
- an indication of whether they consent to the ARC providing their contact details to the institution responsible for investigating the alleged incident(s).

Without sufficient information the ARC is unable to refer the matter to the institution.

If the ARC assesses that there is sufficient information to indicate that a breach may have occurred, the ARC has a responsibility to ensure the matter is appropriately addressed. The ARC may refer the matter to the relevant institution without express permission of the complainant or parties involved.

The ARC will not provide further information to the complainant about a matter it has referred. However, the complainant will be advised whether or not a matter has been referred. Where, with the complainant's permission, the ARC has provided the institution with the name and contact details of the complainant, the ARC expects that the institution will contact the complainant and provide sufficient assurance that the matter has been addressed.

Anonymous correspondence or referrals will be considered, but without sufficient detail the ability of an institution to investigate a complaint, or provide feedback when the matter has been finalised, may be limited.

Members of the public may also notify an institution directly if they are concerned that a breach may have occurred.

7. ARC actions

7.1 Processes for ARC actions

The ARC may take precautionary and consequential actions if it considers that a matter compromises or potentially compromises the integrity of its peer review processes, grant selection processes, funding decisions, and research outcomes, or if it has the potential to undermine confidence in the value of publicly funded research. The ARC will ensure a fair and robust process for making decisions regarding the nature and application of legally permissible actions.

Precautionary actions

The ARC may take precautionary actions once notified that a preliminary assessment has determined a need for a formal investigation. The ARC may also implement precautionary actions while an appeal process is underway following a finding of a breach of the Code. Precautionary actions are temporary measures implemented while the investigation or institutional appeal process is underway with the purpose of mitigating risks to the ARC.

Precautionary actions may include, but are not limited to:

- requiring institutions to suspend ARC-funded projects while an investigation or appeal process is underway;
- placing conditions on grants that address or mitigate any potential or proven risks;
- suspending or ceasing the progression of ARC grant applications in accordance with the relevant Funding Rules;
- preventing and /or suspending the involvement of individuals in ARC assessment, peer review and committee activities.

Where a matter has been referred to a formal investigation, or while an appeal process is underway, the ARC Research Integrity Office may update ARC records to ensure that the respondent(s)² does not participate in ARC assessment, peer review and committee activities while the investigation or appeal process is underway.

² Person or persons subject to a complaint or allegation about a potential breach of the Code

The ARC Research Integrity Office will inform the institution if this action is taken. Should the respondent(s) already be actively participating in ARC assessment, peer review or committee activities, the ARC Research Integrity Office will discuss the matter with the institution and require that the respondent(s) remove themselves from these activities until such time as the matter has been finalised.

In most cases, to ensure the integrity of ARC processes, the ARC will suspend or prevent individuals from being engaged in ARC assessment, peer review and committee activities but will generally not take any other precautionary action. However, in serious cases where the ARC believes that there would be a high risk to the integrity of ARC processes or reputation from not taking action, the ARC will consider applying one or more of the additional precautionary actions outlined above.

Whilst the ARC will not generally take precautionary action prior to a formal investigation being instigated, where an individual is engaged in ARC assessment, peer review or committee activities and their continued involvement could pose a high risk, the ARC may suspend the individual's involvement prior to the conclusion of any preliminary assessment and/or formal investigation.

Consequential actions

The ARC may take consequential actions once the outcomes of an investigation (including corrective actions if applicable) have been reported to the ARC. Consequential actions may include, but are not limited to:

- ceasing and/or recovering any or all ARC funding relating to a Funding/Grant Agreement(s) in accordance with the provisions in the relevant Funding/Grant Agreement(s);
- ceasing the progression of ARC grant applications in accordance with the relevant Grant Guidelines;
- placing conditions on the consideration of any future grant applications (such as additional certifications);
- placing conditions on ARC grants that address or mitigate any identified risks (such as additional reporting);
- ceasing the involvement of individuals, and preventing their future involvement, in ARC peer review, assessment and committee activities.

Actions taken by the ARC, and the duration for which they apply, will be considered on a case-by-case basis. Any action will be proportionate to the nature and potential consequences of the breach and will take into account actions taken by the ARC in response to similar matters and any corrective measures already taken by the institution. Where the ARC decides to place conditions on the consideration/eligibility of future grant applications or remove or prevent individuals from participating in ARC peer review, assessment and committee activities, the duration of the action will normally be between two and five years. The ARC may also take into account whether a matter is subject to further review by the Australian Research Integrity Committee (see section 10) or another body.

8. Privacy and confidentiality

The ARC respects privacy and confidentiality. In managing all information related to research integrity and breaches of the Code, we will manage personal information in accordance with the *Privacy Act 1988*.

The ARC will not disclose any confidential information collected under this policy without the consent of the institution or individual the information relates to. However, the ARC will not have breached its obligations to the extent that the ARC discloses confidential information:

- a) to its officers, employees, agents, external professional advisers or contractors solely to comply with obligations, or to exercise rights, under this Policy;

- b) to its internal management personnel solely to enable effective management or auditing of a Funding / Grant Agreement, Scheme or the NCGP;
- c) for a purpose directly related to the enforcement or investigation of a possible breach of any Commonwealth, State, Territory or local law;
- d) to the Minister, or in response to a demand by a House or a Committee of the Commonwealth Parliament;
- e) within the ARC, the Department or another Commonwealth entity or authority, where this serves the ARC's, the Department's or the Commonwealth's legitimate interests;
- f) as required or permitted by any other law, or provided for under a contract; or
- g) that is in the public domain.

All information reported by institutions to the ARC under the policy will be handled confidentially by the ARC Research Integrity Office. All information will be appropriately classified and only accessible to this Office. The information will be stored securely and in restricted areas of ARC IT systems. If ARC action is required in response to an allegation or finding of a breach of the Code, information that is essential to enabling and implementing decisions will be disclosed to appropriate ARC officers on a strictly need to know basis.

8.1 Access to personal information

Under Australian Privacy Principle 12 ('access to personal information'), in Schedule 1 of the *Privacy Act 1988*, individuals are entitled to obtain, on request, personal information about them that is held by the ARC. Requests to obtain personal information relating to matters reported under this policy can be made to the ARC Privacy Officer at privacy@arc.gov.au.

9. Appeals

If an institution wishes to appeal a precautionary or consequential action taken by the ARC under this policy, the appeal must be lodged, in writing, preferably through the relevant institution's Designated Officer³.

If an individual affected by a precautionary or consequential action wishes to appeal, they must make a request to their institution's Designated Officer to do this on their behalf. Where an institution does not agree to the individual's request to lodge an appeal, the individual may then appeal directly to the ARC.

The appeal must be received by the ARC within **four weeks** of the date the Administering Organisation is notified of a decision by the ARC to implement an action, or **six weeks** in the case of an appeal by an individual that is not supported by their institution. The appeal should be sent to the ARC research integrity office refer to see section 11 ('Contacts').

Appellants should provide the ARC with all the information necessary to enable the appeal to be considered without the need for further written or oral explanation or reference to additional material.

Appeals will be considered by an appropriate senior ARC officer who was not involved in making the original decision.

³ A senior professional or academic institutional officer or officers appointed to receive complaints about the conduct of research or potential breaches of the Code and to oversee their management and investigation where required.

10. The role of the Australian Research Integrity Committee (ARIC)

The Australian Research Integrity Committee (ARIC) reviews the processes undertaken by institutions in response to specific complaints about potential breaches of the Code. ARIC is jointly established by the ARC and the National Health and Medical Research Council (NHMRC). While the ARC and NHMRC provide secretariat support to ARIC, it acts as an independent body.

If a preliminary assessment or investigation into a potential breach has been finalised by an institution, and one of the parties is concerned that the process did not offer procedural fairness or comply with the Code and/or relevant institutional procedures, the party may request a review of the process by ARIC. Additionally, in instances where institutional delay and/or inaction is alleged, an ARIC panel may decide to review whether the delay is unreasonable or breaches the Code.

The ARC encourages institutions to make all relevant parties aware of the option to request an ARIC review should they have any process-related concerns following the finalisation of any preliminary assessment or investigation. The [ARIC Framework](#) specifies that ARIC will not enquire into the merits of any findings made by the institution in a preliminary assessment or by an investigation panel (whether internal or external) at the institutional level.

The ARC may refer matters to ARIC where concerns about processes followed by institutions have been raised with, or identified by, the ARC.

Further information about ARIC is available on the ARC website at www.arc.gov.au

11. Contacts

To notify the ARC of a breach or potential breach of the Code, or for any questions regarding this policy, please contact the ARC via the details below.

By email

You can email the Research Integrity Office at researchintegrity@arc.gov.au.

By phone

You can telephone the ARC during business hours (except public holidays) on **02 6287 6600**. Please ask for the Research Integrity Office.

By mail

You can write to the ARC at:

Research Integrity Office
Australian Research Council
GPO Box 2702
CANBERRA ACT 2601

In person

The ARC office is located at 11 Lancaster Place, Canberra Airport, Canberra. The reception (Level 2) is open Monday – Friday from 9am – 5pm AEST, excluding public holidays and public service holidays. Appointments are recommended to ensure appropriate staff availability.

Version	Date Approved	Approved By	Brief Description
1.0	April 2015	CEO	Original version
2.0	December 2016	CEO	Review following initial release
3.0	June 2019	CEO	Revised to reflect the release of the updated Code
4.0 (2021.1)	July 2021	CEO	Bi-annual review
2023.1	September 2023	CEO	Bi-annual review