LINCOLN INSTITUTE OF HIGHER EDUCATION

RESEARCH INTEGRITY AND MISCONDUCT POLICY AND PROCEDURE

1. Purpose

1.1. This Policy sets out LIHE's institutional framework for the responsible conduct of research and for managing, assessing and investigating potential breaches of research integrity. It adopts and operationalises the Australian Code for the Responsible Conduct of Research (2018) and the Guide to Managing and Investigating Potential Breaches of the Code (2018), and gives effect to Standards 4.1.1e, 5.2.1 and 5.2.2 of the Higher Education Standards Framework (Threshold Standards) 2021.

2. Scope

2.1 This Policy applies to all LIHE researchers, HDR candidates, supervisors, professional staff engaged in research support, visiting and adjunct researchers, honorary and emeritus appointees, volunteers, contractors and third-party collaborators conducting or supporting research under LIHE auspices, on LIHE infrastructure, or under LIHE ethics approvals. Where research is conducted with partners, this Policy applies unless a written agreement provides an equivalent or higher standard.

2.2 HDR candidates are researchers for the purposes of the Code. Research-related concerns about a candidate are handled under this Policy; coursework-only academic misconduct follows the Academic Integrity and Misconduct Policy, with a single coordinated process where a matter spans both (clause 14).

3. Normative references

- Australian Code for the Responsible Conduct of Research (2018)
- Guide to Managing and Investigating Potential Breaches of the Code (2018)
- Higher Education Standards Framework (Threshold Standards) 2021, Domain 5.2 and the TEQSA Guidance Note on Academic and Research Integrity
- Committee on Publication Ethics (COPE) retraction and correction guidance
- OAIC guidance on the Notifiable Data Breaches scheme (Privacy Act 1988 (Cth))

4. Related LIHE documents

- Research Code of Practice; Code of Conduct for Graduate Research
- Authorship and Publication Policy (authorship disputes are handled under its clause 10 and referred here where a breach is suspected)
- Intellectual Property Policy and Procedures, and the Candidate IP Deed
- Research Ethics Framework
- Academic Integrity and Misconduct Policy (coursework)
- Data and Records Integrity Policy and Procedures (LEA-GEN-COR-70025)
- Privacy Policy (LEA-GEN-COR-70050); IT Resources and Online Conduct Policy

- Student Complaints and Appeals Policy; Higher Degree by Research Framework

5. Principles

5.1 LIHE adopts the Code's principles of research integrity — honesty, rigour, transparency, fairness, respect and accountability — and implements its institutional responsibilities to provide policy, training, advice, secure data management and fair processes for addressing concerns.

5.2 Preventing breaches is as important as responding to them. LIHE takes proactive, timely and recorded steps to mitigate foreseeable risks to academic and research integrity, principally through training that is completed before research begins (clause 8).

6. Definitions

Term	Meaning
Breach of the Code	A failure to meet the principles and responsibilities of the Australian Code for the Responsible Conduct of Research (2018). Breaches range from minor to serious.
Research misconduct	A serious breach that is intentional, reckless or negligent, confirmed by investigation; normally involving a pattern of behaviour or significant consequences.
Research Integrity Officer (RIO)	The Dean (Research); the single senior officer who receives all allegations, oversees assessment, and is accountable for the integrity process (clause 7).
Responsible Executive Officer (REO)	The Chief Executive Officer; the final decision-maker on investigation findings and institutional actions.
Research Integrity Adviser (RIA)	A trained adviser who provides confidential, impartial advice to staff and candidates; not a decision-maker.
Assessment Officer (AO)	A senior academic or manager appointed per matter to conduct a preliminary assessment.

7. Roles and responsibilities — single receiving officer

7.1 To remove the inconsistency identified by TEQSA, this Policy establishes one, and only one, officer who receives allegations of a potential breach of research integrity.

7.2 Research Integrity Officer (RIO) — the Dean (Research). All concerns and allegations relating to research integrity are received by the Dean (Research). The Dean (Research) determines next steps, appoints Assessment Officers, oversees the process, and refers matters that warrant formal investigation to the Responsible Executive Officer.

7.3 Responsible Executive Officer (REO) — the Chief Executive Officer. The REO is the final decision-maker on investigation findings and institutional actions, approves Terms of Reference, appoints investigation panels, and manages conflicts at the investigation stage.

7.4 Where a conflict of interest affects the Dean (Research) (for example, where the Dean (Research) is a party or a supervisor of a party), the allegation is received instead by the Chair of the Academic

Board, who appoints an alternate of at least equivalent seniority to act as RIO for that matter. Where a conflict affects the REO, the Chair of the Corporate Governance Board appoints an alternate decision-maker.

7.5 Alignment of other documents. The Research Ethics Framework, the Higher Degree by Research Framework and any other LIHE document that refers to the receipt of research integrity allegations are to name the Dean (Research) as RIO, consistent with this clause. Any reference to the Chair of the Research Committee or the Designated Officer/Academic Dean receiving research integrity allegations is superseded. The Academic Dean remains the receiving officer for coursework academic integrity matters only.

7.6 Research Integrity Advisers provide confidential advice but do not receive formal allegations or make decisions. A person who is unsure whether to raise a concern may consult an RIA first.

8. Prevention: training completed before research begins

8.1 Adequate prevention of risks to integrity depends on training being completed before research is undertaken. This clause fixes the timing and guarantees completion.

8.2 Research integrity training — Trimester 1, before any data collection

8.2.1 Every commencing HDR candidate must complete the research integrity training program in Trimester 1, within the first core subject MITR101, and in any event before commencing any research activity involving the collection of data.

8.2.2 The program covers the Code, authorship, data and information management, supervision, peer review, publication ethics, conflicts of interest, human and animal research ethics, and the reporting channels in this Policy.

8.2.3 Research integrity training is removed as an assessment task from MITR104 (Thesis A, Trimester 4). It is no longer scheduled after research has begun. No candidate may collect human or animal research data, including for any pilot or feasibility phase, before completing this program and obtaining any required ethics approval.

8.3 Academic and research integrity module — compulsory, recorded, and enforced

8.3.1 Every commencing candidate must complete the academic and research integrity module within the first four weeks of Trimester 1. Completion is a compulsory hurdle recorded in the Learning Management System.

8.3.2 Completion is embedded as a recorded, non-graded hurdle task within MITR101, so that there is a verifiable record that each candidate has completed it. This closes the gap identified by TEQSA, where completion was required by policy but not evidenced in the only Trimester 1 core subject.

8.3.3 A candidate who has not completed the module and the research integrity training may not progress to research activity, and the Dean (Research) may place a hold on progression until completion is recorded.

8.4 Supervisors and staff

8.4.1 Supervisors complete research integrity and supervision training as a condition of accreditation under the Supervisor Accreditation Policy, and refresh it at least every three years. Research-active staff complete induction and refresher training, with completion recorded.

8.5 Other preventative measures

8.5.1 LIHE provides discipline-appropriate supervision, authorship and data management guidance, conflict-of-interest declaration processes, and secure data and records infrastructure consistent with the Data and Records Integrity Policy and the Privacy Policy.

9. Receiving and triaging concerns

9.1 Any person may raise a concern or allegation about a potential breach. Anonymous reports are accepted and assessed on their merits. Reports are directed to the Dean (Research) as RIO, or via the research integrity reporting alias published on the LIHE website.

9.2 Reports involving imminent risk to safety, animal welfare, or a serious data or privacy breach are escalated immediately to the relevant LIHE officers and to external authorities as required by law, including assessment against the OAIC Notifiable Data Breaches scheme.

9.3 The RIO acknowledges receipt within five (5) working days.

10. Preliminary assessment

10.1 The RIO appoints an Assessment Officer to conduct a timely, proportionate preliminary assessment to decide whether the concern relates to research integrity; is trivial, vexatious or mistaken; can be resolved locally (for example by correction or authorship clarification); or warrants a formal investigation. The assessment applies procedural fairness and considers evidence sufficiency, scope and risk.

10.2 The preliminary assessment is normally completed within twenty (20) working days of acknowledgement, following the decision points in the national Investigation Guide.

11. Outcomes of preliminary assessment

11.1 Outcomes may include: no breach; a minor breach managed locally with corrective actions; referral under another LIHE policy (coursework academic integrity, human resources, or student conduct); or a recommendation to proceed to formal investigation with draft Terms of Reference. The REO decides on investigation, conflicts management and panel composition consistent with the Guide.

12. Investigations

12.1 Investigations are evidence-based, proportionate and procedurally fair. The REO approves the Terms of Reference, appoints a panel with appropriate expertise and independence, manages conflicts of interest, and ensures secure records.

12.2 Respondents are provided with the allegations and the relevant evidence and are given a reasonable opportunity to respond. On completion, the panel makes findings on the balance of

probabilities, with reasons and recommended actions. The REO issues determinations and actions and communicates outcomes to the parties and, where required, to funding bodies, journals and regulators.

13. Findings and actions

13.1 Where a breach or research misconduct is found, actions may include education and training, supervision changes, correction of data or records, corrigendum or retraction requests consistent with COPE guidance, restriction of research privileges, candidature conditions, or disciplinary action under the applicable employment or student provisions. Systemic improvements are recorded and monitored.

14. Interface with HDR candidature and coursework

14.1 Research-related concerns about HDR candidates are handled under this Policy. Coursework-only academic misconduct (for example plagiarism in a taught subject) follows the Academic Integrity and Misconduct Policy. Where a matter spans both domains, the RIO coordinates a single coherent process in consultation with the Academic Dean and the HDR Coordinator, to avoid duplication and ensure fairness.

14.2 An authorship dispute is handled in the first instance under clause 10 of the Authorship and Publication Policy. Where the conduct may amount to a breach of the Code (for example gift, guest or ghost authorship, or deliberate exclusion of an eligible author), it is referred to the RIO under this Policy.

15. Confidentiality, protection from detriment, and external liaison

15.1 All matters are handled confidentially and in accordance with the Privacy Policy and the Data and Records Integrity Policy. Records of allegations, assessments, investigation materials, decisions and actions are securely created and retained. Data breaches involving personal information are assessed against the OAIC Notifiable Data Breaches scheme and reported where required.

15.2 LIHE prohibits victimisation of any person who raises or participates in a matter in good faith, and takes steps to protect the wellbeing of the parties. A candidate's candidature, supervision, assessment or progression must not be adversely affected by raising a concern in good faith. Frivolous or vexatious complaints may be dismissed after assessment, with reasons recorded.

15.3 Where applicable, LIHE notifies and cooperates with funders, partner institutions, ethics committees, regulators and journals. In ARC or NHMRC-funded matters, a party may request a review by the Australian Research Integrity Committee (ARIC) of the adequacy of LIHE's process once institutional processes conclude; ARIC reviews process, not the merits.

16. Records, reporting and appeals

15.4 De-identified trend data on breaches, outcomes and corrective actions are reported annually to the Academic Board and the Corporate Governance Board for quality assurance, consistent with Standards 5.2 and 7.3.

15.5 Process decisions before a final determination may be raised with the RIO or the REO. After institutional processes conclude, ARIC review of process is available in ARC/NHMRC matters. Student appeal rights otherwise sit under the Student Complaints and Appeals Policy, and nothing in this Policy limits access to the National Student Ombudsman.

17. Procedure (operational steps)

1. Intake. The Dean (Research) (RIO) receives the concern, acknowledges receipt within five working days, and takes any immediate containment steps (for example securing data, suspending a risky procedure, or initiating the OAIC pathway).
2. Preliminary assessment. The Assessment Officer gathers and reviews information, consults a Research Integrity Adviser as needed, applies the Guide's decision points, and recommends an outcome — normally within twenty working days.
3. Decision to investigate. The REO approves the Terms of Reference, panel, scope and timeline.
4. Investigation. The panel examines evidence, interviews as required, documents its reasoning, and makes findings on the balance of probabilities.
5. Determination and actions. The REO issues the determination and actions, notifies internal and external parties, and initiates any record corrections or retractions.
6. Close-out and learning. Records are retained, actions monitored, outcomes reported to governance, and process improvements made.

Version History		
Version number:	Approved by:	Approval Date:
2.0	Academic Board	28/07/2026

*Policy review date is 3 years from date of approval