Charles Sturt University

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Institutional Research Integrity Report Calendar Year 2025

For further information please contact

Elizabeth Harangozo

Research Integrity Manager

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Contents

Executive summary

In 2025, Charles Sturt University strengthened its institutional commitment to research integrity through improved governance, expanded advisory capacity, enhanced systems, and a program of education and assurance. Aligned with the Australian Code for the Responsible Conduct of Research (2018) and the Guide to Managing and Investigating Potential Breaches of the Code, the University continued to cultivate a robust culture of responsible research conduct across all faculties, institutes, and research disciplines.

Governance and Institutional Oversight

Research integrity practices are embedded within the University's risk management system, emphasising a low appetite for risks that may compromise research quality or ethical standards.

Throughout 2025, governance structures, including the Research Integrity Committees (Animal Ethics Committee, Human Research Ethics Committee, Institutional Biosafety Committee, and Radiation Safety Committee) provided expert ethical review and ongoing oversight of research activities. These committees were further supported by the expanded Research Integrity Advisor Network and coordinated through the Research Integrity Leadership Team. In 2026, the newly established Indigenous Research Review Panel will provide ethical review and guidance for Indigenous research.

Policy, Systems and Procedural Improvements

A significant procedural change in 2025 was the introduction of the Research Integrity Complaints Management Procedure, replacing earlier misconduct-focused processes. This shift enabled early, local resolution of minor breaches and improved alignment with national guidance.

The year also saw publication of updated and new policy documents addressing foreign interference, higher degree research management, defence trade controls, and radiation safety. A substantial redesign of research integrity web resources improved accessibility, transparency and user experience.

An internal audit and a targeted assurance review identified 34 improvement actions relating to approvals, data governance, high-risk research, and committee processes. By March 2026, all but three had been completed.

Education, Capability and Culture Building

In 2025, mandatory training requirements were consistently enforced, and specialist training was expanded for committee members and staff in emerging areas of risk. Development opportunities included conference participation, workshops on data sharing and Indigenous research ethics, and the delivery of Research Integrity Week seminars.

New guidance materials were issued, particularly in animal welfare, retrospective data use, and radiation safety. Ninety-four Standard Operating Procedures relating to animal use remain publicly available to promote openness.

Complaints, Enquiries and Case Management

The Research Integrity Unit managed 77 matters, the highest annual volume on record (since 2022). The increase was primarily attributable to systematic follow-up of overdue project reports, leading to more identified breaches (minor) in the categories of Research Standards and Data and Records.

Most matters (49) were resolved as minor breaches through local action, enabled by the new Research Integrity Complaints Management Procedure. No matters received in 2025 progressed to Preliminary Assessment, significantly reducing average time to resolution to 25 days, the fastest annual result to date.

Complaints were received from a broad range of stakeholders, with notable increases from Research Integrity Committees and students, reflecting heightened engagement.

Ethics and Compliance Committee Performance

Across all committees, operational activity remained strong:

- The Animal Ethics Committee reviewed 114 applications, maintained high approval rates, and completed 17 facility inspections.
- The Human Research Ethics Committee reviewed 340 applications, with 91.8% approved and improvements made to reciprocal review and data management processes.
- The Institutional Biosafety Committee implemented new pathways for animal biospecimen work.
- The Radiation Safety Committee oversaw 20 applications and conducted extensive facility inspections.

Quality assurance processes confirmed that all sampled projects had obtained the appropriate ethics reviews and improvements to research data management planning were implemented following identified gaps.

Summary Compliance Statement

Charles Sturt University affirms that its research integrity systems, policies, and processes are aligned with the principles and institutional responsibilities set out in the Australian Code for the Responsible Conduct of Research (2018) and the Guide to Managing and Investigating Potential Breaches of the Code, and the processes used throughout 2025 provided procedural fairness and confidentiality.

About this report

Purpose

In the context of an Australian University an annual research integrity report serves as a key governance, transparency and accountability mechanism. The main purpose of this report is to demonstrate compliance with the Australian Code for the Responsible Conduct of Research (2018) (the Research Code) as evidenced by this report's role in:

- Promoting transparency and public confidence.
- Providing insight into research integrity activities.
- Supporting continuous improvement in governance and processes.
- Reinforcing a culture of responsible research conduct.
- Meeting contemporary corporate governance expectations.

Together, these functions strengthen the credibility, quality and integrity of the University's research enterprise.

Research Integrity governance framework

Mandate and Commitment

A robust approach to maintaining high standards of research integrity relies on the mandate and commitment of the senior leaders of the University. In this regard, the University has clearly committed itself to uncompromising standards of research integrity through the incorporation of research integrity considerations in the University's risk management framework.

The University's Risk Appetite Statement is clear in its commitment to avoid any risk that may compromise research integrity, stating "Charles Sturt University has a Low Appetite to take risks that may impact research quality, research integrity or the University's standing in research excellence".

The Risk Appetite Statement further identifies zero tolerance for behaviours involving:

- Intentional failure to comply with relevant laws, regulations and sector standards,
- Intentional failure to follow University policy or procedure, and
- Deliberate research misconduct, breach of relevant National Codes, fraudulent research, or false publication of data or material.

These positions place the University on a strong foundation for supporting research integrity.

Institutional responsibilities and structures

The University's approach to research integrity is not limited to a single policy, activity or process, nor do positive research integrity outcomes rely on any one individual or group. The culture of research integrity at Charles Sturt is supported by a range of responsibilities distributed across the University.

Consistent with sector standards, the University has a Research Integrity Unit; however, responsibility for research integrity is shared across the University. Research integrity outcomes are dependent on the decisions and conduct of all University staff and students as they engage in research activities.

Accountable executive

The University's research integrity governance framework identifies the Vice-Chancellor as the senior officer nominated as Responsible Executive Officer (REO). The REO holds the final responsibility for receiving

reports regarding members of staff on the investigation of potential research breaches or misconduct and deciding the institution's response.

Research integrity Unit

The Research Integrity Unit, reporting to the Pro-Vice Chancellor Research (Performance and Governance), promotes and supports the responsible conduct of research and teaching at Charles Sturt University. The Unit provides advice on all aspects of research ethics and integrity, and provides administrative support for the University's Research Integrity Committees.

The Research Integrity Unit performs a second line assurance function for the University, maintaining the framework for the responsible conduct of research and providing a foundation for high-quality research, credibility and community trust in the research endeavour. The unit informs, educates and supports the researcher community in the responsible conduct of research.

Research Integrity Advisors

In 2025, the University expanded its cohort of Research Integrity Advisors into a formal network. The network works with the Manager, Research Integrity and the Research Integrity Officer to provide advice and guidance to ensure the integrity and safety of research projects at Charles Sturt University.

The Research Integrity Advisor Network (RIAN) is a representative group of experienced staff researchers and members have a special interest in promoting research integrity across the university. The Research Integrity Advisors are experienced researchers with real-world experience in navigating the complexities of conducting research. Their independence from the Research Integrity Unit positions them well to support peer-to-peer learning.

The RIAN plays a key role in driving the research culture of the University. Members assist staff and students to understand the Research Code, as well as university policies and procedures, and provide proactive advice on the responsible conduct of research.

Research Integrity Committees

The University’s Research Integrity Committees are the:

- Animal Ethics Committee
- Human Research Ethics Committee
- Institutional Biosafety Committee
- National Security Compliance Committee
- Radiation Safety Committee.

The research integrity committees collectively:

- Review and approve research proposals involving humans, animals, biosafety, radiation, and national security or defence-related research.
- Support compliance with national research frameworks.
- Provide specialist advice to support ethically sound research.
- Monitor approved research activities, including the review of amendments and progress reporting.

In 2025, the University approved the addition of another specialist review body to the suite of Research Integrity Committees in the **Indigenous Research Review Panel** for implementation in 2026.

The Indigenous Research Review Panel will review Indigenous research proposals to ensure they are ethically acceptable, employ appropriate methodologies, and are culturally safe. They will review proposals against the principles of the AIATSIS Code of Ethics for Aboriginal and Torres Strait Islander Research (The AIATSIS Code) being Indigenous self-determination, Indigenous leadership, impact and value, and sustainability and accountability.

Research Integrity Leadership Team

The Research Integrity Leadership Team is comprised of all research integrity committee office holders, the members of the Research Integrity Advisor Network, Research Integrity Manager, Director Research Services and the Pro Vice-Chancellor Research (Performance and Governance). The Research Integrity Leadership Team is primarily responsible for creating a collegiate approach to research integrity across the diverse areas of the University, building excellence and best practice in alignment with the Research Code and the University’s Research Strategy.

Academic governance committees

The Academic Senate and University Research Committee oversee academic quality and research and research training standards. These bodies are regularly informed of research integrity matters and can use this information in relation to providing Institutional assurance, policy approval, and oversight of research related activities.

Council and Audit and Risk Committee

These bodies receive assurance reports from the research integrity unit as well as independent assurance though internal audit. The Council and Audit ad Risk Committee have ultimate responsibility to ensure the university meets regulatory and compliance expectations in relation to research integrity.

Policies, procedures and other publications

Fundamental changes were made to the processes used by the research integrity unit in handling research integrity issues by the replacement of the Research Misconduct Procedure with a Research Integrity Complaints Management Procedure in May 2025. The procedure aligns with the Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research (the Guide) and:

- recommends mechanisms to review complaints with the objective of identifying if a breach of the Research Code has occurred
- provides guidance on matters that may be considered a breach of the Research Code and the seriousness of breaches
- provides clear pathways for minor breaches of the Research Code to be resolved locally.

Where relevant, the Research Integrity Complaints Management Procedure is applied in consideration of the Student Misconduct Rule or the Charles Sturt University Enterprise Agreement.

University policies and procedures are subject to continuous improvement and time-based review. Over 2025 new documents were published relating to

- Countering foreign interference
- Defence trade controls
- Management of Higher degree study
- Radiation safety

Research integrity at Charles Sturt is supported by a range of materials including:

- the University's statements of its ethos and values,
- Code of Conduct, Conflict of Interest Procedure, Student Charter and other University policies and procedures specifically intended to guide positive behaviour,
- Policy suites relating to the conduct of research, specifically the Research Policy, Higher Degree by Research Policy, Academic Integrity Policy,
- Documentation relating to the detection, reporting and management of complaints and research integrity concerns, and
- mechanisms to review, approve and monitor projects to ensure and support ethical standards in research.

External Oversight

Charles Sturt is accountable to a number of external stakeholders in relation to its research integrity endeavours.

The University is licenced to conduct activities involving the scientific use of animals in all Australian States and Territories except for the Australian Capital Territory. Maintaining these licences imposes on the University a rigorous program of annual reporting in relation to animal use and operation of the Animal Ethics Committee. Most animal related activities occur in NSW consistent with the geographical footprint of the University where animal use is regulated by the Department of Primary Industries and Regional Development. There are equivalent agencies in other jurisdictions.

Over 2025, animal use licences were renewed in NSW, Victoria and South Australia and annual animal use reporting was completed across all seven licenced areas.

The University's Human Research Ethics Committee (HREC) is both registered and certified by the National Health and Medical Research Council (NHMRC). The HREC is recognised as meeting high national standards for ethical review and ensuring research compliance with the National Statement on Ethical Conduct in Human Research. Registration is reconfirmed annually subject to satisfactory reporting to the NHMRC.

The University's activities relating to Genetically Modified Organisms are regulated through annual accreditation with the Gene Technology Regulator. The University also holds a Radiation Management Licence which authorises Charles Sturt to possess, store, sell, transport, or dispose of regulated radioactive material or radiation apparatus. The Radiation Management Licence ensures compliance with safety regulations to protect the public and environment.

Prevention and culture building

Education and capability – selected activities

Mandatory training

All researchers, or professional staff supporting researchers, must complete the University's e-learning module on research integrity every three years. In addition, researchers conducting research on specialist integrity areas must complete e-learning in those specific areas (For example, animal care and ethics, human research ethics).

All chief investigators on projects considered by a research integrity committee must evidence completion of this training when making an application for committee review.

Members of the Animal Ethics Committee are required to train in and retrain in the Phase 1 ANZCAART Competency Passport online training modules. AEC members are also required to complete the online training mandated by Animal Welfare Victoria.

Other committee member training

The Animal Welfare Officer (AWO) presented at the ANZCCART conference in Brisbane QLD in July 2025. The title of their presentation was "Navigating the Challenges of Improving Animal Welfare Standards at Research Institutes". Their paper on "Quantifying the cumulative impact of use in teaching and research: an objective tool for safeguarding working horse welfare at Charles Sturt University" was published in the Journal of Veterinary Behaviour in Volume 80, July-August 2025.

Some members of the Human Research Ethics Committee participated in the online Australian and New Zealand HREC Conference run by Health Translation Queensland. Members attended seminars on the use of AI, issues on consent, research involving young people, and Australian Indigenous Research.

The HREC Executive and support team attended the Best Practice Workshop on the Ethical Review of Clinical Trial Data Sharing run by CT:IQ and Belberry in September 2025. The workshop presented ideas on best practice data sharing from privacy experts, ethics review bodies, and consumers, and reviewed the results from the Australian Research Data Commons Ethical Review Body Benchmarking Activity.

Australian Indigenous research was a focus area for capability development in 2025. Online training programs attended by various staff included workshops on Indigenous Cultural Intellectual Property and Indigenous Data Sovereignty. Some members of the Research Integrity Unit also completed a University short course on Ethical Research on Country.

Research Integrity Week

The Research Integrity Advisors delivered two discussion seminars for the researcher community during Research Integrity Week, beginning 10 June 2025. These sessions explored topics on Charles Sturt's approach to the ethical use of artificial intelligence in research and the importance of maintaining integrity at the heart of the research process.

Resource development

Research integrity alerts are circulated to stakeholders to communicate improvement opportunities identified during research integrity complaint management processes. In 2025, a research integrity alert was published on the topic of the requirements for collaborative research agreements when undertaking animal research and/or teaching with other Animal Research Establishments.

Guidance materials were developed to assist researchers adopt sound research practices in the planning stages of their projects. In 2025 the following research guides were published:

- Guidelines for environmental enrichment of animals
- Guidelines for the use of retrospective animal data

In relation to radiation safety a complete review was conducted of:

- the Radiation Management Plan, comprising 11 booklets
- all standard operating procedures
- facility based safe work procedures

A major improvement project to redesign the research integrity web pages was completed in 2025. The project involved the complete replacement of the website with a new information architecture designed to facilitate intuitive navigation and to create systemic similarity of information placement across all subject areas of the Research Integrity Unit.

Features of the webpage redesign include the HREC executive team video series. These videos cover the fundamental considerations when preparing a research project. Topics include participant information sheets, consent forms, surveys and interviews, and recruitment. narrated “how to” guides featuring HREC members.

The new web site allowed for featuring the Animal Ethics Committee portfolio of standard operating procedures. The University publishes all its standard operating procedures relating to the scientific use of animals to the public domain. Freely sharing this information, written by highly experienced experts within the University, demonstrates the University’s commitment to Openness and is reflective of the ethos of the University as a public institution. There are 94 SOPs currently available and nine of these were updated or developed in 2025.

Systems and controls

Research Integrity Internal Audit 2024

There was a routine internal audit of research integrity conducted in 2024 with the report finalised in 2025. The audit resulted in 17 areas to be addressed covering areas such as:

- Ensuring research activity approvals are thoroughly documented, monitored and reported by enhancing capability to track approval status
- Defining criteria for high-risk research activities and enhance governance
- Improving management of sensitive research data and review the existing research data management framework against the Australian Research Data Commons model.
- Improving training in the identification of research misconduct and research data management,
- implementing an approval framework for First Nations research
- Amending the Research Policy suite to ensure alignment with NHMRC research guidelines

By March 2026 all actions had either been completed or submitted to the auditors for consideration.

Targeted assurance review of Animal Ethics processes 2025

The University’s Risk and Compliance unit reported on a targeted review of the animal ethics processes in 2025. This report included 19 low to medium risk areas for improvement covering areas such as

- complaint management
- annual review of the committee against its terms of reference
- management of conflicts of interest
- clarification of reasons for AEC decisions
- clarification of roles and responsibilities. The risk profile of items identified are low to medium with a range of actions to be completed by year end

In all there were 34 improvement actions identified from this activity; only two remain incomplete at March 2026.

Quality assurance review of research integrity committee reviews 2025

Each year the research integrity unit coordinates a quality assurance exercise to ensure research projects obtained the ethics and compliance reviews they required. In 2025 this review was expanded to also assess if identified projects had research data management plans.

Table 1 Project review compliance

Project register source area	Projects reviewed	Findings
Animal Ethics	7	Sample compliant
Human Ethics	32	Sample compliant
Institutional Biosafety	3	Sample compliant
Radiation Safety	3	Sample compliant
Office of Research Services	14	Sample complaint

While the review determined all projects obtained the required ethics and compliance reviews there were opportunities for improvement identified. Specifically, clarification of the requirements for obtaining reciprocal review of projects reviewed by an external HREC is required. Clarifying information has been added to the relevant web pages and a longer-term action is to document the requirements for reciprocal reviews more formally and to include these in the relevant eLearning modules.

Table 2 Project research data management plan compliance

Committee	Projects reviewed	Number of missing data management plans (%)
Animal Ethics	4 (research only)	1 (25%)
Human Research	32	0
Institutional Biosafety	3	1 (33%)
Radiation Safety	3	2 (66%)

The 100% compliance result for projects with human ethics approval is attributable to the governance processes in this area, which require researchers to submit a research data management plan (RDMP) as a part of the ethics application process. Projects are not presented to the HREC for review until the RDMP is included, hence all approved human research projects have a plan in place.

In response to these findings the University has implemented a requirement for all projects being presented to any Research Integrity Committee for review to include a RDMP.

Committee self-assessments against their Terms of Reference.

A new initiative in 2025 was for each research integrity committee to undertake a self-assessment of their performance specifically in consideration of their terms of reference. The findings of these assessments are discussed below.

Animal Ethics: Committee processes were considered very effective with reviews of research protocols undertaken with an excellent balance of scientific merit with scientific considerations. Committee operations were considered fully aligned with the Animal Code and contributed to high standards of animal welfare, and members were confident that the Committee was effective in promoting the requirements of the Animal Code to researchers and the wider institution. Members understood the Terms of Reference well and considered them appropriate and effective, and current workload was considered manageable.

Human Research Ethics: The assessment recommended minor changes to the terms of reference to align with changed practices to review and acceptance of annual and end of project reports, and clearer language around review processes. Ultimately the committee were satisfied with their adherence to the terms of reference and appreciated the opportunity to reflect on governance expectations.

Radiation Safety: The committee was satisfied that processes were aligned and effective when matched against the committee Terms of Reference.

Facility inspections.

To ensure ongoing compliance with the technical and operational requirements of the University's regulated spaces and facilities an extensive program of inspections occurs each year.

In 2025 there were 17 animal use facilities inspected by the Animal Ethics Committee. All inspected facilities were determined to be fit for purpose within consideration of their anticipated use. Animal use facilities vary from farmlands to aquariums and also include veterinary treatment, handling and housing facilities for large and small animals, specialist sheep and cattle research facilities, and enclosures for poultry and birds.

The University has six areas registered as physical containment level 2 laboratories, two of these facilities are also certified for the storage and handling of genetically modified organisms. All facilities were inspected in 2025. One facility has experienced repeated pipe failures in the water supply which has significantly reduced the facility's availability factor and is currently subject to detailed maintenance review. All other facilities were fit for purpose.

Radiation safety inspections were carried out across five dental clinics and four radiography areas as well as an isotope laboratory, radiation waste storage area and a neutron probe store. Changing technical requirements have identified a need to install radiation warning lights at several locations as well as a requirement to develop quality assurance manuals. The university is also investigating options for the transfer of accumulated radiation waste material to a purpose-built long-term third-party storage facility.

Enquiries and complaints

Volume and sources

In 2025 the Research Integrity Unit received 77 matters for consideration. Matters are classified by type (Table 3) according to the types of breaches suggested in the Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research (the Guide). The origin of complaints is also considered (Table 4). The number of matters received is the highest since 2022. The profile of matters is discussed in the following sections of this report.

Type of matters

Table 3 Type of research integrity matter

Type of matters	2025	2024	2023	2022
Authorship		1		2
Conflict of interest	2			
Data and records	27	11	3	1
Fabrication, falsification or misrepresentation		4		
Plagiarism	2			2
Process	2			5

Type of matters	2025	2024	2023	2022
Research design	2	2	2	1
Research standards	40	13	13	11
Supervision		2		
Other	2		2	
TOTAL	**77**	**33**	**20**	**22**

The total number of matters has been inflated by steep increases in matters relating to Research Standards and Data and Records. These results reflect the intentional activities of the research integrity unit to follow up on cases where researchers fail to submit an annual report for a continuing project (a failure in research standards) or fail to submit a final report at the end of a project (a data and records failure). Project progress reporting to a research integrity committee is a fundamental aspect of the committees' oversighting of research conduct and the unit has adopted a low tolerance for these failures over 2025. All projects identified as not providing annual reports provided the required reports after formal notice of a breach of the research code was advised. In one case, a matter was referred to the Division of People and Culture for staff disciplinary consideration at which time the required report was provided. In most cases final project reports were also provided on formal notice from the Research Integrity Unit though it is acknowledged that in some cases researchers have left the institution without closing their research projects.

Who is making the enquiries and complaints?

Table 4 Nature of enquirer or complainant

Origin	2025	2024	2023	2022
Anonymous or unknown	1	0	0	0
Research integrity committee	46	15	11	7
External stakeholder	3	3	2	1
Member of the public (includes research participants)	5	3	2	2
Member of staff	10	8	3	5
Research Integrity Advisor	0	2	0	3
Student	12	2	2	4
TOTAL	**77**	**33**	**20**	**22**

Enquiries and complaints are received from a range of stakeholders across the University. The obvious peak in matters from research integrity committees in 2025 relates to the discussion above where it is the committee or committee support staff who first become aware of issues regarding project progress reporting.

The increase in matters raised by students in 2025 is notable. Of the 12 matters, six were enquiries only considered by a Research Integrity Advisor. In general, in 2025 there was better record keeping and communication between the research integrity advisors and research integrity unit with an objective of ensuring the unit is able to capture and record more of the interactions the research integrity advisors have with the University's researchers.

Of the other six student matters, two related to complaints from students about an assessment task (not a research integrity matter) and one student made two separate complaints about the animal welfare

conditions in the aviary at Wagga Wagga. The latter was reviewed on both occasions by the Presiding Officer of the Animal Ethics Committee who determined there were no concerns to be addressed.

Triage and resolution

Table 5 indicates how the matters that were received in each year were resolved. It is relevant to note that the simple count of matters is not always indicative of workload or research integrity performance This is particularly relevant in relation to matters that progress to Preliminary Assessment as these may carry over into the following year.

Table 5 Mechanism of resolution

Matter type	2025	2024	2023	2022
Matters resolved as enquires – advice, no breach	25	14	14	17
Minor breach – resolved locally	49	12	4	1
Referred to Preliminary Assessment	0	5	2	3
Not yet determined or No finding made	3	2	0	1
TOTAL	**77**	**33**	**20**	**22**

The Research Integrity Complaints Management Procedure, published in May 2025, gives the research integrity unit latitude to work directly with stakeholders at an early stage of review to resolve matters locally and apply appropriate remedies to support the continuation of research in accordance with the required ethical and compliance standards. Of the 77 matters received in 2025, 49 of these were resolved through this expedited pathway. As discussed above, many of these 49 matters involved failures to make appropriate reports to oversighting committees, other issues were resolved by:

- implementing corrective actions relating to human research recruitment practices
- remedying minor disclosures of research information via careless email practices

For the purpose of this report, resolution is taken as the conclusion of the Preliminary Assessment phase of a review.

Table 6 Time to resolve research integrity matters to Preliminary Assessment

Matter type	2025	2024	2023	2022
All matters – average days to resolve	25	76	70	118
Number of Preliminary Assessments referred	0	5	2	3
All Matters requiring Preliminary Assessment – average days to resolve	232			
All Matters requiring Preliminary Assessment – range of days to resolve	114 - 316			

The timeliness of review processes is a primary consideration in relation to procedural fairness. For the first time this year information relating to the time taken to resolve research integrity matters is included in the annual report. 2025 indicated the shortest average time period to resolve matters. This result was very favourably impacted by the fact that no matters received in 2025 were referred for Preliminary Assessment.

Average time to resolve matters referred for Preliminary Assessment is reported in aggregate for all preliminary assessments conducted since 2022. This time period is the count of calendar days from receipt of a matter by the RIU through to conclusion of the Preliminary Assessment phase. It is important to note this

time frame is a simple count of days and includes any period of time the complaint is with the respondent for consideration and review.

Preliminary assessments and investigations

Preliminary assessments

The Research Integrity Unit is responsible for coordinating Preliminary Assessments of research integrity matters under the Research Integrity Complaints Management Procedure. While no new matters were referred for preliminary assessment in 2025 the unit coordinated the preliminary assessment of one matter received in late 2024.

That Preliminary assessment considered 6 articles of complaint with findings as follows:

Table 7 Outcomes of preliminary assessments

Type of complaint	Not upheld	Upheld	Total
Conduct of research without approval	1	3	**4**
Intellectual property	1		**1**
Training		1	**1**

Of four articles of complaint upheld, three were resolved by the Research Integrity Unit, one was referred for investigation

Investigations

Investigations of research integrity matters are the responsibility of the Division of People and Culture (for members of staff) or the Office of Academic Quality Standards and Integrity (for students). One matter was referred for Investigation in 2025.

The Investigation considered 1 article of complaint with findings as follows:

Table 8 Outcomes of investigations

Type of complaint	Not upheld	Research misconduct	Total
Conduct of research without approval		1	**1**

Compliance statement

The University's research integrity structures emphasise institutional responsibilities (for example in governance and training) and fair transparent processes for managing potential breaches, consistent with the Guide.

Over 2025 the Research Integrity Unit reported quarterly to the University's Audit and Risk Committee on the number and nature of breaches of the Research Code. The unit also provided an annual de-identified report to the University Research Committee on all matters where a breach of the Research Code was determined and where a Preliminary Assessment was applied to determine there was no breach of the Research Code.

The Research Integrity unit identified opportunities for improvement in Research Integrity systems through the course of 2025 and applied these learning to strengthen systems.

In light of the above statements, Charles Sturt University affirms that its research integrity systems, policies, and processes are aligned with the principles and institutional responsibilities set out in the Australian Code for the Responsible Conduct of Research (2018) and the Guide to Managing and Investigating Potential Breaches, and the processes used throughout 2025 provided procedural fairness and confidentiality.

Glossary

Table 9 Glossary of terms

Term	Meaning
AEC	Animal Ethics Committee
AI	Artificial intelligence
AIATSIS	The Australian Institute for Aboriginal and Torres Strait Islander Studies
AIATSIS Code	AIATSIS Code of Ethics for Aboriginal and Torres Strait Islander Research, Australian Institute of Aboriginal and Torres Strait Islander Studies 2020
AIRI	Artificial intelligence and Research Integrity, as in working group
Animal Code	Australian code for the care and use of animals for scientific purposes, 8th edition National Health and Medical Research Council 2013
ARC	Audit and Risk Committee
ARIC	Australian Research Integrity Committee
AWO	Animal Welfare Officer
Complaint	A claim or assertion expressing dissatisfaction regarding the conduct of a research activity. Research activities include but are not limited to all activities that require the authority of a University research integrity committee.
DPC	Division of People and Culture
DPIRD	NSW department of Primary Industries and Regional Development, formerly NSW Department of Primary Industries (DPI)
FoAE	Faculty of Arts and Education
FoBJBS	Faculty of Business, Justice and Behavioural Sciences
FoSH	Faculty of Science and Health
GUL	Gulbali Research Institute
HDR	Higher Degree by Research, often used as HDR Student.
HREC	Human Research Ethics Committee
IBC	Institutional Biosafety Committee
Investigation Guide (or Guide)	Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research, National Health and Medical Research Council, Australian Research Council and Universities Australia. 2018
National Statement	National Statement on Ethical Conduct in Human Research. National Health and Medical Research Council. 2025
NHMRC	National Health and Medical Research Council
NSCC	National Security Compliance Committee

PO	Presiding Officer
Preliminary assessment	A review to gather and evaluate facts and information to assess whether the complaint, if proved, would constitute a breach of the Code.
RDMP	Research Data Management Plan
Research Code	Australian Code for the Responsible Conduct of Research. National Health and Medical Research Council, Australian Research Council and Universities Australia. 2018
Research misconduct	The term 'research misconduct' is reserved for the most serious type of major breach of the Research Code. Research misconduct means a serious breach of the Research Code which is also intentional, reckless or negligent.
RI	Research Integrity
RIA	Research Integrity Advisor
RIU	Research Integrity Unit
RHRI	Rural Health Research Institute
RSC	Radiation Safety Committee
SOP	Standard operating procedure
TEQSA	Tertiary Education Quality Standards Association
URC	University Research Committee

Appendix 1: Animal Ethics operational performance

Animal Ethics operational statistics

Table 10: Committee business by type by year

Item	2025	2024	2023	2022	2021	2020	2019
Applications	114	96	82	109	100	106	130
Exempt activities	28	18	28	13	17		
Modification requests	98	114	98	116	156	132	141
Adverse event reports	33	64	49	34	29	24	15
Annual reports	63	90	86	71	81	85	83
End of project reports	76	77	88	91	88	85	118
Standard operating procedures	11	34	26	13	13	70	19

Table 10 is a simple count of the type of agenda items considered by the committee over the year.

Table 11: AEC application outcomes by year – excludes exemptions

Item	2025	2024	2023	2022	2021	2020	2019
Approved	91	67	62	103	84	84	113
Approved %	96.8	95.7	91.2	99.0	95.5	98.8	96.6
Declined	0	0	2	1	2	1	2
Did not Progress	3	3	4	0	2	0	2
TOTAL	94	70	68	104	88	85	117

The data above is point in time and project status may vary over time, this is more likely in data from the most recent calendar year.

Approved: projects considered in the year where approval was granted, independent of the time taken to receive that approval.

Declined: projects considered in the year that were declined or rejected by the committee.

Did not progress: projects received in the year that failed to meet approval requirements. This is normally due to the applicant and may occur because the applicant fails to provide additional information requested by the committee or withdraws their application.

Table 12:Days to approve an application once reviewed at committee - excludes exemptions

Number of days to approval	2025	2024	2023	2022	2021	2020	2019
Approval ready: zero days	67	33	16	46	78	64	90
Approved % zero days	73.6	49.3	25.8	44.7	92.9	76.2	79.6
1-7	0	1	1	6	1	8	11
8-14	3	3	12	14	2	3	6
Approved % up to 14 days	76.9	55.2	46.8	64.1	96.4	89.3	94.7
15-28	8	16	23	25	0	3	2
29-56	9	9	10	6	1	0	2
More than 56	4	5	0	6	2	6	2
Total	**91**	**67**	**62**	**103**	**84**	**84**	**113**

These figures are a simple calculation from date of review meeting to date of approval. The calculation is indicative of the profile of review time for applications, but does not account for:

- The 21-day period from agenda close date to meeting date. The approval timer technically commences on the agenda close date.
- Any period where the application is returned to the applicant for further information or amendment. The timer stops for periods when the application in not in the custody of the RIU.

Appendix 2: Human Research Ethics operational performance

Human Research Ethics operational statistics

Table 13: Committee business by type by year

Item	2025	2024	2023	2022	2021
Applications	351	394	377	362	406
Modification requests	296	337	298	235	300
Annual reports	230	181	119	113	130
End of project reports	288	300	277	277	212
Incident reports	1	1	2	0	0

Table 13 is a simple count of the type of agenda items considered by the committee over the year.

Table 14 Risk rating of applications since the establishment of the low-risk review pathway.

Application Risk Rating	2025	2024	2023	2022	2021
Low risk	100	121	137	117	100
Not low risk	240	255	232	234	281
Total	**340**	**376**	**369**	**351**	**381**

The low-risk review pathway was only established in April 2021.

Table 15: HREC application outcomes by year

Outcome	2025	2024	2023	2022	2021	2020	2019
Approved	312	354	355	326	356	277	274
Approved %	91.8	94.1	96.2	92.9	93.4	90.5	86.7
Declined	9	8	5	7	4	18	26
Did not progress	19	14	9	18	21	11	16
TOTAL	**340**	**376**	**369**	**351**	**381**	**306**	**316**

The data above is point in time and project status may vary over time, this is more likely in data from the most recent calendar year.

Approved: projects considered in the year where approval was granted, independent of the time taken to receive that approval.

Declined: projects considered in the year that were declined or rejected by the committee.

Did not progress: projects received in the year that failed to meet approval requirements. This is normally due to the applicant and may occur because the applicant fails to provide additional information requested by the committee or withdraws their application.

Table 16: Days to approve an application once reviewed at committee.

Number of days to approval	2025	2024	2023	2022	2021	2020	2019
Approval ready: zero days	31	1	9	3	2	8	6
Approved % zero days	10.0	0.3	2.5	0.9	0.6	2.9	2.2
1-7	47	36	70	37	89	27	22
8-14	41	85	101	82	76	32	33
Approved % up to 14 days	38.1	34.5	50.7	37.4	46.9	24.2	22.3
15-28	105	101	95	108	99	95	79
29-56	66	86	61	71	52	80	84
More than 56	22	45	19	25	38	35	50
Total	**312**	**354**	**355**	**326**	**356**	**277**	**274**

These figures are a simple calculation from date of review meeting to date of approval. The calculation is indicative of the profile of review time for applications, but does not account for:

- The 14-day period from agenda close date to meeting date. The approval timer technically commences on the agenda close date.
- Any period where the application is returned to the applicant for further information or amendment. The timer stops for periods when the application in not in the custody of the RIU.

Table 17: Applications by cohort by year

	2025	2024	2023	2022	2021	2020	2019
Research	199	193	149	123	116	128	137
Higher Degree by Research (Student)	55	49	58	44	51	61	55
Masters	29	56	63	68	73	32	47
Honours	50	77	96	113	135	84	75
Undergraduate	7	1	3	2	6	1	2
Not specified	0	0	0	1	0	0	0
Total	**340**	**376**	**369**	**351**	**381**	**306**	**316**

Table 18: Applications by area by year

Area	Number of Applications						
	2025	2024	2023	2022	2021	2020	2019
Faculty of Arts and Education	81	76	70	76	57	62	66
Faculty Business, Justice, and Behavioural Sciences	80	144	168	167	208	121	146
Faculty Science and Health	158	135	120	92	102	107	94
Research (not otherwise associated with faculty)	18	18	7	3	4	15	5
Other	3	4	4	12	10	1	5
Not specified	0	0	0	1	0	0	0
Total	**340**	**376**	**369**	**351**	**378**	**306**	**316**

Appendix 3: Other area operational performance

Institutional Biosafety

Table 19: Type of biosafety applications by year

Application type	2025	2024	2023	2022	2021
Exempt dealings	5	7	13	3	1
Human biospecimens	0	0	2	4	2
Animal biospecimens	1	NA	NA	NA	NA
Notifiable low risk dealings	0	0	3	3	0
Total	**6**	**7**	**18**	**10**	**3**

Work with projects involving animal biospecimens is a new pathway of review implemented by the IBC in late 2024.

Table 20: Biological organism purchase applications by year

	2025	2024	2023	2022	2021
Purchase requests	**18**	**3**	**10**	**9**	**1**

Radiation Safety

Table 21: Type of radiation safety application by year

Application type	2025	2024	2023	2022	2021
Research	1	5	5	6	2
Commercial	1	NA	NA	NA	NA
Teaching (including placements)	18	23	21	21	31
Total	**20**	**28**	**26**	**27**	**33**

Commercial projects is a new pathway of review implemented by the RSC in late 2025.