

Policy

Directive: compliance is mandatory

Research Governance Policy Directive

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Summary The Research Governance Policy Directive outlines the principles and requirements for research governance across sites and institutions under the jurisdiction of SA Health.

Keywords Research governance, human research, ethics administration, Human Research Ethics Committee, policy directive, directive

Policy history Is this a new policy? **N**
Does this policy amend or update an existing policy? **Y**
Does this policy replace an existing policy? **N**

Applies to All SA Health Portfolio

Staff impact All Staff, Management, Admin, Students; Volunteers

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Version control and change history

| Version | Date from | Date to | Amendment |
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| 1.0 | 01/04/2012 | 30/10/2013 | Original version |
| 2.0 | 01/11/2013 | current | 2013 revision |
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1. PURPOSE

The purpose of this Policy is to outline the research governance requirements applicable to researchers and institutions involved in the conduct and administration of health and medical research across the South Australian public health system.

This Policy aims to promote high quality, accountable and responsible research conduct compliant with all local and national standards and guidelines.

2. GLOSSARY

Coordinating Principal Investigator: the lead investigator on a research study taking overall responsibility for the conduct of the study at all of the study sites.

Health and medical research: basic, applied, clinical, population health and health systems/services research directed at understanding and improving health and wellbeing and its treatment across the population.

Local Health Network: one of five incorporated hospitals established to manage the delivery of public hospital services and other community based health services determined by the State Government.

Human Research Ethics Committee (HREC): a committee formally constituted under the NHMRC for the purposes of reviewing research ethics applications.

National Mutual Acceptance: a system for single ethical and scientific review of multi-centre clinical trials across participating jurisdictions.

Public health organisation: a publicly funded health care facility.

Principal Investigator: the lead investigator responsible for the conduct and management of a research project at a local Institution or Site.

Project Sponsor: a commercial (or other) entity providing financial or other resources to support the conduct of a research project.

Research Governance: those matters concerning the 'quality, safety, privacy, risk management, financial management and ethical acceptability' of research¹.

¹ Australian Code, Section 1, 1.3

Research Governance Officer (RGO): A person assigned to the management and oversight of research governance at the public health organisation.

South Australian public health system: Those institutions under the jurisdiction of SA Health.

Site Specific Assessment (SSA): a research governance form that enables the public health organisation to determine whether the proposed research meets the standards and research governance requirements of the organisation.

3. SCOPE

This policy applies to all parties involved in the conduct of health and medical research (including animal research) at South Australian public health organisations, or which involves clients, resources or facilities of South Australian public health organisations, including Local Health Networks; hospitals; community health services; public health clinics and associated programs, and who fall under the delegated responsibility of SA Health in the *SA Health Care Act (2008)*.

It is applicable to employees of SA Health, including visiting medical officers, visiting health professionals, contractors and consultants, and external researchers, including clinical and non-clinical university academics, who are undertaking approved research at South Australian public health system institutions.

The policy does not apply to research undertaken at institutions external to those outlined above, or research involving SA Health staff wholly at institutions external to those outlined above, where local institutional policies will apply.

4. KEY DOCUMENTS

The key policy, guidelines and documents that have applicability to this policy include:

- [Australian Code for the Responsible Conduct of Research \(2007\)](#)
- [National Statement on Ethical Conduct in Human Research \(NHMRC\) \(2007\)](#)
- [Access to Unapproved Therapeutic Goods - Clinical Trials in Australia \(TGA\)](#)
- [Australian Code of Practice for the Care and Use of Animals for Scientific Purposes \(NHMRC\)](#)
- [Guidelines to promote the Wellbeing of Animals Used for Scientific Purposes: The Assessment and Alleviation of Pain and Distress in Research Animals \(NHMRC, 2008\)](#)
- [Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Research \(NHMRC, 2003\)](#)

- [International Conference on Harmonisation / Good Clinical Practice Guidelines \(ICHGCP Guidelines\)](#)
- [SA Health Code of Fair Information Practice \(2006\)](#)
- [NHMRC AHEC Position Statement, Monitoring and Reporting of Safety for Clinical Trials involving therapeutic products \(2009\)](#)
- [Framework for Monitoring: Guidance for the National Approach to single ethical review of multi-centre research \(NHMRC, 2012\)](#)
- [SA Government Intellectual Property Policy \(2006\)](#)
- SA Health Risk Management Policy
- SA Health Financial Management Manual
- SA Health Research Ethics Operational Policy (2013)

5. RESPONSIBILITIES

1) Chief Executive, SA Health

The Chief Executive, SA Health, is responsible for ensuring the overall effective and responsible governance of research across the South Australian public health system.

2) Local Health Network Chief Executive Officers

The Local Health Network Chief Executive Officers are responsible for:

- ensuring awareness and compliance with this policy by researchers and staff based at health services within their jurisdiction involved in the conduct of research;
- ensuring appropriate support and resources are provided to public health organisations under their jurisdiction to meet the requirements of this policy; and
- supporting a culture of responsible research practice across their Local Health Network.

3) Public Health Organisations

Chief Executives / Executive Directors / General Managers (or equivalent) of public health organisations are responsible for:

- ensuring all research undertaken at their site complies with the requirements of this policy; and
- ensuring there are adequate processes and resources in place to support the effective governance and management of research within their institution.

4) Researchers

Researchers who undertake research across the South Australian public health system, either as employees of SA Health or external agencies, are required to carry out their research in a professional, safe, ethical and competent manner, by fulfilling the requirements stipulated by this policy, and by adhering to all relevant State and Commonwealth legislation, policy and guidelines relevant to their research.

5) Research Governance Officers

Research Governance Officers are responsible for:

- Ensuring the overall efficient and effective coordination of research governance matters within their local jurisdiction.

6. INTRODUCTION

Under the *Australian Code for the Responsible Conduct of Research (2007)* (hereafter referred to as 'The Australian Code'), jointly issued by the National Health and Medical Research Council (NHMRC), Australian Research Council (ARC) and Universities Australia, it is mandatory for all Australian institutions who participate in health and medical research to have policies and processes in place to fulfil a range of research management and governance requirements.

The responsibility for fulfilling these requirements falls principally to the Institution that hosts the research and the researchers who conduct health and medical research.

This Policy outlines the requirements for the management and governance of health and medical research activities across South Australian public health organisations, and has been developed as a supporting document to the SA Health Research Ethics Operational Policy.

7. RESEARCH GOVERNANCE REQUIREMENTS

It is a requirement that each Local Health Network (LHN) nominates a person/s to fulfil the role of Research Governance Officer (RGO) to effectively manage research governance matters for public health organisations within their jurisdiction. It is the responsibility of each LHN to determine the resources and staffing arrangements required to support this function in consultation with the public health organisations within their jurisdiction.

Those assigned responsibility for managing research governance will have oversight of the following as well as any other responsibilities as determined by the LHN:

- Review of Site Specific Assessment forms
- Provision of advice on research governance matters to a range of parties reflecting policies, guidelines and other reference material adopted by the jurisdiction
- Provision of advice to researchers, ethics officers, research sponsors and other parties involved in the conduct and management of research
- Monitoring of research conducted at relevant sites within their jurisdiction
- Development of processes, systems and methods for the effective governance of research
- Undertaking risk management assessments and procedures to promote responsible research conduct

- Review of contracts and agreements applicable to research, where required.

The contact details of research governance personnel should be published on local websites (e.g. research ethics sites) that are accessed and utilised by researchers and others involved in the administration and management of research.

8. ETHICS REVIEW AND SITE SPECIFIC ASSESSMENT

It is the responsibility of each public health organisation to ensure all research occurring at the organisation involving staff, clients, resources or facilities has undergone a process of ethical review and approval by an appropriately constituted Human Research Ethics Committee (HREC) and/or Animal Ethics Committee (AEC) prior to commencement.

To support the effective governance of research, this policy requires a site specific assessment (SSA) form to be completed and submitted by the Coordinating Principal Investigator to each public health organisation (the “site”) where a research project is to occur. The SSA submission process is separate and additional to ethical review requirements.

For these purposes, a site is defined as a public health system hospital, health agency, community health centre, or health service within the South Australian public health system. A separate SSA should be submitted for each site involved in the project through the designated RGO to enable the site to make an informed assessment of whether the project should occur at the site.

A SSA should be completed and submitted for all proposed research projects, except where advised by the RGO

The SSA considers a range of areas, including:

- The availability of local resources to support the project
- Whether relevant approvals have been obtained to enable the project to occur (e.g. Departments and/or Facilities where the project is to be conducted)
- Financial arrangements
- Insurance arrangements
- The training and expertise of research staff.

8.1. Completing a Site Specific Assessment Form

The SSA must be completed online using the [Online Forms](#) website.

There are two SSA’s that are available for completion by researchers:

- Standard Site Specific Assessment Form for Research
- Site Specific Assessment Form for Low and Negligible Risk Research

The Standard SSA should be completed in all cases except for where the project is determined to be low or negligible risk and where the SSA for Low and Negligible Risk Research should be completed, or where otherwise advised by the RGO.

Once the SSA form has been completed with all relevant materials attached, it should be submitted to the RGO or delegate affiliated with the site.

8.2 Assessment of the Site Specific Assessment Form

The site through the RGO will have responsibility for assessing and endorsing the completed SSA form. Once a decision to support an SSA has been made, the application and recommendation should be provided to the organisational delegate for authorisation. Authorisation is the final step in obtaining research governance approval, and is required before a research project may commence.

8.3. Managing Site Specific Assessment Applications

SA Health requires the use of AU RED (Australian Research Ethics Database) for processing and administering SSA submissions. All nominated RGOs and associated staff will have access to this database.

8.4 SSA Complaints and Appeals Process

The following process will be applied where a Principal Investigator wishes to appeal the decision of the SSA assessment process, or make a complaint about the SSA process.

1. The site Principal Investigator (PI) may appeal the final decision of the site specific assessment (SSA), where a decision has been made to not authorise a SSA, if he/she considers the decision has been made improperly or without due consideration of all relevant information.
2. The PI may also lodge a formal complaint about the SSA review process, where the PI considers the process has been unsatisfactory.
3. In both instances, the PI should outline their concerns in writing to the institutional Research Governance Officer (RGO, or equivalent).
4. The PI may resubmit or amend their SSA application to meet any requirements outlined by the RGO. This application will be assessed according to the usual processes of the RGO and within a reasonable timeframe.
5. Where a complaint has been lodged, the RGO will notify the responsible Chief Executive Officer (CEO, or delegate) of any such complaints in a timely manner.
6. Following consideration and further investigation by the RGO and CEO/delegate (as required), the PI will be notified in writing of the outcomes of the investigation including any further action to be taken to resolve the complaint.

7. If the PI remains dissatisfied with the outcomes of any further action by the RGO and/or CEO/delegate, this should be communicated in writing to the CEO/delegate. In these instances, the following process will be followed:

- a) The CEO will determine if further investigation is necessary. If so, the CEO will establish a panel to consider the matter.

The panel will include the following members:

- a. The CEO/delegate;
 - b. Two nominees of the CEO/delegate, including at least one independent nominee with expertise in research governance matters, including the requirements of the SA Health Research Governance Policy, the Australian Code for the Responsible Conduct of Research, and other applicable policy documents and guidelines.
- b) The panel will allow the RGO and the PI the opportunity to make submissions.
 - c) The CEO/delegate will notify the RGO and the PI of the outcomes of the investigation.

8. Any recommendation or decision of the panel will be final.

9. RESEARCH MONITORING

To ensure research projects continue to meet the ethical and governance requirements of the organisation, it is essential that parties involved in the conduct of research including investigators, institutions and research sponsors have arrangements in place to effectively monitor ethically approved research.

The Coordinating Principal Investigator, Principal Investigators, and research personnel are best placed to directly monitor the conduct of the research and appropriately follow up matters that impact research participants, or which may affect the safety and ethical acceptability of the project.

The level of monitoring that should take place with approved research activity will depend on the nature of the research including level of risk, project complexity and the broader ethical, research governance, legislative and regulatory requirements that underpin the research.

For public health organisations, the responsibility for monitoring ethically approved research may be negotiated between the associated HREC and RGO, with consideration to the capacity and expertise of the person/s undertaking the monitoring of approved research on behalf of the site or institution².

² See also section 22, SA Health Research Ethics Operational Policy.

Appropriate mechanisms for monitoring approved research are outlined in the National Statement³, and can include activities such as:

- Regular reports from researchers
- Reports from independent agencies concerning the research (such as data and safety monitoring boards)
- Review of adverse event reports
- Inspections of research sites, data or consent documentation; and
- Interviews with research participants.

The public health organisation in conjunction with the RGO and HREC (where applicable) should develop processes to ensure research projects are monitored effectively.

9.1 Monitoring of Clinical Trials under National Mutual Acceptance

Under National Mutual Acceptance there are some specific monitoring considerations that should be taken into account by the certified HREC responsible for providing the single ethical and scientific review, as well as organisations that accept the single scientific and ethical review of a certified HREC.

The NHMRC has formulated a [Monitoring Framework](#) applicable to single ethical and scientific review, which should be considered by SA public health organisations, HRECs and RGO's when developing their own policies and practices for monitoring clinical trials.

A key principle of this framework is that, only the reviewing (certified) HREC can take on those elements of monitoring a research project that are the responsibility of the HREC. The outcome of this approach is that 'HRECs that do not review a research project have no direct monitoring role with respect to that project and cannot accept the delegation of responsibility from an institution to perform such a role'⁴.

The broad allocation of monitoring responsibilities for clinical trials approved under National Mutual Acceptance falls across a number of key parties, as follows:

- The lead HREC providing the single ethical and scientific review
- Institutions participating in the trial, with monitoring delegated through their RGO or equivalent
- Clinical trial sponsors
- Clinical trial Investigators

The responsibilities for the first two of these parties are explored further in the following sections.

³ Chapter 5.5, Monitoring Approved Research.

⁴ NHMRC "Framework for monitoring: Guidance for the national approach to single ethical review for multi-centre research" (January 2012), p2.

Monitoring responsibilities of the lead 'certified' HREC

Under National Mutual Acceptance, the lead HREC that undertakes the single ethical and scientific review of the clinical trial will have responsibility for a range of post-approval and monitoring activities including:

- Approval of protocol amendments as they arise
- Review of safety information, including serious adverse event (SAE) reports, unexpected adverse reaction (SUSAR) reports, protocol violations and related material
- Review of progress reports and annual reports within an ethical and scientific framework and with reference to the HREC approval conditions

Monitoring responsibilities of the participating institution

Under National Mutual Acceptance, the participating institution, through their RGO or delegate, will have responsibility for monitoring the conduct of a trial that has received site approval through a range of mechanisms, including:

- Review of progress and annual reports to ensure the trial is being conducted in accordance with conditions of governance approval and other relevant frameworks, policies and requirements
- Review of SSA amendments where changes are proposed to the trial that may impact the institution's capacity to support the trial
- Review and consideration of advice provided by the lead HREC, PI or trial sponsor that may impact the ethical and scientific acceptability of the study at the institution, including safety related issues
- Undertaking specific trial monitoring activities that may be required by the institution, e.g. auditing, interviews with participants etc.

As a minimum requirement all Serious Adverse Events (SAEs) and Adverse Events (AEs) should be reported and monitored according to the requirements outlined in the *Monitoring and Reporting Tables* document for SA public health organisations, available on the SA Health website.

10. SAFETY AND QUALITY OF RESEARCH

It is a requirement that all South Australian public health system Institutions promote high quality, ethical and safe research, by maintaining a culture of good research practice, taking account of the following issues:

- Timely and high quality ethical review of proposed research projects;
- Ongoing monitoring of research projects to ensure compliance with conditions of ethical approval, and ethical standards and guidelines;
- Undertaking appropriate risk management measures, e.g. maintaining current copies of insurance and indemnity certificates for approved research projects; following up on research complaints in a timely manner.
- Appropriate training and supervision of research staff;
- Sound records management procedures and practices;
- Appropriate publication and dissemination of research findings.

10.1 Clinical Research Trials involving an Unregistered Product

For trials involving an unregistered therapeutic agent, that is, one that has not been approved by the Therapeutic Goods Administration (TGA), it is a requirement that the Coordinating Principal Investigator and Institution comply with the relevant Clinical Trial Notification (CTN) or Clinical Trial Exemption (CTX) scheme. Further details on these schemes may be found on the [TGA website](#).

The RGO should assess whether the correct TGA processes and document requirements have been fulfilled by the Coordinating Principal Investigator on provision of a completed SSA form. The relevant CTN and CTX forms may be signed by the Institution once the project has been authorised to commence.

10.2 Clinical Trial Registration

It is an expectation that all researchers undertaking clinical trials involving SA Health sites/institutions and facilities ensure their trial is registered with an appropriate clinical trial registry, such as the Australian New Zealand Clinical Trial Registry (ANZCTR). A trial should be registered prior to participant recruitment. Please refer to the [ANZCTR website](#) for further information.

10.3 Safety Reporting for Clinical Drug and Device Trials

The AHEC [Position Statement: Monitoring and Reporting of Safety for Clinical Trials involving Therapeutic Products \(2009\)](#) outlines the responsibilities of all parties, including institutions, HRECs and clinical trial investigators and sponsors, in relation to reporting adverse events (AEs), including serious adverse events (SAEs) and suspected unexpected serious adverse reactions (SUSARs), occurring in clinical trials for ethically and scientifically approved research. This framework is supported by SA Health for the appropriate safety reporting for clinical trials.

10.4 Projects involving Animals

All projects involving the use of animals for scientific purposes must be approved by an appropriately constituted Animal Ethics Committee (AEC) prior to commencement. Typically the Institution hosting the animal research will have an associated AEC in place to review proposals. If this is not the case, an agreement should be reached with a suitable AEC to permit review of these proposals.

10.5 Specific Safety Issues

Research involving gene technology and related therapies, drugs and/or ionising radiation may require specific notification, registration or licence requirements. Please refer to the SA Health Research Ethics Operational Policy.

Evidence of these requirements should be attached to the SSA to permit the RGO to assess whether the appropriate processes and documents have been completed by the applicant.

11. PUBLICATION AND AUTHORSHIP

11.1 Publications

As a general principle, the findings of research funded with public funding should be made available to the wider community to facilitate knowledge and understanding.

Publication of research results irrespective of whether they are favourable or unfavourable in terms of the study hypotheses is considered good ethical practice, promoting transparency and knowledge, and is supported by SA Health. For these purposes, a 'publication' may be defined as a hard copy, electronic copy or online (internet) publication.

Capacity to freely publish and disseminate research findings will depend on a number of factors; including project funding arrangements and contractual obligations provided by the project sponsor; any publication requirements of participating organisations; and any intellectual property arrangements negotiated between parties involved in the project.

It is the responsibility of the CPI to ensure any contractual requirements concerning publication of findings arranged with the project sponsor or funding body are honoured.

Where SA Health has a significant interest in a project, and / or where the findings of the project or nature of the project may be sensitive and reflect upon a policy, decision or practice of a health service, agency or body of SA Health, SA Health should be given adequate time to review and comment on any draft manuscripts before they are published.

SA Health should also be appropriately acknowledged in publications for projects for which it has contributed funding, resources or in-kind contributions, including publications written by SA health employees.

11.2 Authorship

Authorship should be decided early in the planning process of a research project, to determine who will be credited as authors, contributors and who will be acknowledged in publications. Ideally this will be documented and maintained as part of the project records. It is the responsibility of the Institution to ensure that disputes regarding authorship are addressed in a timely manner.

12. RESEARCH COLLABORATION

Research collaboration can bring many benefits to researchers and the Institution. Exchange of ideas and expertise across disciplinary areas can strengthen the quality of research and enhance research uptake. Collaboration may occur across institutions and organisations intra- or inter-State, and will have a range of implications for those involved.

SA Health recommends that a formal written agreement exist for all collaborative research that clearly specifies the responsibilities of each party involved in the project. This should consider matters such as intellectual property; confidentiality and copyright; data management; responsibility for ethics approval; and reporting obligations.

Legal advice may be sought if required in the negotiation of these agreements. Please read the Legal and Governance Unit's Guideline on Accessing Legal Services for the Health Portfolio available [online](#). This document provides guidance on the required format and process for requesting legal advice through SA Health.

Disputes arising from collaborative research should be dealt with in an appropriate and timely manner, and a process for resolving any disputes should be established in the research contract.

13. FINANCIAL MANAGEMENT

Appropriate and accountable financial management practices are a requirement for all research projects conducted at SA Health institutions. These practices should be consistent with current best practice, and be compliant with the requirements of the SA Health *Financial Management Manual*.

For projects involving financial contributions by SA Health institutions, the project budget should be authorised by an appropriate finance authority (e.g. Finance Director or Head of Department/Division). Any funding agreement or contract between an SA Health institution and an external agency should be clear and transparent.

14. INTELLECTUAL PROPERTY

SA Health requires that all considerations and negotiations made by SA Health researchers and incorporated institutions in relation to intellectual property take account of the SA Government *Intellectual Property Policy* (2006) and the *Monetary Rewards Framework*⁵.

The Whole of Government Intellectual Property policy provides a framework for the South Australian Government to manage intellectual property. A key principle of this policy is that the Government should seek to retain ownership of Intellectual Property for which it has played a significant role in developing. For SA Health, examples of this may include where SA Health researchers have made a significant contribution to a project that generates new intellectual property, or where SA Health is the primary funding body for a project that generates new intellectual property.

In the event that intellectual property generated by such projects has commercial potential, the SA Health Monetary Rewards Framework specifies

⁵ See Appendix 3, SA Government Intellectual Property Policy (2006).

that the net returns are equally split between the Institution, the inventors (employees) and the Health and Medical Research Fund, which has been established to support health and medical research in South Australia.

Variances to such arrangements may exist, for example, where multiple parties are involved in funding and/or resourcing a research project, and where intellectual property rights are by negotiation shared across a number of organisations, or where a commercial sponsor is involved in funding a research project.

Matters concerning intellectual property should be considered prior to project commencement and clearly outlined in the research or funding contract/agreement.

15. CONFIDENTIALITY AND PRIVACY

Health and medical research often entails collecting personal information and data concerning clients, staff or services. Some of this information and data may be obtained directly from research participants through a process of informed consent; while at other times it will be sourced from databases or registries that may involve additional authorisation and approval from the data custodian/s.

SA Health's *Code of Fair Information Practice* contains standards pertaining to the collection, use, quality and security of information and data. This framework draws on the National Privacy Principles and has applicability to all staff and services across SA Health. SA Health institutions are responsible for ensuring researchers are aware of the principles established in this document, and maintaining good information management practices.

15.1 Storage of Data and Information

It is imperative that all data and information collected and used for research purposes is stored in accordance with the principles outlined in SA Health's *Code of Fair Information Practice* and the *National Statement on Ethical Conduct in Human Research (2007)* and *The Australian Code for the Responsible Conduct of Research (2007)*, hereafter called 'The Australian Code'). Research data should be stored securely at all times (e.g. in locked storage facilities and password protected computers), and safeguarded against inappropriate access.

16. INSURANCE AND INDEMNITY

All research projects hosted by SA Health institutions involving SA Health or external staff must have appropriate insurance and indemnity (approved by Insurance Services, SA Health) prior to the project commencing. Insurance Services may be contacted at ISUHealth@health.sa.gov.au.

For investigator initiated research projects undertaken by SA Health researchers, insurance cover is provided through SA Health's corporate insurance arrangements. Note that this cover is neither automatic nor

guaranteed and the CPI must contact Insurance Services to ascertain whether their project is covered prior to commencement.

For private/commercially sponsored studies, the sponsor is responsible for arranging appropriate insurance and indemnity documentation that meets the requirements of SA Health. For these studies, a copy of all insurance/indemnity documentation must be provided by the CPI to Insurance Services, SA Health, for review and endorsement prior to project commencement.

The RGO or delegate should maintain current copies of insurance certificates and related documentation for research projects which have received site approval.

17. RESEARCH MISCONDUCT

It is a requirement that all organisations under the jurisdiction of SA Health that conduct research have a written policy concerning complaints or allegations of research misconduct.

This policy should be separate to any existing institutional policy regarding employee misconduct, even though in practice they may intersect. The following considerations should be taken account of by institutions in developing a written policy for research misconduct:

- Research misconduct includes fabrication, falsification, plagiarism or deception in proposing, carrying out or reporting the results of research, and failure to declare or manage a serious conflict of interest.
- Misconduct includes avoidable failure to follow an approved research protocol, particularly where this failure may result in unreasonable risk or harm to humans, animals or the environment. It also includes the wilful concealment or facilitation of research misconduct by others.
- Research misconduct does not include honest differences in judgement in the management of the research project, and may not include honest errors that are minor or unintentional.
- Any complaint or allegation of research misconduct must be investigated appropriately with due sensitivity and consideration. Should the complaint or allegation be substantiated by compelling evidence, appropriate disciplinary action should be pursued by the Institution. Any disciplinary action should be determined by the Institution and be consistent with the nature of the misconduct.
- Institutions are encouraged to examine the framework for complaints and allegations presented in The Australian Code. It is the responsibility of the Institution to devise an appropriate documented process for complaints investigation consistent with the requirements of The Australian Code.