
Women's and Children's Hospital Code of Conduct for Research

Women's and Children's Hospital Code of Conduct for Research

1. PREAMBLE

2. PRINCIPLES

- 2.1 Statement of Guiding Principles
- 2.2 Observance of Code
- 2.3 Breach of Code
- 2.4 Advice

3. SPECIFIC REQUIREMENTS

- 3.1 Data
- 3.2 Publications
- 3.3 Supervision
- 3.4 Conflict of Interest

4. ADDITIONAL REQUIREMENTS

5. RESEARCH MISCONDUCT

6. ADVISERS ON INTEGRITY IN RESEARCH

7. PRELIMINARY INQUIRY

- 7.1 Official responsibility
- 7.2 Purpose
- 7.3 Procedure

8. INQUIRY

- 8.1 Purpose

9. APPEAL

10. MONITORING OBSERVANCE

CODE OF CONDUCT FOR RESEARCH

1. PREAMBLE

Research is a key and valued activity of the Women's and Children's Hospital and it is vital that the Hospital's researchers conduct their research in accordance with accepted codes of conduct and meet their obligations, where appropriate, to external funding bodies. It is a basic assumption of the WCH that staff members conducting research are committed to high standards of professional conduct. Research Workers have a duty to ensure that their work enhances the good name of the Hospital.

This document provides researchers with the Hospital's policy on the responsible practice of research. It is recognised that different disciplines have different research paradigms; that ethical considerations may arise in the conduct of research; and that the editors of learned journals may impose specific requirements on potential authors. It is important that individual researchers are familiar with the accepted research practise in their disciplinary areas. It is equally important that experienced research staff ensure that new staff and research students are fully aware of their obligations and feel able to turn to their colleagues to seek help and advice.

The Hospital has determined that a basic code of conduct will apply to all research conducted within it. Whilst adherence to this general code will ensure that individual researchers meet their commitments to the Hospital, it may not protect an individual researcher if a specific complaint is made. Questions of authenticity of data and authorship of published work occasionally arise and it is important that researchers have written records relating to these matters. Equally, it is important where experimentation involves human or animal subjects that a clearance to conduct research is obtained in advance from the appropriate Research Ethics Committee.

This Code of Conduct is to be read in conjunction with the joint National Health & Medical Research Council/Australian Vice Chancellors Committee (NH&MRC/AVCC) Statement and Guidelines on Research Practice and the WCH Research Policy which are attached. The Board of the WCH has endorsed this Statement and Guidelines and the Code of Conduct is to be seen as an elaboration of them and the mechanism for the requirements they place on institutions conducting research.

2. PRINCIPLES

2.1 Statement of Guiding Principles

This Code of Conduct ("the code") prescribes standards of work performance and ethical conduct expected of all persons engaged in research at, and in association with, the Women's and Children's Hospital ("the Hospital") based upon the following guiding principles-

- (a) Research is the pursuit of truth.
- (b) Research workers should, in all aspects of their research -
 - (i) demonstrate integrity and professionalism,
 - (ii) observe fairness and equity,
 - (iii) avoid conflicts of interest, and disclose them when they arise, and
 - (iv) ensure the safety of those associated with the research.
- (c) Research methods and results should be open to scrutiny and debate.

2.2 Observance of the code

Research workers must familiarise themselves with the code and ensure that its provisions are observed.

2.3 Breach of the code

Failure to comply with the provisions of the code may be a ground for disciplinary action.

2.4 Advice

Where a research worker is in doubt about the applicability of provisions of the code, or about the appropriate course of action to be adopted in relation to it, advice should be sought from the Chair or Deputy Chair of the Research Ethics Committee (REC). The Chair and Deputy Chair should provide this advice upon a confidential basis. The Hospital's Research Secretariat can advise on contact details for the Chair and Deputy Chair.

3. SPECIFIC REQUIREMENTS

3.1 Data

- a) Data management must comply with relevant privacy protocols such as the Australian Standard of Personal Privacy Protection in Health Care Information Systems.
- b) Data must be recorded in a durable form with appropriate references.
- c) The retention of data must comply with the Department of Human Services Records Disposal Schedule for South Australian Public Hospitals (No. 2000/0012). Particular attention should be given to Function 6 of the document, which has been placed on the Hospital's 'g' drive (everyone/research/wch/code of conduct/retention of data schedule). A copy of the complete Schedule may be obtained from the Research Secretariat on 8161 6521.
- d) The Hospital must ensure that a research unit or department establishes procedures for retention of data.
- e) Research workers must comply with these retention procedures.
- f) Data related to publications is to be made available for discussion with other research workers, except where confidentiality provisions prevail.
- g) Confidentiality provisions relating to publications may apply in circumstances where the Hospital or the research worker has made or given confidentiality undertakings to third parties or confidentiality is required to protect intellectual property rights. It is the obligation of the research worker to enquire as to whether confidentiality provisions apply and of the head of department to inform research workers of the obligations with respect to these provisions.

3.2 Publications

- a) A publication must contain appropriate reference to the contributions made by all participants in the relevant research.

- b) Any person who has participated in a substantial way in conceiving, executing or interpreting at least part of the relevant research should be given the opportunity to be included as an author of a publication derived from that research.
- c) Any person who has not participated in a substantial way in conceiving, executing or interpreting at least part of the relevant research is not to be included as an author of a publication derived from that research.
- d) In addition to meeting the requirements of paragraph 3.2b), an author must ensure that the work of research students, research assistants and technical officers is recognised appropriately in a publication derived from research to which they have made a contribution.
- e) A publication which is substantially similar to another publication derived from the same research must contain appropriate reference to the other publication.
- f) A research worker who submits substantially similar work to more than one publisher should disclose that fact to the publishers at the time of submission.

3.3 Supervision

- a) Each research unit or department must ensure that research is appropriately supervised.
- b) A supervisor must observe and undertake the responsibilities set out in these guidelines.
- c) A person must decline appointment as a supervisor unless that person expects to be able to discharge the responsibilities set out in the guidelines.
- d) A person acting as a supervisor of a postgraduate student on behalf of a university must abide by that university's guidelines for such supervision.

3.4 Conflict of Interest

- a) A research worker must make full disclosure of a conflict of interest in research. Conflict of interest means any affiliation or financial involvement with any organisation sponsoring or providing financial support for a project undertaken by a research worker. Financial involvement includes direct financial interest and/or personal reward, provision of benefits (such as travel and accommodation) and provision of material or facilities.
- b) This disclosure of a conflict of interest in research must be made to the Chief Executive Officer of the Hospital as soon as reasonably practicable.
- c) A research worker must comply with a direction made by the Chief Executive Officer of the Hospital in relation to a conflict of interest in research.

4. ADDITIONAL REQUIREMENTS

1. Any special standards of work performance and ethical conduct imposed by law or by the WCH in relation to particular categories of research are deemed to be included in this code in its application to persons engaged in that research in the WCH.
2. Research workers must list their publications and must make a declaration that they have complied with the provisions of the code as part of their annual reporting requirements.

5. RESEARCH MISCONDUCT

Misconduct or scientific misconduct means fabrication, falsification, plagiarism or other practices that seriously deviate from those that are commonly accepted within the scientific community for proposing, conducting, or reporting research.

It includes a misleading ascription of authorship including the listing of authors without their permission, attributing work to others who have in fact not contributed to the research and the lack of appropriate acknowledgment of work primarily produced by a research student/trainee or associate.

It does not include honest errors or honest differences in interpretation or judgements of data.

The aim of this Code is to ensure professional and humane handling of allegations of research misconduct:

1. All parties will be treated with justice and fairness;
2. Any person who makes an allegation of research misconduct is to be protected against retaliation and intimidation;
3. If the allegations are not confirmed, diligent efforts are to be made to restore the reputation of the persons alleged to have engaged in the conduct as well as to protect the position and reputation of those, who in good faith, made the allegations.
4. All allegations will be investigated and resolved. Even if the respondent researcher leaves the institution before the allegations have been resolved the procedure for dealing with the allegations shall continue and reach a conclusion.

6. ADVISERS ON INTEGRITY IN RESEARCH

The members of the Research Advisory Committee, and the Chairs and Deputy Chairs of the Research Ethics Committee and Animal Ethics Committee are familiar with the joint NHMRC/AVCC Statement and this Code. They can advise on the integrity in research and provide confidential advice about what constitutes misconduct in research, the rights and responsibilities of the person making the allegation and the procedures that will be followed in dealing with the allegations.

7. PRELIMINARY INQUIRY

7.1 Official responsibility

The CEO of the WCH is the official responsible for conducting inquiries into allegations of misconduct. It is the responsibility of the CEO to ensure that the Preliminary Inquiry is conducted in a fair and just manner. The CEO may delegate the responsibility for collecting part or all of the information relevant to the allegations to a member of his/her staff.

7.2 Purpose

The purpose of the Preliminary Inquiry will be expeditiously, to gather and review factual information to determine if reasonable cause for investigation of the allegations exists. The Preliminary Inquiry stage is not to be considered a formal Inquiry, but is designed to separate allegations deserving a further investigation from frivolous unjustified or clearly mistaken allegations.

7.3 Procedure

- a) A written complaint of misconduct in research can be made to the Chair or the Deputy Chair of the Research Ethics Committee (REC) or the CEO of the WCH.
- b) Upon receipt of a complaint the Chair or Deputy Chair or CEO shall take immediate and appropriate action including discussion with the complainant as well as the respondent researcher.
- c) Where the Chair or Deputy Chair of the REC is satisfied that a complaint constitutes an allegation of serious misconduct under this Code of conduct the Chair or Deputy Chair must immediately inform the CEO of the details of the allegations and notify the complainant and respondent researcher in writing of his/her actions.
- d) The CEO is then responsible for providing the respondent researcher with a written statement of the allegations and advising of the process that will follow.
- e) The CEO will seek a written response to the allegations from the respondent researcher within fourteen (14) days of providing the statement of the allegations.
- f) Upon receipt of the response from the respondent researcher together with the results of any other inquiries the CEO has made the CEO must determine whether or not the complaint constitutes an allegation of serious misconduct under this Code. The CEO shall prepare a written report which summarises the process (including the inquiries made) and state whether or not there will be an Inquiry. A copy of the report will be provided to the respondent researcher and the complainant.
- g) If the CEO is satisfied the complaint constitutes an allegation of serious misconduct, the CEO must appoint a person or persons with the appropriate qualifications to undertake an Inquiry into the complaint.
- h) Where the CEO is satisfied that the complaint cannot be sustained, the CEO must dismiss the complaint and inform the respondent researcher and the complainant accordingly.
- i) Where the CEO is satisfied there is no reasonable basis for the complaint and the complaint was not brought in good faith, the CEO must determine whether it is appropriate to take disciplinary action against the complainant.
- j) The Preliminary Inquiry should be completed within sixty (60) days of the initial written notification from the CEO to the respondent researcher. If it is anticipated the established deadline cannot be met, a report providing the reasons for the delay and progress to date should be submitted for the record, and to the respondent researcher.

8. INQUIRY

8.1 Purpose

Where the CEO finds that an Inquiry is warranted pursuant to paragraph 7.3(g) of this Code, the purpose of the Inquiry shall be to explore the allegations further to determine whether misconduct has been committed.

- (a) An Inquiry must be completed as expeditiously and with such confidentiality as the circumstances of the complaint permit.
- (b) The CEO must inform the respondent researcher in writing of the terms of the complaint referred to the Inquiry, the date of the Inquiry and the person or persons appointed to undertake the Inquiry.

(c) The CEO must also provide the respondent researcher with an opportunity to respond in writing to the complaint within thirty (30) days of notification and an opportunity to make oral submissions to the person or persons appointed to undertake the Inquiry during the hearing of the complaint.

(d) The person or persons appointed to undertake the Inquiry must advise the CEO in writing of their findings and their reasons for the finding which may include:

- A finding of misconduct
- A finding that no misconduct occurred but serious scientific errors were discovered;
- A finding that misconduct has not been established;
- A finding that there is no misconduct;
- A finding that there is no basis for the complaint.

(e) The CEO must provide the respondent researcher and the complainant with a copy of the findings and the reasons.

(f) Where the person or persons appointed to undertake the Inquiry make a finding of misconduct, the CEO must determine whether it is appropriate to take disciplinary action against the respondent researcher.

(g) Where the person or persons appointed to undertake the Inquiry is or are satisfied there is no basis for a complaint and the complaint was not brought in good faith, the CEO must determine whether it is appropriate to take disciplinary action against the complainant.

(h) If research misconduct is found to have occurred the CEO shall upon the expiry of the appeal period referred to in paragraph 10 of this Code report the finding to any funding agency that funded the work in respect of which misconduct occurred or which is currently supporting the person found to have engaged in research misconduct and to journals to which the research in question was reported.

(i) If serious scientific errors are discovered the CEO shall request the respondent researcher to take appropriate action.

9. APPEAL

If the Inquiry finds that misconduct has occurred the respondent researcher may appeal the decision within fourteen (14) days of receiving a copy of the findings and the reasons.

The appeal mechanism will be that which applies to other staff grievances in the Hospital and is governed by SAHC Industrial Circular 1.56.

10. MONITORING OBSERVANCES

The CEO of the WCH has the responsibility of monitoring observance of this Code of Conduct.

Each department will incorporate in its Annual Research Report a statement that all research within the department has met the guidelines of the Code of Conduct for Research.

JOINT NHMRC/AVCC STATEMENT AND GUIDELINES ON RESEARCH PRACTICE

This "Joint Statement and Guidelines" replaces the "NH&MRC Statement on Scientific Practice" (1990) and the AVCC 'Guidelines for Responsible Practice in Research and Problems of Research Misconduct' (1990). The Statement and Guidelines exist to guide institutions in developing their own procedures and guidelines, by providing a comprehensive framework of minimum acceptable standards.

STATEMENT

The broad principles that guide research have been long established. Central to these are the maintenance of high ethical standards, and validity and accuracy in the collection and reporting of data. The responsibility of the research community to the public and to itself is acknowledged. This responsibility is particularly important where professional practice or public policy may be defined or modified in the light of research findings.

The processes of research protect the truth. Communication between collaborators; maintenance and reference to research records; presentation and discussion of work at meetings of experts; publication of results, including the important element of peer review; and the possibility that investigations will be repeated or extended by other researchers, all contribute to the intrinsically self-correcting and ethical nature of research.

Competition in research can have a strong and positive influence, enhancing the quality and immediacy of the work produced. However, competitive pressures can act to distort sound research practice, if they encourage too-hasty preparation and submission of papers, the division of reports on substantial bodies of work into multiple small reports to enhance the 'publication count' of the author(s), or an undue emphasis on safe but mundane research at the expense of more creative and more innovative lines of study. Accordingly each institution should give due emphasis to quality and originality of research, as well as to quantity of research output, and set up codes of conduct which are seen as a framework for sound research procedures and for the protection of individual researchers from possible misunderstandings.

It is a basic assumption of institutions conducting research that their researchers are committed to high standards of professional conduct. Researchers have a duty to ensure that their work enhances the good name of their institution and the profession to which they belong.

Researchers should only participate in work which conforms to accepted ethical standards and which they are competent to perform. When in doubt they should seek assistance with their research from their colleagues or peers. Debate on, and criticism of, research work are essential parts of the research process.

Institutions and researchers have a responsibility to ensure the safety of all those associated with the research. It is also essential that the design of projects takes account of any relevant ethical guidelines.

If data of a confidential nature are obtained, for example from individual patient records or from certain questionnaires, confidentiality must be observed and researchers must not use such information for their own personal advantage or that of a third party. Secrecy may also be

necessary for a limited period in the case of contracted research or of non-contractual research which is under consideration for patent protection. In general, however, research results and methods should be open to scrutiny by colleagues within the institution and, through appropriate publication, by the profession at large.

GUIDELINES

1. GENERAL PRINCIPLES

- 1.1 Institutions must establish procedures and guidelines on good research practice, and on steps to be followed if suspicions or allegations exist regarding research misconduct. Those procedures and guidelines must meet the standards set out in this document.
- 1.2 Institutions should establish and maintain practices and policies which promote the highest possible standards and discourage misconduct and fraud. These policies should encourage the open presentation and discussion of results via peer review mechanisms.
- 1.3 Institutions must have clearly formulated policies on the maintenance of records, retention of data, publications and authorship, management of intellectual property, research training (where appropriate), confidentiality and conflict of interest.
- 1.4 Researchers have an obligation to achieve and maintain the highest standards of intellectual honesty in the conduct of their research.
- 1.5 Researchers must be aware of and adhere to ethical principles of justice and veracity, and of respect for people and their privacy and avoidance of harm to them, as well as respect for non-human subjects of research. Research must comply with established guidelines such as the NHMRC Statement on Human Experimentation and Supplementary Notes.¹
- 1.6 Where research procedures are of a kind requiring approval by a human or animal experimentation ethics committee, or by other safety or validly constituted regulatory committees, research must not proceed without such approval.
- 1.7 Institutions should ensure that a person with appropriate authority is responsible for monitoring the observance of these guidelines.

2. DATA STORAGE AND RETENTION

- 2.1 Data (including electronic data) must be recorded in a durable and appropriately referenced form. Data management should comply with relevant privacy protocols, such as the Australian Standard on personal privacy protection.²
- 2.2 The department or research unit must establish procedures for the retention of data and for the keeping of records of data held.
- 2.3 Data must be held for sufficient time to allow reference. For data that is published this may be for as long as interest and discussion persists following publication. It is recommended that the minimum period for retention is at least 5 years from the date of

publication but for specific types of research, such as clinical research, 15 years may be more appropriate.³

- 2.4 Wherever possible, original data must be retained in the department or research unit in which they were generated. Individual researchers should be able to hold copies of the data for their own use. Retention solely by the individual researcher provides little protection to the researcher or the institution in the event of an allegation of falsification of data.
- 2.5 Data related to publications must be available for discussion with other researchers. Where confidentiality provisions apply (for example, where the researchers or institution have given undertakings to third parties, such as the subjects of the research), it is desirable for data to be kept in a way that reference to them by third parties can occur without breaching such confidentiality.
- 2.6 Confidentiality agreements to protect intellectual property rights may be agreed between the institution, the researcher and a sponsor of the research. Where such agreements limit free publication and discussion, limitations and restrictions must be explicitly agreed.
- 2.7 It is the obligation of the researcher to enquire whether confidentiality agreements apply and of the Head of the Department or research unit to inform researchers of their obligations with respect to these provisions.
- 2.8 All confidentiality agreements should be made known at an early stage to the head of the research institution, or nominated representative.
- 2.9 The procedures formulated by institutions must include guidelines on the establishment and ownership of and access to databases containing confidential information, and any limits on this.
- 2.10 When the data are obtained from limited access databases, or via a contractual arrangement, written indication of the location of the original data, or key information regarding the database from which it was collected, must be retained by the researcher or research unit.
- 2.11 Researchers must be responsible for ensuring appropriate security for any confidential material, including that held in computing systems. Where computing systems are accessible through networks, particular attention to security of confidential data is required. Security and confidentiality must be assured in a way that copes with multiple researchers and the departure of individual researchers.

3. AUTHORSHIP

- 3.1 Each institution must establish a written policy on the criteria for authorship of a research output. Minimum requirement for authorship should accord with the "Vancouver Protocol".⁴ Authorship is substantial participation, where all the following conditions are met: a) conception and design, or analysis and interpretation of data; and b) drafting the article or revising it critically for important intellectual content; and c) final approval of the version to be published. Participation solely in the acquisition of funding or the

collection of data does not justify authorship. General supervision of the research group is not sufficient for authorship. Any part of an article critical to its main conclusion must be the responsibility of at least one author. An author's role in a research output must be sufficient for that person to take public responsibility for at least that part of the output in that person's area of expertise. No person who is an author, consistent with this definition, must be excluded as an author without their permission in writing.

- 3.2 Authorship of a research output is a matter that should be discussed between researchers at an early stage in a research project, and reviewed whenever there are changes in participation.
- 3.3 When there is more than one co-author of a research output, one co-author (by agreement amongst the authors) should be nominated as executive author for the whole research output, and should take responsibility for record keeping regarding the research output.
- 3.4 Where the research is published, including electronically, all co-authors of a publication must acknowledge their authorship in writing in terms of, at least, the minimum acceptable definition at 3.1, above. This signed statement of authorship must specify that the signatories are the only authors according to this definition. It must state that the signatories have seen the version of the paper submitted for publication.
- 3.5 The written acknowledgment of authorship must be placed on file in the department or unit of the executive author, at the time of submission of the research output for publication, and must remain in safe keeping in that department.
- 3.6 If, for any reason, one or more co-authors are unavailable or otherwise unable to sign the statement of authorship, the head of department or unit may sign on their behalf, noting the reason for their unavailability.
- 3.7 The authors must ensure that others who have contributed to the work are recognised in the research output. Courtesy demands that individuals and organisations providing facilities should also be acknowledged.
- 3.8 Institutions should establish procedures to resolve conflicts arising through disputes about authorship.

4. PUBLICATION

- 4.1 Publication of multiple papers based on the same set(s) or subset(s) of data is not acceptable, except where there is full cross-referencing within the papers (for example, in a series of closely related work, or where a complete work grew out of a preliminary publication and this is fully acknowledged).
- 4.2 An author who submits substantially similar work to more than one publisher must disclose this to the publishers at the time of submission.
- 4.3 As a general principle research findings should not be reported in the public media before they have been reported to a research audience of experts in the field of research -

preferably by publication in a peer-reviewed journal, except where there is a contractual arrangement.

- 4.4 It is acknowledged that where issues of public policy and concern make prior advice desirable, such advice must be tendered first to the public or professional authorities responsible, and the unreported status of the findings must be advised at the same time. Only where responsible authorities fail to act can prior reporting to the media be justified, and again the unpublished status of the findings must be reported at the same time.
- 4.5 Where there is private reporting of research that has not yet been exposed to open peer-review scrutiny, especially when it is reported to prospective financial supporters, researchers have an obligation to explain fully the status of the work and the peer-review mechanisms to which it will be subjected.
- 4.6 Publications must include information on the sources of financial support for the research. Financial sponsorship that carries an embargo on such naming of a sponsor should be avoided.
- 4.7 Deliberate inclusion of inaccurate or misleading information relating to research activity in curriculum vitae, grant applications, job applications or public statements, or the failure to provide relevant information, is a form of research misconduct. Accuracy is essential in describing the state of publication (in preparation, submitted, accepted), research funding (applied for, granted, funding period), and awards conferred, and where any of these relate to more than one researcher.
- 4.8 All reasonable steps must be taken to ensure that published reports, statistics and public statements about research activities and performance are complete, accurate and unambiguous.

5. SUPERVISION OF STUDENTS/RESEARCH TRAINEES

- 5.1 Institutions should ensure that there is a specific, responsible and appropriately qualified supervisor of each research trainee and researcher new to research in the institution.
- 5.2 Institutional policy should ensure that the ratio of trainees to supervisors is low enough to assure effective intellectual interaction and effective oversight of the research at all times.
- 5.3 Each trainee should be provided with written material on applicable government and institutional guidelines for the conduct of research, including those covering ethical requirements for studies on human or animal studies, requirements for confidentiality, and occupational health and safety matters.
- 5.4 Supervisors should be obliged to provide guidance in all matters of good research practice.
- 5.5 The supervisor must ensure, as far as possible, the validity of research data obtained by a student under his/her supervision.

6. DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

- 6.1 Institutions must have clearly formulated policies regarding potential conflicts of interest.
- 6.2 Institutions must formulate and advertise to their staff policies and procedures regarding appropriate disclosure of affiliation with, or financial involvement in, any organisation or entity with a direct interest in the subject matter or materials of researchers. These procedures must cover the full range of potential interests, including the direct benefits such as sponsorship of the investigation or indirect benefits such as the provision of materials or facilities or the support of individuals such as provision of travel or accommodation expenses to attend conferences. Such disclosure should cover any situation in which the conflict of interest may, or may be perceived to, affect any decision regarding other people.
- 6.3 The procedures should require disclosure to editors of journals, to the readers of published work, and to external bodies from which funds are sought.
- 6.4 Researchers have an obligation to disclose at the time of reporting or proposing research (for example, in a grant application), any conflict of interest which has the potential to influence research and investigations, publication and media reports, grant applications, applications for appointment and promotion.

7. RESEARCH MISCONDUCT

DEFINITION

This document retains the previous definition of "Research Misconduct" but notes the latest US definition.⁵

"Research Misconduct"

"Misconduct" or "Scientific Misconduct" is taken here to mean fabrication, falsification, plagiarism, or other practices that seriously deviate from those that are commonly accepted within the scientific community for proposing, conducting, or reporting research. It includes the misleading ascription of authorship including the listing of authors without their permission, attributing work to others who have not in fact contributed to the research, and the lack of appropriate acknowledgment of work primarily produced by a research student/trainee or associate. It does not include honest errors or honest differences in interpretation or judgements of data.

Examples of research misconduct include but are not limited to the following :

Misappropriation: A researcher or reviewer shall not intentionally or recklessly:

- a. plagiarise, which shall be understood to mean the presentation of the documented words or ideas of another as his or her own, without attribution appropriate for the medium of presentation;

- b. make use of any information in breach of any duty of confidentiality associated with the review of any manuscript or grant application; or
- c. intentionally omit reference to the relevant published work of others for the purpose of inferring personal discovery of new information.

Interference: A researcher or reviewer shall not intentionally and without authorisation take or sequester or materially damage any research-related property of another, including without limitation the apparatus, reagents, biological materials, writings, data, hardware, software, or any other substance or device used or produced in the conduct of research.

Misrepresentation: A researcher or reviewer shall not with intent to deceive, or in reckless disregard for the truth:

- a. state or present a material or significant falsehood; or
- b. omit a fact so that what is stated or presented as a whole states or presents a material or significant falsehood.

PROCEDURES WHERE RESEARCH MISCONDUCT IS SUSPECTED OR ALLEGED

Note, many of the matters in this section are covered by academic awards.

7.1 Institutions must have in place procedures for dealing with instances of suspected or alleged research misconduct, whether or not such instances have arisen in those institutions.

7.2 The procedures and guidelines must provide for:

- nomination of persons to be advisers on integrity in research who are familiar with this document and with issues surrounding research integrity/misconduct; AND
- nomination of a small number of persons to whom allegations of research misconduct are to be directed.

7.3 There must be provision for a preliminary investigation of cases in which a charge of research misconduct may be made. Such preliminary investigation must make provision for a written statement of any allegations to be provided to the person(s) against whom such allegations are directed, and for a written response from that person to be received and considered. A preliminary investigation should be limited to determining whether a case exists that research misconduct may have occurred.

7.4 If a case for consideration of research misconduct is found in the preliminary investigation to exist, there must be provision for advice of this to be given, in confidence, to the secretary of any funding agency currently supporting the person supported, on the understanding that the agency will not terminate its support.

7.5 There must be provision for a formal investigation if preliminary investigation finds that a case exists.

7.6 If research misconduct is found to have occurred, there must be provision for findings of research misconduct to be reported to any funding agency that funded work in respect of which such misconduct occurred, or which is currently supporting the person found to

have engaged in research misconduct, and to journals and other media through which the research in question was reported.

7.7 There must be provision to continue any such investigation to establish the facts of a matter in which research misconduct is alleged to have occurred, even if the person accused of such misconduct resigns from the institution. Distortions of the research record must be rectified, whether or not the persons involved remain in the institution.

7.8 Institutional procedures and guidelines must be framed in such a way as to protect the interests of all interested parties. Such fair dealing must consider the protection of persons making allegations in good faith, and of persons accused of misconduct. "Interested parties" include:

- a person bringing an allegation;
- a person against whom an allegation is made;
- staff, students and trainees working with persons making an allegation, or with persons against whom an allegation is made;
- journals and other media reporting research subject to suspected, alleged, or found research misconduct;
- funding bodies supporting persons or research involved; and
- the public.

1 NHMRC Statement on Human Experimentation and Supplementary Notes, 1992.

2 Personal privacy protection in health care information systems, Australian Standard AS 4400-1995.

3 The December 1991 Guidelines for Good Clinical Research Practice in Australia, published by the Therapeutic Goods Administration of the Commonwealth Department of Health and Family Services, recommends retention of data for at least 15 years.

4 Uniform Requirement for Manuscripts Submitted to Biomedical journals as presented in JAMA 1997: 277:927-934.

5 In the Report of the Commission on Research Integrity ("Integrity and Misconduct in Research") to the U.S. Secretary of Health and Human Services: U.S. Department of Health and Human Services, 1995.

[Health Research Page]

Produced by Office of NHMRC, 12 November 1997.

URL: <http://www.health.gov.au/nhmrc/research/nhmrcavc.htm>

For further information contact:

Trevor Lord, phone (02) 6289 6977, email trevor.lord@health.gov.au

Statement of Commitment

The Women's and Children's Hospital is committed to leadership in research. It will promote, support and participate in research as an investment in the future health of the community it serves. Research is not an optional extra, but an essential part of the role of the Hospital and the health professionals who are associated with it. As a hospital and as individuals, we will collaborate with other organisations, health professionals and the community to maximise our productivity in research. Our research will be broadly based, sustainable, and will have the potential to improve the health of women and children.

Goals

1. To perform high quality research that will add to health related knowledge and has the potential to improve the health of women and children. The research mix will include research triggered by studies that identify specific health needs of the community.

2. To enhance the use of research resources through internal collaborations and collaborations with universities, other health units and industry, both within and beyond South Australia.

3. To use research findings to improve clinical services based on scientific evidence.

Developed by : Research Advisory Committee	Original Issue Date : 10/94	Current Issue Date : 12.3.01
Reason for Revision :	Update Responsibility :	Page No : 16 of 7
Approved by :		Index No 87/98

4. To maximise funding for research and research infrastructure.
5. To publish and publicise research findings within the Hospital, to professional colleagues and to the broader community.
6. To ensure that trainee health professionals have the opportunity to participate in research, and to provide high quality training for post-graduate students.

What is needed to achieve these goals?

- Professional staff with the interest, abilities, time and resources to carry out research. It is recognised that not all staff will have the necessary attributes to be good researchers. Such staff should nonetheless support others in their research efforts and look for research opportunities that could be exploited by others.
- The Hospital will encourage and support a wide range of research methodologies, both quantitative and qualitative, applied to a wide range of research settings, such as laboratory-based research, clinical research, clinical trials, public and community health research, surveys, social science research, and action research.

The Public Health Research Unit and other groups within the hospital carrying out epidemiological research can contribute to the Hospital’s research efforts by identifying possible areas for research.

Developed by : Research Advisory Committee	Original Issue Date : 10/94	Current Issue Date : 12.3.01
Reason for Revision :	Update Responsibility :	Page No : 17 of 7
Approved by :		Index No 87/98

- The Hospital will provide opportunities for staff to carry out research (for example, through the provision of a range of higher degree and postdoctoral research fellowships and ensuring that appropriate resources and facilities are available).
- Creation of a research institute structure may assist the Hospital to achieve its research goals. A Research Institute will be evaluated and discussed amongst the research community. As part of this concept, or independent of it, research at Women's and Children's Hospital would be strengthened by creation of a new role, that of Director of Research.
- The Corporate and Community Relations Department will work with researchers to promote public awareness of research being carried out at Women's and Children's Hospital, and to make the public aware of the improved health outcomes that can result from research and the link that exists between the quality of care provided by an institution and the commitment to research by staff of that institution.
- An adequately supported process through which the Women's and Children's Hospital will identify and market its intellectual property.
- A mechanism that will enable women, children, young people and families to have a meaningful, consultative voice in our research efforts.

Procedural Guidelines

Developed by : Research Advisory Committee	Original Issue Date : 10/94	Current Issue Date : 12.3.01
Reason for Revision :	Update Responsibility :	Page No : 18 of 7
Approved by :		Index No 87/98

Each **Division** and the wards, units and disciplines within it will submit each year in its business plan, key strategies and actions which will support the goals and aims established above. These will be ratified through the CEO and Executive of the Hospital.

The **Research Advisory Committee**, constituted as a sub-committee of the Board, will review and maintain this policy, monitor the performance indicators and report to the Executive of the Hospital and the Board. It is also responsible for ensuring that all research is conducted in accord with relevant NH&MRC guidelines.

The **Research Ethics Committee** will continue under its current terms of reference and will continue to identify the ethical issues involved in proposed research and be empowered to grant or deny approval for applications. The Committee will ensure that all research carried out within the WCH will be in accordance with relevant National Health and Medical Research Council National Statement on Ethical Conduct in Research Involving Humans. It will report to the Research Advisory Committee. The Research Advisory Committee will report any issues, which may affect the operational nature of the Hospital, to the Executive of the Hospital.

The **Animal Ethics Committee** will continue to operate in accordance with the South Australian Prevention of Cruelty to Animals Act 1985 and National Health and Medical Research Council guidelines. This committee will ensure that all research involving animals, performed through or with the WCH, will be in accordance with legislative requirements and guidelines. It will have the power to grant or deny approval for applications involving the use of animals if they do not meet expected standards. This

Developed by : Research Advisory Committee	Original Issue Date : 10/94	Current Issue Date : 12.3.01
Reason for Revision :	Update Responsibility :	Page No : 19 of 7
Approved by :		Index No 87/98

committee will report to the Minister responsible for animal welfare and within the Hospital, to the Research Advisory Committee, and provide reports to the Executive of the Hospital.

Marketing Strategies

To maximise funding for research, marketing strategies will be under the direction of the **Executive Director, Marketing**. This person will also be responsible for increasing public awareness of the benefits and improvements in health outcomes resulting from research, in partnership and collaboration with the researchers within the Hospital.

The Executive Director, Corporate Services will be responsible for developing a process for the marketing of intellectual property and negotiations with Department of Human Services around issues of intellectual property which may arise for commercialisation opportunities.

The WCH Research Grants Committee. This committee exists with the object of supporting research within the WCH by allocating funding from the WCH Research Foundation each year to the most highly ranked research proposals received. The committee is appointed by and reports to the Research Advisory Committee. The Research Advisory Committee, in consultation with the Grants Committee and the WCH Foundation Trustees, will continue to maintain comprehensive guidelines for the conduct of the Grants Committee and ensure that the processes adopted are readily understood, equitable and accountable to fulfil the WCH Board's requirements.

Developed by : Research Advisory Committee	Original Issue Date : 10/94	Current Issue Date : 12.3.01
Reason for Revision :	Update Responsibility :	Page No : 20 of 7
Approved by :		Index No 87/98

The Foundation Trustees, with the Research Advisory Committee and Research Grants Committee will ensure that resource allocation principles are transparent and ethical and that there is an open process and clear guidelines for decision making and allocation of resources towards research. The Hospital and the Trustees will collaborate to maintain funding for established, new and innovative researchers and to support emerging researchers through a range of research fellowships accessible to all disciplines.

Implementation Plan

1. A set of performance indicators are included which are to be incorporated into local (i.e. Unit and Division) business plans and research strategies. These will be collated at organisational level by the Clinical Support Unit, in consultation with the Research Secretariat, and reviewed by the Research Advisory Committee.

The Performance Indicators will be:

- i) The inclusion of an annual research plan in the Unit Business Plan.
- ii) The number and quality of published papers and articles relating to all research undertaken.
- iii) The number of presentations of research at local, national and international conferences and 'lay' meetings.
- iv) The number of collaborative and interdisciplinary research projects.
- v) Demonstration that research has influenced clinical practice change.

Developed by : Research Advisory Committee	Original Issue Date : 10/94	Current Issue Date : 12.3.01
Reason for Revision :	Update Responsibility :	Page No : 21 of 7
Approved by :		Index No 87/98

vi) The number of research grants (non-operating budget funded research grants) attracted by WCH staff.

2. A set of performance indicators are included for the marketing and intellectual property sections of the hospital:

i) The number of publications, promotions and reports of research findings through the media which make knowledge of research more accessible to the wider community.

ii) Increased funding to projects and an increase in research donations to the Hospital.

iii) Commercialisation of research, and revenue generation through the exploitation of intellectual property.

3. This policy will be promulgated after receiving endorsement by the Board, the WCH Foundation Trustees and the Chiefs' Operating Group. The development of business plans relating to key research goals, aims and strategies will then be developed by Divisions and Units and reviewed by the Executive of the WCH.

4. Terms of Reference of the Research Advisory Committee and the Ethics Committees will be reviewed to ensure that they support the goals and aims.

5. The Performance Indicators will be regularly collected and reported through the Quarterly Review based in the Clinical Support Unit of the Hospital.

Developed by : Research Advisory Committee	Original Issue Date : 10/94	Current Issue Date : 12.3.01
Reason for Revision :	Update Responsibility :	Page No : 22 of 7
Approved by :		Index No 87/98

Review and Evaluation

The Policy will be reviewed every three years. Its success will be evaluated on the basis of achieving the goals and aims and measured regularly through the performance indicators.

Developed by : Research Advisory Committee	Original Issue Date : 10/94	Current Issue Date : 12.3.01
Reason for Revision :	Update Responsibility :	Page No : 23 of 7
Approved by :		Index No 87/98