Code of Conduct for Responsible Research Practice and Guidelines for Dealing with Allegations of Research Misconduct

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THE UNIVERSITY OF SYDNEY
CODE OF CONDUCT FOR RESPONSIBLE RESEARCH PRACTICE

Preliminary

1. Definitions

In this document:

Researcher means all staff members and students carrying out research under the imprimatur of the University.

2. Aim

This document establishes a framework of responsible research practice and conduct.

CODE OF CONDUCT FOR RESPONSIBLE RESEARCH PRACTICE

1. Introduction

The University of Sydney holds Researchers responsible for scholarly and scientific rigour and integrity, in obtaining, recording and analysing data and in presenting, reporting and publishing results.

Rigour and integrity are indicated by:

1.1 giving appropriate recognition to those who have made an intellectual contribution to the contents of a publication;

1.2 obtaining the permission of the author before using new information, concepts or data originally obtained through access to confidential data;

1.3 conforming to University requirements for working with humans, animals, and bio hazards;

1.4 using research funds in accordance with the terms and conditions under which those funds were received;

1.5 disclosing to the University any conflict of interest (financial, personal or other) that might influence their research.

2. General ethical considerations

2.1 An institution conducting scholarly, creative and scientific activity must ensure that it fulfils a collective responsibility of commitment to high standards of professional conduct. Researchers also have an individual duty to ensure that their work enhances the good name of the institution and the discipline to which they belong.

2.2 Researchers should only participate in work that conforms to accepted ethical and discipline standards and that they are competent to perform. When in doubt Researchers should seek assistance from their designated academic supervisor(s).

2.3 Institutions and Researchers have a responsibility to ensure the safety of all those associated with research. It is also essential that the design of projects take account of any ethical guidelines specific to a discipline area and the published University ethics guidelines and procedures.

2.4 If data of a confidential nature are obtained, for example, from individual patient records or questionnaires, confidentiality must be observed and Researchers must not use such information for their own personal advantage or that of a third party. In particular, Researchers must observe the University's legislative responsibilities and policies relating to privacy of personal information used in research. It is the obligation of the Researcher to enquire whether confidentiality applies and of the principal researcher to inform team or co-researchers of their obligations with respect to any such confidentiality requirements.

2.5 Research results and methods should be open to scrutiny by colleagues within the institution and, through appropriate publication, by peer review. Where confidentiality provisions apply, data must be kept in a way that reference to them by third parties can occur without breaching confidentiality.

2.6 Secrecy may be necessary for a limited period in the case of contract research. Confidentiality provisions in research contracts or separate confidentiality agreements may be entered into by the University, the Researcher and the client or sponsor of research. Where such agreements limit publication and discussion, limitations and restrictions must be explicitly stated in the agreement. All Researchers should ensure that they are familiar with and comply at all times with the confidentiality obligations in research contracts.

3. Retention of data

3.1 Sound research procedures entail the discussion of data and research methods with colleagues. Discussion may also occur after the research is complete, often because of interest following publication. It is in the interests of all Researchers to ensure that research data are safely held in the University for a minimum period of five years. For some types of data, for example, clinical data, a longer period is appropriate. Researchers are also required to comply with the University's legislative responsibilities and policies with respect to record keeping.

3.2 Data must be recorded in a durable and appropriately referenced form. Each department or research unit must establish procedures appropriate to their needs for the retention of data and for the keeping of records of data held. Data must be kept in a way that reference to them by third parties can occur, except where confidentiality applies.

3.3 A copy of the original data should be retained in the department or research unit in which they were generated. Data obtained from limited access databases or in a contracted project may not be able to be retained. In such cases, a written indication of the location of the original data or key information regarding the limited-access database from which it was extracted must be kept in the department or research unit. Individual Researchers are able to hold copies of the data for their own use. Nevertheless, it should be understood that 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. Researchers who leave the University within a period of five years of the collection of the data should ensure that the department or research unit where the data were generated retains a copy of the data.

4. Publication and authorship

4.1 Where there is more than one author of a publication, one author (by agreement among the authors) should formally accept overall responsibility for the entire publication. Such formal acceptance must be in writing and kept

on file in the department or research unit of that author, together with the names of all other authors.

4.2 The minimum requirement for authorship of a publication is substantial participation in conceiving, executing or interpreting at least part of the research reported. "Honorary authorship" is unacceptable. Authorship means that a person is listed as an author of a publication only when they have participated in a substantial way in the conception, execution or interpretation of at least part of the work described in the publication.

4.3 Due recognition of all research participants is a part of a proper research process. Authors should ensure that the work of research students/trainees, research assistants, technical officers and other staff is properly acknowledged.

4.4 The named authors of the publication must read the final paper and sign a statement indicating that each of them has met the minimum requirements for authorship and who is the author taking overall responsibility for the publication. Such a statement must include an indication that there are no other "authors" of the publication, according to the definition under 4.2. If, for any reason, one or more co-authors are unable to sign the statement, the Head of the research unit or department may sign on their behalf, noting the reason for their unavailability. This statement should accompany the work to the publishers and a copy should be retained in the department or unit.

4.5 Publication of multiple papers based on the same set(s) or sub-set(s) of data is improper unless there is full cross-referencing (for example, by reference to a preliminary publication at the time of publication of the complete work, which grew from it). Simultaneous submission to more than one journal or publisher of material based on the same set(s) or sub-set(s) of data should be disclosed at the time of submission.

5. The role of research supervisors

5.1 Supervision of each research student/trainee (including honours, masters and doctoral students and postdoctoral fellows) should be assigned to a specific, responsible and appropriately qualified Researcher.

5.2 The ratio of research students/trainees to supervisors should be small enough to ensure effective interaction, as well as effective supervision of the research at all stages.

5.3 Research supervisors should advise each research student/trainee of applicable government and institutional guidelines for the conduct of research, including those covering ethical requirements for studies on human or animal subjects, and requirements for the use of potentially hazardous agents.

5.4 Research supervisors should be the primary source of guidance to research students/trainees in all matters of sound research practice.

5.5 As far as possible, research supervisors should ensure that the work submitted by research students/trainees is their own and that, where there are data, the data are valid.

5.6 Where possible, the Head of a Department or research unit should be personally involved in active research supervision and observe the research activities of those for whom he or she is responsible. Professional relationships should be encouraged at all times. In particular, there should be wide discussion of the work of all individuals by their peers.

5.7 Research conditions for all involved in a research team/project, and reference to relevant University policies, should be outlined in a letter from the principal investigator when team members are engaged.

5.8 Research supervisors should ensure that any Intellectual Property embodied in the research is protected appropriately according to the relevant University policies.

6. The Role of the Department/School

Insofar as Researchers carry out their research within Departments or Schools, departmental staff have a responsibility to adhere to the Code of Conduct for Responsible Research Practice and associated University policies. The Head of Department/School has a responsibility to put in place procedures to facilitate and monitor the issues raised in this document.

7. Disclosure of conflict of interest

7.1 Disclosure of any conflict or potential conflict of interest is essential for the responsible conduct of research.

7.2 Researchers are obliged to disclose to their academic supervisor, research team leader and co-researchers any affiliation with or financial involvement in any organisation or entity with a direct interest in the subject matter or in the provision of materials for the research. These would include benefits in-kind such as the provision of materials or facilities for the research and the support of individuals through the provision of benefits (for example, travel and accommodation expenses to attend conferences). Where a research student's scholarship or studentship is funded by a company which has an interest in the research results and the academic supervisor has an interest in the company, the academic supervisor must disclose that interest at the time of the award of the funds.

7.3 Researchers who are staff members must disclose to their academic supervisors actual or perceived conflict between their personal interests and relationships and their duties and responsibilities as research staff of the University.

8. Disputes

Team member disputes or grievances arising out of the conduct of any research should be referred to the principal researcher for resolution or to the academic supervisor where relevant. Grievances between staff members can be dealt with under the grievances procedures contained in the enterprise agreements.

9. Allegations of Research Misconduct

Allegations of misconduct that arise out of the conduct of research must be dealt with in accordance with the University’s Policy on Dealing with Allegations of Research Misconduct.

GUIDELINES FOR DEALING WITH ALLEGATIONS OF RESEARCH MISCONDUCT

1. Introduction

The Code of Conduct for Responsible Research Practice aims to ensure a research environment that minimises the incidence of Research Misconduct. It is inevitable, however, that there will be some allegations of misconduct. It is therefore essential that the University have in place effective and efficient procedures for dealing with such allegations.

The University has policies for dealing with allegations of misconduct against academic and general staff as well as procedures for dealing with allegations made against students.

While these policies/procedures must be followed when dealing with allegations of Research Misconduct there are specific matters connected with research that must be taken into consideration.

The purpose of this document is to set out how these specific matters should be dealt with in conjunction with the implementation of the above policies and procedures.

2. Definition of Research Misconduct

2.1 The University considers Research Misconduct by a staff member to be misconduct (which includes serious misconduct) and a breach of its Code of Conduct. It is also considered to be misconduct on the part of a student as defined in Chapter 8 of the By-law 1999.

2.2 "Research Misconduct" means fabrication, falsification, plagiarism, or other academically dishonest practices that seriously deviate from those that are commonly accepted within the scientific and scholarly 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.

2.3 Examples of Research Misconduct include, but are not limited to, the following:

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

2.3.1.1 plagiarise, which is 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;

2.3.1.2 make use of any information in breach of any duty of confidentiality associated with the review of any manuscript or grant application;

2.3.1.3 intentionally omit reference to the relevant published work of others for the purpose of inferring personal discovery of new information.

2.3.2 *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.

2.3.3 *Misrepresentation*: A researcher or reviewer shall not with intent to deceive, or in reckless disregard for the truth:
2.3.3.1 state or present a material or significant falsehood; or
2.3.3.2 omit a fact so that what is stated or presented as a whole states or presents a material or significant falsehood.

3. Protection of interested parties

3.1 Allegations of Research Misconduct require careful handling. When an allegation is made, the protection of all interested parties is essential. Interested parties may include:
3.1.1 the person bringing the allegation;
3.1.2 the person against whom an allegation is made;
3.1.3 research students/trainees and staff working with the person concerned;
3.1.4 journals in which allegedly fraudulent papers have been or are about to be published;
3.1.5 funding bodies that have contributed to the research; and
3.1.6 in some cases the public - for example, if a drug is involved.

3.2 Adequate protection of the complainant and the accused demands absolute confidentiality and reasonable speed in the early stages of investigation. On the other hand, the protection of other parties may involve some disclosure. This is a matter for the Vice-Chancellor or his or her nominee to decide.

4. The Receipt of Allegations

4.1 Allegations of Research Misconduct may originate from within the University, from other institutions, in learned journals or in the press. Allegations from outside the University must be referred to the Vice-Chancellor in the first instance. The Vice-Chancellor will then determine if he or she will nominate a designated person to deal with the matter.

4.2 4.2.1 Where the allegation originates from within the University, the matter is to be referred to the Deputy Vice-Chancellor (Research and Innovation) (DVCR) as the Vice-Chancellor's standing nominee for dealing with such complaints. *The University however, encourages its staff and research students/trainees to raise their concerns with their Head of Departments, Supervisor or Chair of the relevant Faculty Research Committee in the first instance.*

4.2.2 A reference to the DVCR in this document includes any nominee appointed by the Vice-Chancellor to deal with allegations of Research Misconduct from outside the University.

4.3 Advisers on Integrity in Research
Chairs of Faculty Research Committees will act as advisers on integrity in research and should be familiar with the literature and guidelines on Research Misconduct. The literature available includes the Joint NHMRC/AV-CC Statement and Guidelines on Research Practice as well as the University's own Code of Conduct for Responsible Research Practice. The task of a Chair is to give confidential advice to staff and students/trainees about what constitutes Research Misconduct, the rights and responsibilities of a potential complainant, the rights of the person complained about and the procedures for dealing with allegations of Research Misconduct within the University.

4.4 Designated Person to Receive Internal Complaints
Persons intending to make an allegation should consider having a confidential meeting with the DVCR to determine if lodging a formal allegation is

appropriate. It may be that there are other ways of dealing with the perceived difficulty.

4.5 Lodging a Complaint
Allegations are to be made, preferably in writing, to the DVCR in the first instance. The DVCR will inform the Vice-Chancellor immediately on receipt of the allegation and will keep the Vice-Chancellor informed as the investigation progresses.

5. The Initial Investigation

5.1 The purpose of the initial investigation is to determine how to proceed with the allegation.

5.2 To the maximum extent possible, all affected persons will be treated with confidentiality. If necessary the DVCR will take appropriate interim administrative action to protect funds provided by external funding bodies.

5.3 If the allegation is against a member of the Academic Staff, the DVCR must follow the procedures set out in the policy "Misconduct Procedures: Academic Staff".

5.4 If the allegations is against a member of the General Staff, the DVCR must follow the procedures set out in the policy "Misconduct Procedures: General Staff".

5.5 If after consideration (and where necessary, informal investigation) of an allegation against a student the DVCR is of the view the matter warrants further investigation he or she shall inform the Registrar of the alleged misconduct in accordance with clause (62)(1) of Chapter 8 (Student Discipline) of the University of Sydney By-law 1999. Alternately the DVCR may determine that there is no substance to the allegation, refer the matter back to the student's supervisor for appropriate counselling or such other action the DVCR deems appropriate. Consideration or initial investigation of the complaint may include interviewing the student.

5.6 The initial inquiry must be conducted expeditiously and, where possible, within seven days. Where the DVCR considers it necessary he or she has the power to secure appropriate expertise from within or outside the University to assist with the informal inquiries, taking precautions to ensure no real or perceived conflict of interest exists.

6. Action on completion of the Initial Investigation

6.1 Action on completion of the initial investigation into allegations against a staff member shall proceed in accordance with the relevant policy.

6.2 Where the DVCR has determined that the allegation against a student warrants further investigation then the matter must be referred to the Registrar.

6.3 The Vice-Chancellor (on advice from the DVCR) shall judge whether there are individuals or organisations that need to be informed at this point. This may depend on the degree of confidentiality that has been achieved. Appropriate action may be needed to protect or restore the reputation of persons alleged to have engaged in Research Misconduct when allegations are not confirmed. Appropriate action may be needed to protect from victimisation those persons who, in good faith, have made allegations of Research Misconduct.

7. Where the decision is that the allegation is serious and warrants further investigation

7.1 An investigator, appointed to conduct further investigations into an allegation, should conduct that investigation, where possible, within four weeks of the referral of the matter to him/her. The investigator shall have the power to secure necessary and appropriate expertise from within or outside the University to assist with the investigation. The investigator shall take precautions to ensure no real or perceived conflict of interest exists. The investigator should normally be from outside the relevant academic unit or outside the University working within the same discipline or field of study.

7.2 If the staff member is in receipt of a grant from an external funding body, the Vice-Chancellor will advise the Secretary of that funding body, in confidence, that a case is being formally investigated. The Vice-Chancellor and his or her nominees will take appropriate interim administrative actions to protect funds granted by external funding bodies.

7.3 Again, at this point, appropriate action may be needed to protect or restore the reputation of persons alleged to have engaged in Research Misconduct when allegations are not confirmed. Appropriate action may be needed to protect from victimisation those persons who, in good faith, have made allegations of Research Misconduct.

8. Special requirements

8.1 There are other matters which shall be considered by the Vice-Chancellor and his or her nominees at all times in dealing with any initial inquiry or further investigation into Research Misconduct.

8.1.1 Where United States Federal Funds are involved, the provisions of the Public Health Service Regulation 42 CFR Part 50, Subpart A shall apply. The Vice-Chancellor shall promptly notify the United States Office of Research Integrity:

8.1.1.1 if there is an immediate health hazard involved;

8.1.1.2 if there is a need to protect current or potential US Federal funds or equipment or to protect individuals affected by the inquiry;

8.1.1.3 of any developments during the course of an investigation which disclose facts that may affect current or potential US Federal Funding for individual(s) under investigation, or that the US Public Health Service needs to know to ensure appropriate use of Federal Funds and otherwise protect the public interest;

8.1.1.4 if there is the likelihood that the matter will be reported publicly;

8.1.1.5 if there is a reasonable indication that a criminal violation has occurred, in which case notification will occur within 24 hours;

8.1.1.6 if, for any reason, an inquiry will be terminated before completion of all requirements of the above regulation.

Within 120 days of initiating a further investigation, a Final Report shall be submitted to the Director, Office of Research Integrity. If an investigation cannot be completed in this time, a request for extension shall be forwarded to the Office of Research Integrity, detailing the reasons for delay, progress to date, and an estimated date of completion.

8.1.2 There may in some circumstances be a reason to inform the publishers of a journal that the authenticity of a paper or papers is in doubt. A false paper may be dangerous to the community.

8.1.3 If allegations are made which appear to cast doubt on the validity of one or more research publications produced by a staff member, it may be necessary to investigate the person's past research as well as that covered by the allegations.

8.1.4 If the claim of research misconduct has been substantiated, it is important that the position of research students/trainees and staff working with the accused be clarified. In some cases, if there has been Research Misconduct, it may be necessary to provide compensation to innocent people who have been affected.

9. Action following the completion of the further investigation process

9.1 If the staff member is found to have committed Research Misconduct then, the University will take disciplinary action, having regard to the provisions of the relevant policies and enterprise agreements.

9.2 Relevant publishers and sponsoring agencies shall be notified.

9.3 If the allegations are unfounded, action may be needed to redress any damage resulting from the allegation. If an external funding body was advised during the course of investigations that a preliminary determination had been made that the allegation was serious and warranted further investigation, and the staff member has been exonerated, then the external funding body must be advised accordingly.

10. Action if the accused resigns

10.1 If a staff member, against whom allegations of Research Misconduct have been made, resigns then procedures should cease immediately. The University of Sydney has no jurisdiction to take any action against a former staff member.

10.2 It is not necessarily satisfactory for an enquiry into Research Misconduct to be abandoned if a resignation is received. Almost always others will have been affected or will be affected, perhaps very seriously, unless the facts are determined. In such an event, the Vice-Chancellor or his or her nominee may convene an enquiry to report on the status of the research and on any remedial action needed to protect affected people, bodies and the public.