

RESEARCH CODE OF CONDUCT 2013

A new version of the [Australian Code for the Responsible Conduct of Research \(2007\)](#) was released in June 2018 by Universities Australia, NHMRC and ARC, the requirements of which must be met by 1 July 2019. This Code is currently being reviewed and will be updated by that date.

Until 1 July 2019, the following codes will apply:
Research Code of Conduct 2013
[Australian Code for the Responsible Conduct of Research \(2007\)](#)

The Deputy Vice-Chancellor (Research) as delegate of the Senate of the University of Sydney adopts the following policy.

Dated: 27 May 2013

Last amended: 3 October 2018 (administrative amendments only)

Signature:

Name: Professor Jill Trehwella

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1 Name of policy

This is the Research Code of Conduct 2013.

2 Commencement

This policy commences on 27 May 2013.

3 Policy is binding

Except to the extent that a contrary intention is expressed, this policy binds the University, staff, students and affiliates.

4 Statement of intent

This policy:

- (a) states the University's commitment to responsible research practice;
- (b) describes good research practice;
- (c) promotes integrity in research;
- (d) explains the University's expectations of researchers; and
- (e) sets out the process for dealing with allegations of research misconduct and code breaches.

5 Application

This policy applies to the University, staff, students and affiliates.

6 Definitions

affiliate	has meaning given in the Code of Conduct – Staff and Affiliates which at the date of this policy is: clinical title holders; adjunct, conjoint and honorary appointees; consultants and contractors to the University; holders of offices in University entities, members of Boards of University Foundations, members of University Committees; and any other persons appointed or engaged by the University to perform duties or functions on its behalf
animal	means any live, non-human vertebrate, i.e. fish, amphibia, reptiles, birds and mammals, encompassing domestic mammals, purpose-bred animals, livestock, wildlife and also cephalopods such as octopus and squid.
clinical trial	means a form of human research designed to find out the effects of an intervention, including a treatment or diagnostic procedure. A clinical trial can involve testing a drug, a surgical procedure, other

	therapeutic procedures and devices, a preventive procedure, or a diagnostic device or procedure.
code breach	has the meaning given in clause 19 of this policy.
designated person	means the person designated by the Deputy Vice-Chancellor (Research) under clause 23 of this policy to conduct an initial inquiry into an allegation.
DVC(R)	means Deputy Vice-Chancellor (Research).
Enterprise Agreement	means the University of Sydney Enterprise Agreement 2018-2021 or any replacement agreement.
intellectual property	<p>has the meaning given to it in the Intellectual Property Policy 2016. As at the date of this policy, that is:</p> <p>includes rights (including, without limitation, rights of registration or application for registration) relating to:</p> <ul style="list-style-type: none"> • literary (including computer programs), artistic, musical and scientific works; • multimedia subject matter; • performances of performing artists, phonograms and broadcasts; • inventions in all fields of human endeavour; • scientific discoveries; • industrial designs; • trade secrets and confidential information; • trademarks, service marks and commercial names and designations; • plant varieties; and • circuit layouts; <p>but does not include any moral right.</p>
peer review	means impartial and independent assessment of research by others working in the same or a related field.
plagiarism	means presenting another's work as one's own work by presenting, copying or reproducing it without appropriate acknowledgement of the source.
research	means investigation undertaken to gain or advance knowledge, understanding and insight. It does not include routine testing and routine analysis of materials, components and processes or the development of teaching materials or similar work.
research trainee	includes research students and inexperienced researchers.
researcher	means any staff member, student or affiliate engaged in research.
research misconduct	has the meaning given in clause 18 of this policy.
research misconduct investigation	means an investigation conducted in accordance with clause 27 of this policy.

scientific purposes

means all activities conducted with the aim of acquiring, developing or demonstrating knowledge or techniques in all areas of science including teaching (at primary, secondary, tertiary and post-graduate levels).

PART 1 – PROPER CONDUCT OF RESEARCH

7 Principles of responsible research

- (1) Responsible research is characterised by:
 - (a) honesty and integrity;
 - (b) respect for human research participants, animals and the environment;
 - (c) good stewardship of public resources used to conduct research;
 - (d) appropriate acknowledgement of the role of others in research, and
 - (e) responsible communication of research results.
- (2) The University acknowledges its responsibility to:
 - (a) promote the responsible conduct of research;
 - (b) establish good governance and management practices;
 - (c) provide appropriate training;
 - (d) promote mentoring and effective supervision of researchers and research trainees; and
 - (e) ensure a safe research environment.

8 General responsibilities of researchers

- (1) **Researchers must foster and maintain high standards of responsible research.**

This includes:

- (a) respecting truth;
- (b) respecting the rights of those affected by their research;
- (c) appropriately referencing and attributing the work of others;
- (d) managing conflicts of interests appropriately, so that ethical and scholarly considerations are not compromised;
- (e) adopting methods appropriate for achieving the aims of each research proposal;
- (f) following proper practices for safety and security;
- (g) citing awards, degrees conferred and research publications accurately, including the status of any publication such as “under review” or “in press”;
- (h) using and managing resources responsibly;
- (i) promoting compliance with this policy and any other applicable laws, regulations, and codes; and

- (j) compliance with the terms of contracts relating to the research.
- (2) **Researchers should report research findings responsibly.**
- Note:** See also the following:
[Public Comment Policy](#),
[Charter of Academic Freedom \(2008\)](#)
[Research Agreements Policy \(2011\)](#)
- (3) **Researchers must respect research participants.**
- (a) Human research is conducted with or about people, or their data or tissue. Human participation in research is therefore to be understood broadly, to include the involvement of human beings through:
- (i) taking part in surveys, interviews or focus groups;
 - (ii) undergoing psychological, physiological or medical testing or treatment;
 - (iii) being observed by researchers;
 - (iv) researchers having access to their personal information or other materials, including information in existing sources or databases (published or unpublished); or
 - (v) the collection and use of their body organs, tissues or fluids (e.g. skin, blood, urine, saliva, hair, bones, tumour and other biopsy specimens or their exhaled breath).
- (b) It is the researchers' responsibility to inform themselves about the requirements for conducting such research in their chosen field, including all laws, regulations and codes applicable to human subjects of research.
- (c) Written approvals from appropriate ethics committees, safety and other regulatory bodies must be obtained when required. In particular, ethics approval is required for any research within the scope of the [National Statement on Ethical Conduct in Human Research](#).
- Note:** Information and assistance with procedures for compliance can be found on the [Research Support – Human Ethics](#) website.
- (4) **Researchers must respect animals used in research.**
- (a) Researchers must comply with all applicable laws, regulations and codes.
- Note:** See also the following which at the date of this policy can be found at the listed URL's:
[Animal Research Act 1985 \(NSW\)](#), [Animal Research Regulation 2010 \(NSW\)](#), [NHMRC Code of Practice for the Care and Use of Animals for Scientific Purposes](#),
- (b) Ethics approval is required for all work involving animals for scientific purposes, including field trials, environmental studies, research, diagnosis, teaching, product testing and the production of biological products.
- (5) **Researchers should respect the environment, and conduct their research so as to minimise adverse effects on the wider community and the environment.**
- (6) **Researchers should report research misconduct, and do so in a timely manner.**
- Note:** See also the following:
[Code of Conduct-Staff and Affiliates](#),
[Code of Conduct for Students](#),
[External Interests Policy 2010](#),

[Reporting Wrongdoing Policy 2012](#)
[University of Sydney \(Student Appeals Against Academic Decisions\) Rule 2006](#),
[Academic Honesty in Coursework Policy 2015](#),
[Supervision of Higher Degree by Research Students Policy 2013](#)

(7) **Researchers should encourage appropriate consumer and community involvement in research.**

Note: See also the following, which at the date of this policy can be found at the listed URL:

[Statement on Consumer and Community Participation in Health and Medical Research](#)

Researchers have special responsibilities towards Aboriginal and Torres Strait Islander peoples.

- (a) Research with Aboriginal and Torres Strait Islander peoples spans many methodologies and disciplines. There are wide variations in the ways in which Aboriginal and Torres Strait Islander individuals, communities or groups are involved in, or affected by, research.

Note: Researchers should refer to the following, which at the date of this policy can be found at the listed URLs:
[Guidelines for Ethical Research in Australian Indigenous Studies](#) (Australian Institute of Aboriginal and Torres Strait Islander Studies, 2012)

[Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research](#) (NHMRC 2003)

[Keeping Research on Track: A Guide for Aboriginal and Torres Strait Islander Peoples About Health Research Ethics](#) (NHMRC 2006)

(8) **Other groups for whom researchers have special responsibilities**

In addition to the responsibilities in clauses 8(1) to 8(8), researchers also have special responsibilities in research in respect of:

- (a) women who are pregnant and the human foetus;
- (b) children and young people;
- (c) people in dependent or unequal relationships;
- (d) people highly dependent on medical care who may be unable to give consent;
- (e) people with a cognitive impairment, an intellectual disability or a mental illness; and
- (f) people who may be involved in illegal activities.

9 Recordkeeping and management of research data and primary materials

- (1) Responsible conduct of research includes the proper management and retention of research data, and proper recordkeeping.

Note: The University's recordkeeping requirements are set out in the [Recordkeeping Policy 2017](#) and [University Recordkeeping Manual](#).

- (a) In particular, it is important to ensure that sufficient data and materials (including primary research materials such as laboratory notebooks) are retained to justify the outcomes of research, and if necessary to defend them against challenge.

Note: See clause 9(6) for applicable time limits.

- (b) It is also important that data and materials are retained in circumstances where the research would be difficult or impossible to repeat.
- (2) The researcher is ultimately responsible for arranging the appropriate retention of data and primary materials, consistently with legislative, University policy and contractual obligations. If necessary, researchers should consult with the University's Archives and Records Management Service for advice about the appropriate length and manner of retention.
- (3) It is not possible to apply a uniform definition of research data across all disciplines. It is therefore the responsibility of each discipline to define research data and primary materials in a manner appropriate to the discipline.
- (4) It is the responsibility of research teams and individuals undertaking research to familiarise themselves with the relevant definitions prior to undertaking research.
- (5) Faculties must develop local provisions which address, for each discipline for which the faculty is responsible, and consistently with the requirements of legislation and University policy:
 - (a) the applicable definition of research data;
 - (b) appropriate methods for managing research data and primary materials;
 - (c) the applicable time periods for retention of data or materials of particular kinds;
 - (d) managing data and records when a researcher leaves the University;
 - (e) the records necessary for the proper management of research projects, including appropriate creation, control and storage processes; and
 - (f) what original materials are to be retained.

Note: The [University of Sydney \(Policies Development and Review\) Rule 2011](#) defines the University's policy framework and the role of local provisions.

- (6) Local provisions for research data management must comply with the following minimum retention periods, calculated from the later of the date of completion or date of publication of the research:
 - (a) the following must be retained permanently:
 - (i) data of international significance;
 - (ii) data of projects of major national significance; and
 - (iii) data relating to areas such as gene therapy (e.g. patient records);
 - (b) data relating to research subjects who were children at the time it was collected must be retained for the longer of 20 years or until the subject(s) reaches the age of 25;
 - (c) where de-identified personal information is used, the original participants' consents must be retained separately for the longer of 20 years or, for any participant who was a child at the time the information was collected, until the participant reaches the age of 25;

- (d) data with long term human or environmental effects must be retained for at least 20 years;
 - (e) data that relates to any patent applications must be retained for the life of the patent (generally 20 years);
 - (f) data from clinical trials must be retained for a minimum of 15 years or otherwise in accordance with the applicable requirements of the Therapeutic Goods Administration (TGA), or Department of Health and Ageing;
 - (g) other research data must be retained for at least 5 years.
Note: This sub-clause applies to student generated data collected for research purposes, but does not apply to student generated data collected only for assessment purposes.
- (7) If the results from research are challenged or are subject to a dispute (including litigation), all relevant data and materials must be retained for at least 6 months after notification by the University that an investigation or dispute has been finalised, regardless of the expiration of any otherwise applicable retention periods.
- (a) In particular, research records that may be relevant to allegations of research misconduct must not be destroyed until such allegations have been determined, including any appeals.
- (8) Research data, primary materials and records must be collected, stored and secured in compliance with the [Recordkeeping Policy 2017](#), [University Recordkeeping Manual](#), [Privacy Policy 2017](#) and [Privacy Procedures 2018](#) In particular:
- (a) clear and accurate records must be kept of the research methods and data sources, including approvals granted and consent forms signed, during and after the research process;
 - (b) a catalogue of the research data must be maintained in an accessible form;
 - (c) where participants have signed consent forms for the use and disclosure of their personal information, the forms must be retained with the participant information statements for as long as the data are kept;
 - (d) personal information collected and used for research must be kept secure from unauthorised access for the relevant retention period and then destroyed securely;
 - (e) where external service providers are used, the contract must include adequate safeguards for the security of the data and records and for notification of any breaches of their security;
 - (f) email communications to research participants must not disclose the email addresses of participants to others (for example by placing addresses in the “CC” field rather than in the “BCC” field of an email form);
 - (g) particular care should be taken to prevent loss of portable storage devices such as laptops or USB drives; and
 - (h) any personal information arising from the research regarding participants or researchers involved must be collected, stored, used and disclosed in accordance with relevant privacy laws.
- (9) Research teams and individuals undertaking cross-disciplinary or collaborative research must discuss and resolve the applicable method for retaining and storing research data before commencing their joint research.
- (10) Unless otherwise specifically agreed, research data and primary materials relating to joint research will be retained by the lead researcher, faculty, institute or

organisation, which will also be responsible for its appropriate storage and disposal.

Note: See also the [Privacy Policy 2017](#)

- (11) Research data should be made available for use by other researchers unless this is prevented by the requirements of University policy or other ethical, privacy or confidentiality considerations.
- (12) Researchers given access to confidential material (including personal information) must:
 - (a) establish and record the conditions governing the confidentiality, including the circumstances in which it may be accessed;
 - (b) maintain that confidentiality by:
 - (i) clearly identifying all data or information which is confidential;
 - (ii) storing such material securely;
 - (iii) recording details of who has access and why; and
 - (iv) disposing of it securely at the appropriate time.
 - (c) use or disclose the information only in ways agreed with those who provided it.

10 Supervision of research trainees

The University recognises its responsibility to ensure that research trainees work in an appropriate intellectual and academic environment and receive appropriate training and supervision. The University's approach to research supervision is set out comprehensively in its [Supervision of Higher Degree by Research Students Policy 2013](#).

11 Publication and dissemination of research findings

- (1) This clause applies to all forms of dissemination, including for example:
 - (a) academic journals or books;
 - (b) non-refereed publications such as web pages;
 - (c) other media such as exhibitions or films; and
 - (d) professional or institutional repositories.
- (2) Researchers have a responsibility to their colleagues and the wider community to disseminate a full account of their research as broadly as possible.
 - (a) Publication activities must take account of any restrictions relating to intellectual property, confidentiality, privacy or culturally sensitive data.
 - (b) Researchers must, where feasible, also provide research participants with an appropriate summary of the research results.

Note: See for example the [Statement on Consumer and Community Participation in Health and Medical Research](#) at Appendix 3:
- (3) Researchers must take all reasonable steps to ensure that their findings are accurate and properly reported. If they become aware of misleading or inaccurate statements about their work, they must correct the record as soon as possible.

- (4) Researchers must cite other relevant work appropriately when disseminating research findings. The University regards plagiarism very seriously, and staff and students must take responsibility for ensuring that their work includes accurate and complete references to the work of others.

Note: See also the following;
[Enterprise Agreement](#),
[Code of Conduct - Staff and Affiliates](#),
[Code of Conduct for Students](#)
[Academic Honesty in Coursework Policy 2015](#)

- (5) It is unacceptable to include the same research findings in several publications, except where clearly explained and accompanied by appropriate referencing. An author who submits substantially similar work to more than one publisher, or who submits work similar to work already published, must disclose this at the time of submission.
- (6) A publication must include information on all sources of financial and in-kind support for the research and any potential conflicts of interest. Researchers must also comply with the requirements of the University's [External Interests Policy 2010](#).
- (7) Researchers must register clinical trials with the [Australian New Zealand Clinical Trials Registry](#) (<http://www.anzctr.org.au>) to promote access to information about all clinical trials.
- (8) Third parties who fund or support research sometimes seek to delay or otherwise restrict the release of research results. The University's position on such requests is set out in detail in the [Research Agreements Policy 2011](#).
- (9) The chief investigator or lead researcher must ensure that all parties to the research are made aware of:
- (a) the nature and scope of any applicable confidentiality agreements; and
 - (b) any contractual arrangements which restrict, delay or limit publication.
- (10) The University will provide researchers with communications resources and support in order to assist them to communicate research findings through the media.
- (11) If the confidentiality requirements of a third party who funds research prevent or delay peer review of research until after delivery to the third party, the researcher must:
- (a) explain to the third party at the outset that the requirements will prevent peer review before delivery of the work to the sponsor; and
 - (b) inform the third party at the time of delivery of the research results that they have not been subject to peer review.

12 Authorship

- (1) This clause states the fundamental principles of the University's approach to academic authorship. It is neither possible nor desirable to prescribe in a central policy detailed authorship requirements for application to every discipline.
- (2) Faculties should develop local provisions and guidelines which address the authorship requirements of the disciplines for which the faculty is responsible. Where more than one faculty is responsible for a discipline, the relevant faculties should jointly develop appropriate local provisions and guidelines.

Note: It is the responsibility of research teams and individuals conducting research to familiarise themselves with the local provisions and guidelines relevant to their discipline prior to conducting research.

- (3) The University acknowledges the importance of disseminating research outcomes. The provisions of this clause apply to all forms of publication, including web-based publications, conference publications, presentations, media such as exhibitions or films, as well as professional and institutional repositories.
- (4) To be named as an author, a researcher must have made a substantial intellectual contribution to the published work in one or more of:
 - (a) conception and design of the project;
 - (b) analysis and interpretation of research data or of the eligibility or suitability of potential subjects of research;
 - (c) drafting significant parts of the work or critically revising it so as to contribute to the interpretation.

Note: Authorship requirements vary according to discipline, journal requirements and funding provisions; they may be more stringent in some cases. International best practice guidelines may also apply (e.g. [ICMJE: Authorship and Contributorship](#)). Researchers should seek advice when planning publication.

- (5) The following are not relevant considerations for the purposes of attribution of authorship:
 - (a) the position or profession of a proposed author;
 - (b) the existence of a personal relationship between the author(s) and a proposed author;
 - (c) whether or not a contribution was paid or voluntary;
 - (d) the provision of materials or equipment;
 - (e) the provision of access to study participants or data;
 - (f) the provision of routine assistance in some aspect of the project;
 - (g) the provision of, or assistance with acquisition of, funding for the project;
 - (h) general supervision of the research team; or
 - (i) having made the measurements on which the publication is based, without other intellectual input to the project or publication.
- (6) A person who qualifies as an author must not be included or excluded as an author without their permission, which should be recorded in writing where possible.
- (7) If an author is deceased, or cannot be contacted, publication may proceed provided that there are no grounds to believe that the person would have objected to inclusion as an author.
- (8) Where a work has several authors, one should be appointed as executive or corresponding author to record authorship and to manage communication about the work with the publisher.
- (9) Where an editor of a significant collective work or anthology has responsibilities analogous to those listed above for authorship, the criteria set out in this paragraph should be applied as far as possible to the role of editor.
- (10) Researchers should:
 - (a) adhere to the authorship requirements of this policy, and follow guidelines issued by any applicable funding body or journal publisher;

- (b) when working in collaboration with others, agree on authorship of a publication at an early stage and review their decisions periodically; and
 - (c) offer authorship to all people, including research trainees, who meet the criteria for authorship listed in sub-clause 12(5).
- (11) Contributions other than authorship must be properly acknowledged. Such contributors may include, for example, research assistants and technical writers.
- (12) The department of the executive or corresponding author should retain any written acknowledgements of authorship received in relation to a project, preferably in the form of an original document with hand-written signature.

13 Peer review

- (1) The University encourages participation in peer review processes, because they:
- (a) provide expert scrutiny of a project;
 - (b) help to maintain high standards;
 - (c) encourage accurate, thorough and credible research reporting; and
 - (d) may draw attention to deviations from this and other applicable policies and requirements.
- (2) Researchers in receipt of public funding have a responsibility to participate in peer review.
- (3) Participants in peer review must:
- (a) be fair and timely in their review;
 - (b) respect confidentiality, and in particular, not disclose the content or outcome of any process in which they are involved;
 - (c) ensure that they are informed about, and comply with, the criteria to be applied;
 - (d) declare all conflicts of interests and give proper consideration to whether they should take part in the review; and
 - (e) give proper consideration to research that challenges or changes accepted ways of thinking.

Note: See also [External Interests Policy 2010](#)

- (4) Participants in peer review must not:
- (a) introduce considerations that are not relevant to the review criteria;
 - (b) take undue or calculated advantage of knowledge obtained during the peer review process;
 - (c) agree to participate in peer review outside their area of expertise; or
 - (d) permit personal prejudice to influence the peer review process.
- (5) Researchers whose work is undergoing peer review must not seek to influence the process or outcomes.
- (6) Supervising researchers have a responsibility to assist trainee researchers in developing the necessary skills for peer review and understanding their obligation to participate.

14 Conflicts of interests

- (1) A conflict of interests will exist when there is a divergence between the duties or interests of a person and their professional responsibilities, including but not limited to their duties to the University.
- (2) The University's expectations in relation to the declaration and management of conflicts of interests are set out in the [External Interests Policy 2010](#).
- (3) Conflicts of interests in the research area are common and it is imperative that they are disclosed and dealt with properly. An individual researcher should expect to be conflicted from time to time, and be ready to acknowledge, disclose and manage the conflict as appropriate.
- (4) The University's expectations in relation to approval and management of outside earnings activities by academics, which are additional to the requirements of the [External Interests Policy 2010](#), are set out in the [Outside Earnings of Academic Staff Policy 2011](#)
- (5) Researchers must:
 - (a) familiarise themselves, and comply, with the requirements of the [External Interests Policy 2010](#);
 - (b) maintain records of activities or interests that may lead to conflicts;
 - (c) when invited to join a committee or equivalent, review current activities and interests for actual and apparent conflicts, and bring possible conflicts to the attention of those running the process; and
 - (d) disclose any actual or apparent conflict of interests as soon as it becomes apparent.
- (6) Conflict management plans relating to research matters should provide for a person with a conflict of interest to take no part in decision making processes affected by that conflict of interest. This includes presence in the room, even if silent, while the matter is debated and decided.

15 Collaborative research

- (1) Research can involve a wide range of collaborations, within the University, with other institutions including commercial organisations, domestically and internationally. The University requires that the principles set out in this clause be adhered to in all such collaborations, unless departure from them is specifically approved by the DVC(R).
- (2) Each research collaboration evidenced by a written agreement must be consistent with the [Research Agreements Policy 2011](#).
- (3) A research collaboration agreement must address each of the following matters:
 - (a) ownership of and dealing with intellectual property;
 - (b) confidentiality;
 - (c) responsibility for ethics and safety clearances;
 - (d) reporting requirements;
 - (e) protocols for dissemination of research outcomes; and
 - (f) management of primary research materials and research data, including the nomination of a person from each collaborating party as responsible for this.

Note: See also [Intellectual Property Policy 2016](#)

- (4) Researchers involved in a collaborative research project must familiarise themselves, and comply, with the written agreement governing the collaboration and all policies and agreements affecting the project.

16 Notification of research subject to specific statutes and other restrictions

- (1) The chief investigator or lead researcher of any project must notify the Office of Research Integrity in writing when there is a known breach of any law relating to the conduct of that research, including but not limited to breach of any of the following:
 - (a) Human Tissue Act 1983(NSW);
 - (b) Research Involving Human Embryos Act 2003 (NSW);
 - (c) Animal Research Act 1985(NSW).
 - (d) Therapeutic Goods Act 1989 (Cth).

Note: As at the date of this policy, NSW legislation is available at: <http://www.legislation.nsw.gov.au/> and Commonwealth legislation is available at: <http://www.comlaw.gov.au/>.

- (2) Stem cell research is restricted in certain University premises. Researchers should seek advice from the relevant Head of School before conducting such research on University premises.

PART 2 – RESEARCH MISCONDUCT AND CODE BREACHES

17 Research misconduct generally

- (1) In addition to the University's other policies for dealing with allegations of misconduct against staff, students or affiliates, there are special matters to be taken into consideration if the allegation is one of research misconduct.
- (2) The University considers research misconduct by a staff member to be misconduct or serious misconduct (as defined in the [Enterprise Agreement](#)) and a breach of the [Code of Conduct – Staff and Affiliates](#).
- (3) The University considers research misconduct by a student to be misconduct as defined in the [University of Sydney \(Student Discipline\) Rule 2016](#) and a breach of the [Code of Conduct for Students](#).
- (4) The University considers research misconduct by an affiliate to be a breach of the [Code of Conduct – Staff and Affiliates](#).
- (5) Allegations of research misconduct should be made honestly and reasonably.

18 Definition of research misconduct

- (1) A complaint or allegation relates to research misconduct if it involves all of the following:
 - (a) an alleged breach of this policy;
 - (b) intent and deliberation, recklessness or gross and persistent negligence; and
 - (c) serious consequences, such as false information on the public record, or adverse effects on research participants, animals or the environment.
- (2) Research misconduct includes any of the following on the part of any researcher:
 - (a) fabrication, falsification, or deception in proposing, carrying out or reporting the results of research;
 - (b) plagiarism in proposing, carrying out or reporting the results of research;
 - (c) failure to declare or manage a serious conflict of interests;
 - (d) avoidable failure to follow research proposals as approved by a research ethics committee, particularly where this failure may result in unreasonable risk to humans, animals or the environment or breach of privacy;
 - (e) wilful concealment or facilitation of research misconduct by others;
 - (f) misleading ascription of authorship;
 - (g) intentionally and without authorisation taking, sequestering or materially damaging any research-related property of another;
 - (h) deliberately conducting research without required human ethics committee approval;
 - (i) conducting research involving animals without required animal ethics committee approval;
 - (j) risking the safety of human participants or the wellbeing of animals or the environment; and
 - (k) deviations from this policy which occur through gross or persistent negligence.
- (3) Repeated or continuing breaches of this policy may also constitute research misconduct, and will do so where these have been the subject of previous counselling or specific direction.
- (4) Research misconduct does not include honest differences in judgement, and may not include honest errors that are minor or unintentional.

Note: See clause 19.

19 Definition of code breach

- (1) A code breach involves conduct which deviates from the requirements of this policy or any other code of conduct applicable to the relevant research, but which does not meet the definition of research misconduct.
- (2) Repetition or continuation of code breaches may constitute research misconduct.

20 Roles and responsibilities

- (1) The **Director of Research Integrity** heads the Research Integrity team within the Research portfolio and is responsible for receiving complaints of possible research misconduct or other code breaches.
 - (a) The Director of Research Integrity may refer a complaint for an initial inquiry or dismiss it on the basis that it lacks substance.
 - (b) Following receipt of a complaint or information about possible research misconduct or other code breaches, the Director of Research Integrity may take interim action to protect human safety, animal welfare, external funds or material that may be relevant to any investigation.

Note: See clauses 21 to 23.

- (2) The **Deputy Vice-Chancellor (Research)**:
 - (a) receives reports of initial inquiries conducted under clause 23 of this policy and then determines whether to commission an investigation or take other (or no further) action; and
 - (b) receives reports from investigators under clause 27 of this policy, determines what (if any) further action is required and informs relevant parties.

Note: See clauses 23 to 27.

- (3) The **Associate Deans (Research)** will appoint one or more staff as Research Integrity Advisers for each division.
- (4) **Research Integrity Advisers** will be appointed at the divisional level to provide advice to staff on issues relating to research practice and possible research misconduct or other code breaches. They:
 - (a) must be familiar with this policy and other relevant policies, procedures and codes of conduct for research;
 - (b) should explain the options open to a person considering making, or having made, an allegation, including:
 - (i) referring the allegation directly to the person against whom it is made;
 - (ii) not proceeding with, or withdrawing, the allegation if discussion resolves the concerns;
 - (iii) referring the allegation to a person in a supervisory capacity for resolution at the local or departmental level; or
 - (iv) making a written allegation to the Director of Research Integrity under clause 21 of this policy.
- (5) **Staff, students and affiliates** are encouraged to raise any concerns they may have about the conduct of research with a relevant Research Integrity Adviser, Head of Department, Supervisor or Chair of the relevant Faculty Research Committee prior to making an allegation.

21 Receipt of allegations of research misconduct or code breaches

- (1) Allegations of research misconduct should be made to the Director of Research Integrity and if received elsewhere must be referred to the Director of Research Integrity.
- (2) Allegations of code breaches may be managed and resolved at faculty level. The Director of Research Integrity may refer allegations of code breaches to the relevant faculty for resolution.
- (3) Allegations must be handled carefully and all interested parties protected as far as possible. Interested parties may include:
 - (a) the person bringing the allegation;
 - (b) the person against whom the allegation is made;
 - (c) participants in human-based research whose interests may be affected;
 - (d) research students, trainees and staff working with the person concerned;
 - (e) journals in which allegedly fraudulent papers have been or may be about to be published;
 - (f) funding bodies that have contributed to the research; and
 - (g) in some cases, the public.
- (4) Allegations should preferably be made in writing.
- (5) At this or at any later appropriate stage, the Director of Research Integrity may take any interim administrative action reasonably necessary to protect:
 - (a) human safety;
 - (b) animal welfare;
 - (c) funds provided by external funding bodies; and or
 - (d) material which might be relevant to any investigation.

22 Summary dismissal

If, upon receipt of an allegation, the Director of Research Integrity concludes that it lacks substance and could not, even if proved, amount to either research misconduct or a code breach, the Director of Research Integrity may summarily dismiss the allegation and take no further action.

23 Initial inquiry into allegations

- (1) Upon receipt of an allegation and after collection of all relevant materials, the Director of Research Integrity will designate one of the following to conduct an initial inquiry into the allegation:
 - (a) the Director, Graduate Research;
 - (b) the Pro Vice-Chancellor (Strategic Collaborations & Partnerships);
 - (c) the Deputy Vice-Chancellor (Education);
 - (d) the Provost; or

- (e) in exceptional circumstances, another appropriate person nominated in writing by the DVC(R).
- (2) The purpose of the initial inquiry is to determine how to respond to the allegation.
- (3) As far as possible, all affected persons will be afforded confidentiality.
- (4) The initial inquiry may include interviewing the people involved, inspecting research facilities or records or examining relevant documents.
- (5) The Director of Research Integrity may obtain appropriate expertise from within or outside the University to assist in the initial inquiry, provided that appropriate precautions are taken to ensure that no real or perceived conflict of interests exists.
- (6) The initial inquiry must be conducted as expeditiously as possible.
- (7) At the conclusion of the initial inquiry, the designated person will provide the DVC(R) with a report which:
 - (a) states whether or not a prima facie case has been established; and
 - (b) recommends how the matter should proceed.
- (8) The options for proceeding available to a designated person in making a recommendation under subclause (7) are:
 - (a) dismissing the allegation(s);
 - (b) instructing the relevant faculty or department on how to deal with the allegations, and referring the matter back to that faculty or department;
 - (c) initiating a research misconduct investigation; or
 - (d) referring the matter elsewhere in the University (for example, Audit and Risk Management, Human Resources or the Privacy Officer) to be dealt with under other relevant provisions.

24 Action on completion of initial inquiry into a complaint about a student

- (1) If, after consideration of the designated person's report, the DVC(R) concludes that an allegation about a student has substance but does not warrant investigation, the DVC(R) will refer the matter back to the student's supervisor with recommendations for action (including no further action, if appropriate).
- (2) If, after consideration of designated person's report, the DVC(R) concludes that an allegation about a student warrants investigation, the DVC(R) will refer the matter to the Registrar in accordance with the [University of Sydney \(Student Discipline\) Rule 2016](#).
- (3) The Director of Research Integrity will determine if other individuals or organisations need to be informed at this point. Relevant considerations in this determination include, but are not limited to:
 - (a) the degree of confidentiality which has been achieved;
 - (b) the reputations of those against whom allegations are made but not proved; and
 - (c) the need to protect the interests of those who have made allegations in good faith.

25 Action on completion of initial inquiry into a complaint about a staff member

- (1) If, after consideration of the designated person's report, the DVC(R) concludes that an allegation about a staff member has substance but does not warrant investigation, the DVC(R) will refer the matter back to the relevant faculty for such action (including no further action) as the DVC(R) considers appropriate.
- (2) If, after consideration of the designated person's report, the DVC(R) concludes that an allegation about a staff member warrants investigation, the DVC(R) will initiate an investigation in accordance with clause 27.

26 Action on completion of initial inquiry into a complaint about an affiliate

- (1) If, after consideration of the designated person's report, the DVC(R) concludes that an allegation about an affiliate has substance but does not warrant investigation, the DVC(R) will refer the matter back to the relevant faculty or University officer for such action (including no further action) as the DVC(R) considers appropriate, consistently with the terms of any applicable affiliation agreement.
- (2) If, after consideration of the designated person's report, the DVC(R) concludes that an allegation about an affiliate warrants investigation, the DVC(R) will initiate an investigation in accordance with clause 27 or the terms of any applicable affiliation agreement.
- (3) If the affiliate is in receipt of a grant from an external funding body the DVC(R) will take appropriate interim administrative action to protect funds granted by external funding bodies

27 Research misconduct investigation

- (1) If the DVC(R) concludes that an allegation warrants investigation, he or she will appoint an investigator or investigation panel to conduct a formal investigation.
- (2) The DVC(R) will determine whether to use internal or external investigator(s) or investigation panel members.
- (3) The investigator or investigation panel:
 - (a) should be from outside the relevant academic unit, and may be from outside the University, but should have experience and expertise relevant to the field of study of the staff member the subject of the complaint;
 - (b) may obtain appropriate expertise from within or outside the University to assist in the initial assessment, provided that appropriate precautions are taken to ensure that there are no real or perceived conflict of interests; and
 - (c) will conduct the investigation as expeditiously as possible.
- (4) If the staff member is in receipt of a grant from an external funding body the DVC(R) will take appropriate interim administrative action to protect funds granted by external funding bodies.
- (5) The Director of Research Integrity will determine if other individuals or organisations need to be informed at this point. Relevant considerations in this determination include, but are not limited to:
 - (a) the degree of confidentiality which has been achieved;

- (b) the reputations of those against whom allegations are made but not proved; and
 - (c) the need to protect the interests of those who have made allegations in good faith.
- (6) The investigator or investigation panel will submit a final report to the DVC(R) as expeditiously as possible.
- (7) In appropriate circumstances, such as where incorrect information on the public record may be dangerous to the community the DVC(R) may inform the editors of a journal that the authenticity of a paper or papers is in doubt.

28 Action on completion of research misconduct investigation

- (1) If a staff member is found to have breached the Code or to have committed research misconduct the University will take disciplinary action according to applicable policies and the provisions or any applicable contract of employment and or [Enterprise Agreement](#), and commensurate action (such as termination of an honorary appointment) will be taken in the case of research misconduct by an affiliate.
- (2) The DVC(R) will inform relevant parties of the research misconduct inquiry findings and the actions taken by the University. Relevant parties may include:
- (a) the complainant;
 - (b) affected staff;
 - (c) participants in human-based research whose interests may be affected;
 - (d) research collaborators, including those at other institutions;
 - (e) all funding organisations;
 - (f) journal editors; and
 - (g) professional registration bodies.
- (3) The DVC(R) may also make recommendations requiring the correction of the public record, including publications, if research misconduct has affected the research findings and their dissemination.

Note: See clauses 14 and 15 of the [Resolution of Complaints Policy 2015](#), in relation to confidentiality and disclosure of information.

29 Transitional provisions

- (1) The Code of Conduct for Responsible Research Practice and Guidelines for Dealing with Allegations of Research Misconduct (“the prior policy”) is rescinded, with effect from the date of commencement of this policy.
- (2) All allegations received before the date of commencement of this policy will be dealt with under the provisions of the prior policy.
- (3) In relation to any allegation received after the date of commencement of this policy but which relates to conduct occurring before that date:
- (a) the Code of Practice for Responsible Research Practice contained in the prior policy will apply; but
 - (b) the allegation will be dealt with in accordance with the process and outcomes provided in this policy.

NOTES

Research Code of Conduct 2013

Date adopted:	27 May 2013
Date commenced:	27 May 2013
Date amended:	8 April 2015
	15 March 2016
	10 July 2017 (administrative amendments)
	1 August 2018
	3 October 2018 (administrative amendments)
Administrator:	Director, Research Integrity
Review date:	27 May 2018
Related documents:	

LEGISLATION

Therapeutic Goods Act 1989 (Cth)
Animal Research Act 1985 (NSW)
Animal Research Regulation 2010 (NSW)
Government Information (Public Access) Act 2009 (NSW)
Health Records and Information Privacy Act 2002 (NSW)
Human Tissue Act 1983 (NSW)
Privacy and Personal Information Protection Act 1998 (NSW)
Research Involving Human Embryos Act 2003 (NSW)
State Records Act 1998 (NSW)

UNIVERSITY LEGISLATION AND POLICIES

University of Sydney (Student Discipline) Rule 2016
Academic Honesty in Coursework Policy 2015
Charter of Academic Freedom
Code of Conduct for Students
Code of Conduct – Staff and Affiliates
External Interests Policy 2010

Student Sexual Assault and Sexual Harassment Policy 2018

Public Comment Policy

Reporting Wrongdoing Policy 2012

Research Agreements Policy 2011

Supervision of Higher Degree by Research Students Policy 2013

University of Sydney Enterprise Agreement 2018-2021

Intellectual Property Policy 2016

University of Sydney (Policies Development and Review Rule) 2011

University of Sydney (Student Appeals Against Academic Decisions) Rule 2006

Privacy Policy 2017

Recordkeeping Policy 2017

EXTERNAL DOCUMENTS

Excellence in Research Australia 2010 Submission Guidelines (Australian Research Council)

Guidelines for Ethical Research in Australian Indigenous Studies (Australian Institute of Aboriginal and Torres Strait Islander Studies 2012)

2100 Higher Education Research Data Collection Specifications for the Collection of 2010 Data (Department of Innovation, Industry, Science and Research)

Keeping Research on Track: A Guide for Aboriginal and Torres Strait Islander Peoples About Health Research Ethics

National Statement on Ethical Conduct in Human Research

NHMRC Australian Code of Practice for the Care and Use of Animals for Scientific Purposes

NHMRC Australian Code for the Responsible Conduct of Research

NHMRC Statement on Consumer and Community Participation in Health and Medical Research

Statement on Consumer and Community Participation in Health and Medical Research

Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research (NHMRC 2003)

AMENDMENT HISTORY

Provision	Amendment	Commencing
23	Update to position titles – administrative amendment	8 April 2015
Various	References and hyperlinks to other documents updated – administrative amendment	8 April 2015
Various	References and hyperlinks to other documents updated – administrative amendment	15 March 2016
6; 15(3) note; related documents	Replace reference to University of Sydney (Intellectual Property) Rule with <i>Intellectual Property Policy 2016</i>	10 July 2017
8(3)(c)	Administrative amendment only	10 July 2017
17(3); 24(2); related documents	Replace reference to University of Sydney By-Law with <i>University of Sydney (Student Discipline) Rule 2016</i>	10 July 2017
Definitions	Replace reference to Enterprise Agreement with new version University of Sydney Enterprise Agreement 2018-2021	1 August 2018
8(2) Note	Replace Charter of Academic Freedom with Charter of Academic Freedom 2008. Replace <i>Research Agreements Policy</i> with <i>Research Agreements Policy (2011)</i>	1 August 2018
8(6)	Replace <i>Academic Honesty in Coursework Policy</i> with <i>Academic Honesty in Coursework Policy 2015</i> . Replace <i>Supervision of Higher Degree by Research Students Policy</i> with <i>Supervision of Higher Degree by Research Students Policy 2013</i>	1 August 2018
9(1) Note	Replace <i>University Recordkeeping Policy</i> with <i>Recordkeeping Policy 2017</i>	1 August 2018
9(8)	Replace <i>University Recordkeeping Policy</i> with <i>Recordkeeping Policy 2017</i> . Replace <i>Privacy Policy 2013</i> with <i>Privacy Policy 2017</i> . Replace <i>Privacy Management Plan</i> with <i>Privacy Procedures 2018</i>	1 August 2018
9(10)	Replace <i>Privacy Policy 2013</i> with <i>Privacy Policy 2017</i> .	1 August 2018
11(4) Note	Replace <i>Academic Honesty in Coursework Policy</i> with <i>Academic Honesty in Coursework Policy 2015</i>	1 August 2018

Provision	Amendment	Commencing
Related documents	Replace <i>Prohibition and Prevention of Student Sexual Assault and Sexual Harassment Policy 2018</i> with <i>Student Sexual Assault and Sexual Harassment Policy 2018</i> . Replace <i>University of Sydney Enterprise Agreement 2013-2017</i> with <i>University of Sydney Enterprise Agreement 2018-2021</i> . Replace <i>University Recordkeeping Policy</i> with <i>Recordkeeping Policy 2017</i> . Delete <i>University Recordkeeping Manual</i>	1 August 2018
Title	Addition of text highlighted in red on front page of document.	3 October 2018