
Children, Youth and Women’s Health Service (CYWHS) Code of Conduct for Research

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ATTACHMENTS

Attachment 1 – Australian Code for the Responsible Conduct of Research (2007)

Attachment 2 – CYWHS Research Policy

CYWHS CODE OF CONDUCT FOR RESEARCH

1. PREAMBLE

Research is a key and valued activity of the Children, Youth and Women's Health Service (CYWHS) and it is vital that the Service'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 CYWHS that staff members conducting research are committed to high standards of professional conduct. Researchers have a duty to ensure that their work enhances the good name of the Health Service.

This document provides researchers with the CYWHS'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 journals may impose specific requirements on potential authors. It is important that individual researchers are familiar with the accepted research practice 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 CYWHS 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 CYWHS, 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 or biosafety issues that a clearance to conduct research is obtained in advance from the appropriate Research Ethics Committee or Biosafety Committee.

This Code of Conduct is to be read in conjunction with the Australian Government/National Health and Medical Research Council/Australian Research Council/Universities Australia document entitled: *Australian Code for the Responsible Conduct of Research (2007- refer to Attachment 1)* and the CYWHS Research Policy (refer to Attachment 2). The Executive of the CYWHS has endorsed the *Australian Code for the Responsible Conduct of Research (2007)* and the CYWHS Code of Conduct for Research is to be seen as an elaboration of the national document and the mechanism for the requirements it places on institutions conducting research.

2. PRINCIPLES

2.1 Statement of Guiding Principles

This CYWHS Code of Conduct for Research ("the Code") prescribes standards of work performance and ethical conduct expected of all persons engaged in research at, and in association with, the Children, Youth and Women's Health Service ("CYWHS") based upon the following guiding principles:

- (a) Research is the pursuit of truth and evidence.
- (b) Researchers 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

Researchers 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 grounds for disciplinary action.

2.4 Advice

Where a researcher 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 of the relevant Research Ethics Committee (Human or Animal REC) or Biosafety Committee. The Chair should provide this advice upon a confidential basis. The CYWHS Research Secretariat can advise on contact details for the relevant 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 Health's Retention Disposal Schedule for South Australian Public Hospitals (No. 2000/0012). Particular attention should be given to Function 6 of the document, which is available on www.wch.sa.gov.au/research/committees/humanethics/documents. The complete Schedule may be obtained from the Department of Health.
- (d) The CYWHS must ensure that a research unit or department establishes procedures for the retention of data.
- (e) Researchers must comply with these retention procedures.
- (f) Data related to publications is to be made available for discussion with other researchers, except where confidentiality provisions prevail.
- (g) Confidentiality provisions relating to publications may apply in circumstances where the CYWHS or the researcher has made or given confidentiality undertakings to third parties or confidentiality is required to protect intellectual

property rights or commercialisation agreements. It is the obligation of the researcher to enquire as to whether confidentiality provisions apply and of the head of department to inform researchers 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 3.2(b), 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 researcher 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 this Code.
- (c) A person must decline appointment as a supervisor unless that person expects to be able to discharge the responsibilities set out in the Code.
- (d) A person acting as a supervisor of a postgraduate student on behalf of a university must also abide by that university's guidelines for such supervision.

3.4 Conflict of Interest

- (a) A researcher must make full disclosure of a conflict of interest in research. Conflict of interest includes any affiliation or financial involvement with any organisation sponsoring or providing financial support for a project undertaken by a researcher. 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 CYWHS as soon as reasonably practicable.
- (c) A researcher must comply with a direction made by the Chief Executive Officer of the CYWHS 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 CYWHS 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 CYWHS .
2. Researchers 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 bullying, 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 misconduct 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 Reference Committee, and the Chairs of the Human Research Ethics Committee, Animal Ethics Committee and Institutional Biosafety Committee are familiar with the *Australian Code for the Responsible Conduct of Research (2007)* 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 Chief Executive officer (CEO) of the CYWHS 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 of the Human Research Ethics Committee (HREC) or Animal Ethics Committees (AEC) or Institutional Biosafety Committee (IBC) or the CEO of the CYWHS.
- (b) Upon receipt of a complaint the Chair or CEO shall take immediate and appropriate action including discussion with the complainant as well as the respondent researcher.
- (c) Where the Chair of the relevant Committee is satisfied that a complaint constitutes an allegation of serious misconduct under this Code of Conduct, the 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 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 CYWHS and is governed by the SA Health (Health Care Act) Human Resources Manual Part 3 – Grievances and Disputes.

10. MONITORING OBSERVANCE

The CEO of the CYWHS has the responsibility of monitoring observance of this Code of Conduct for Research.

Each department will incorporate in its annual reporting of research activities a statement that all research within the department has met the guidelines of the CYWHS Code of Conduct for Research.