



WOMEN'S AND CHILDREN'S HEALTH NETWORK (WCHN)

# Code of Conduct for Research



Government  
of South Australia

SA Health

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# Women's and Children's Health Network (WCHN) Code of Conduct for Research

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# WCHN CODE OF CONDUCT FOR RESEARCH

## 1. PREAMBLE

Research is a key and valued activity of the Women's and Children's Health Network WCHN(WCHN) and it is vital that the Network'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 WCHN 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 WCHN'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 WCHN has determined that a basic code of conduct will apply to all research conducted within it, including human research, animal research and biosafety research. This encompasses, but is not limited to, all researchers employed by WCHN, SA Pathology, University of Adelaide Departments, and the Women's and Children's Health Research Institute.

Whilst adherence to this general code will ensure that individual researchers meet their commitments to the WCHN, 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)*. The Executive of the WCHN has endorsed the *Australian Code for the Responsible Conduct of Research (2007)* and the WCHN 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 WCHN Code of Conduct for Research (Code) prescribes standards of work performance and ethical conduct expected of all persons engaged in research at, and in association with, the Women's and Children's Health Network 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,
  - (iv) ensure the safety of those associated with the research
  - (v) maintain the privacy and confidentiality of human participants, and
  - (vi) engage respectfully with human participants; in the case of animals, respect the contribution they make to research.
- (c) Research methods and results should be open to scrutiny and debate.

## **2.2 Institutional Requirements**

- (a) Ensure appropriate confidentiality agreements are signed by researchers for research involving human participants.
- (b) Ensure that a National Police Certificate is completed and lodged with the relevant ethics committee for all non-WCHN researchers coming onto a WCHN campus or having access to personal identifiable information.

## **2.3 Observance of the Code**

Researchers must familiarise themselves with the Code and ensure that its provisions are observed.

## **2.4 Breach of the Code**

Failure to comply with the provisions of the Code may be grounds for disciplinary action.

## **2.5 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 WCHN Research Secretariat can advise on contact details for the relevant Chair.

## **2.6 Scope**

The Code applies to all researchers who have had their project approved by one of the WCHN Human Research Ethics Committees; failure to seek appropriate ethics approval is not an exemption from the Code. This includes, but is not limited to, researchers employed by WCHN, SA Pathology, University of Adelaide Departments, South Australian Health and Medical Research Institute and Women's and Children's Health Research Institute.

Where complaints about researchers allege serious misconduct that falls outside the range of 'research misconduct' as described in the *Australian Code for the Responsible Conduct of Research*, they should be dealt with under the relevant institutional processes for dealing with other forms of misconduct, for example harassment or bullying.

### **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. The complete Schedule may be obtained from the SA Department of Health and Ageing.
- (d) The WCHN 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 WCHN 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 at the time of application to the relevant ethics committee. 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) In cases where a conflict of interest arises after the time of application to the relevant committee, the researcher must inform the relevant chair in a timely manner, who will inform the Chief Executive Officer of the WCHN or their delegate.
- (c) A researcher must comply with a direction made by the Chair and/or relevant ethics committee 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 WCHN 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 WCHN.
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. BREACHES OF THE CODE AND RESEARCH MISCONDUCT**

The term *breach* is used for less serious deviations from the Code that are addressed within the WCHN.

Some examples are:

1. Failure to notify the relevant ethics committee of minor amendments
2. Failure to notify the Human Research Ethics Committee of promotional material about the research that has not been authorised for distribution or advertising
3. Failure to notify the Animal Ethics Committee of inappropriate use or unexpected deaths of animals used in research
4. Failure to notify the Institutional Biosafety Committee of any violation of the containment facilities.

The term *research misconduct* refers to more serious or deliberate deviations from the Code. It does not include honest errors or honest differences in interpretation or judgements of data.

A complaint or allegation relates to research misconduct if it involves all of the following:

1. An alleged breach of the Code
2. Intent and deliberation
3. Recklessness or gross and persistent negligence
4. Serious consequences, such as false information on the public record, or adverse effects on research participants, animals or the environment

Some examples are:

1. Deception in proposing, carrying out or reporting research results
2. Failure to declare or manage a serious conflict of interest
3. Failure to follow research protocols as approved by an ethics committee; especially when this failure may result in unreasonable risk or harm to humans, animals or the environment.
4. Wilful concealment or facilitation of research misconduct by another
5. Fabrication or falsification of results or data
6. Plagiarism
7. Attribution of work to others who have not contributed to the research
8. Lack of appropriate acknowledgment of others' work; this includes the work of students and trainees.
9. Breaches of privacy and confidentiality which have not been approved by a WCHN ethics committee.
10. Practices that seriously deviate from those that are commonly accepted within the scientific community for formulating, conducting or reporting research results.

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 Executive Director Corporate Services, the Director of the Research Secretariat, 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 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 WCHN or delegate 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 WCHN. If the Chair of an Ethics Committee raises a concern about research misconduct themselves, then the Chair must write to the CEO (or delegate) directly about the complaint.
- (b) Upon receipt of a complaint the Chair or CEO (or delegate) 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 (or delegate) 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 (or delegate) 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 (or delegate) must determine whether or not the complaint constitutes an allegation of serious misconduct under this Code. The CEO (or delegate) 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 (or delegate) 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 (or delegate) 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 (or delegate) is satisfied there is no reasonable basis for the complaint and the complaint was not brought in good faith, the CEO (or delegate) 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 (or delegate) 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**

Where the CEO (or delegate) 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) The relevant Chair of the appropriate committee (HREC, AEC or IBC) will be notified of the Inquiry by the CEO (or delegate).
- (b) A panel will be convened by the CEO (or delegate) with appropriate membership as relevant to the Inquiry with the input of the WCHN Human Resources Department. This may include, but not limited to, the Director of the Research Secretariat, the relevant Chair, a senior researcher with no links to the subject matter of the Inquiry and a representative of the WCHN Human Resources Department.
- (c) An Inquiry must be completed as expeditiously and with such confidentiality as the circumstances of the complaint permit.

- (d) The CEO (or delegate) 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.
- (e) The CEO (or delegate) 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.
- (f) The person or persons appointed to undertake the Inquiry must advise the CEO (or delegate) 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.
- (g) The CEO (or delegate) must provide the respondent researcher and the complainant with a copy of the findings and the reasons.
- (h) Where the person or persons appointed to undertake the Inquiry make a finding of misconduct, the CEO (or delegate) must determine whether it is appropriate to take disciplinary action against the respondent researcher.
- (i) 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 (or delegate) must determine whether it is appropriate to take disciplinary action against the complainant.
- (j) If research misconduct is found to have occurred, the CEO (or delegate) shall upon the expiry of the appeal period referred to in section 9 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.
- (k) If serious scientific errors are discovered the CEO (or delegate) 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 WCHN 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 WCHN has the responsibility of monitoring observance of this Code of Conduct for Research. The annual reporting to key bodies such as the National Health and Medical Research Council (NHMRC) for HREC, State and Commonwealth bodies for AEC and the Office of the Gene Technology Regulator (OGTR) for IBC provides a framework for such annual monitoring and is signed off by the CEO (or delegate).

Each chief investigator will incorporate in their annual reporting of research activities a statement that all research conducted has met the guidelines of the WCHN Code of Conduct for Research. Failure to do this can result in the cessation of the research and related funding of the research until such a report is received.