

RESEARCH INTEGRITY POLICY

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Intranet location/s	Support – Research
Summary	All research at NSLHD must be conducted responsibly, ethically and with integrity. This document outlines the processes to be undertaken in the case of potential breaches of the <i>Australian Code for the Responsible Conduct of Research</i> , 2018.
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Endorsed By	Medical Executive Director
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National Safety Quality Health Standard	n/a
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Status	Active

Title: Research Integrity Policy

1. Scope of Practice

This policy applies to all staff engaged in research at NSLHD.

2. Expected Outcome

All research at NSLHD will be conducted responsibly, ethically and with integrity. This policy outlines the roles, responsibilities and processes to be undertaken in the case of potential breaches of this policy.

3. Definitions

Breach	A failure to comply with the principles and responsibilities set out in this policy. This may refer to a single breach or multiple breaches. The principles and responsibilities under this policy include a requirement that researchers comply with the Australian Code for the Responsible Conduct of Research, and any breaches of that Code will constitute a breach of this policy.
Investigation	An investigation conducted in accordance with this policy, following a preliminary assessment.
Preliminary assessment	The process undertaken by an assessment officer to establish whether an alleged breach of this policy warrants further investigation
Research	Investigation undertaken to gain knowledge and understanding or to train researchers
Research Integrity Advisor	Position responsible for promoting and advising on the responsible conduct of research.
Research Integrity Officer	Position responsible for receiving complaints relating to the conduct of research, and overseeing their management and investigation, where required.
Research misconduct	A failure to comply with the principles and responsibilities set out in this policy in a way that is serious, negligent, repeated, reckless or intentional.
Responsible Executive Officer	Position responsible for receiving reports of the outcomes of processes of assessment or investigation of potential or found breaches of the Code and deciding on the course of action to be taken.

4. Policy

This policy aligns with the following documents:

- The *Australian Code for the Responsible Conduct of Research, 2018* (the Code), which establishes a framework for responsible research conduct that provides a foundation for high-quality research, credibility and community trust in research.
 - *Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research, 2018*
 - *Authorship*
 - *Management of Data and Information in Research*
 - *Peer Review*
 - *Disclosure of interests and management of conflicts of interest*

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- The *National Statement on Ethical Conduct in Human Research (2007)* (National Statement (2007), which consists of a series of guidelines made in accordance with the *National Health and Medical Research Council Act 1992*.
- The *Australian code for the care and use of animals for scientific purposes* (the Animal Code), which promotes the ethical, humane and responsible care and use of animals used for scientific purposes.

All research at NSLHD must be conducted responsibly, ethically and with integrity, in accordance with the documents outlined above and this policy.

4.1 Complaints and Breaches

Breaches arise where a researcher has failed to meet the principles and responsibilities set out in this policy. Where breaches are serious, and are negligent, repeated, reckless or intentional, they may be considered research misconduct.

Research misconduct does not include honest differences in judgement. Unintentional errors do not usually constitute research misconduct unless they result from behaviour that is reckless, negligent or repetitive.

All people involved in research have a responsibility to report possible breaches of this policy, including self-disclosure of breaches.

All complaints or concerns should be made in writing to the Research Integrity Officer.

4.2 Responsibilities

Code Officers	NSLHD	Responsibilities
Responsible Executive Officer (REO)	Medical Executive Director	Final responsibility for receiving reports of the outcomes of processes of assessment or investigation of potential or found breaches of the Code and deciding on the course of action to be taken.
Research Integrity Officer (RIO)	Manager, Research Strategy and Partnerships	Responsible for receiving complaints relating to the conduct of research, and overseeing their management and investigation where required. Promote and advise on the responsible conduct of research Provide advice to those with concerns or complaints about potential breaches of the Code or the NSLHD guideline. Responsibility for the management of research integrity
Assessment Officers	Appointed by REO in accordance with skills required for the relevant matter.	Conduct a preliminary assessment of a complaint about research conduct Provide a full report of the preliminary assessment to the Research Integrity Officer
Review Officers	Appointed by REO in accordance with skills required for the relevant matter.	Conduct an investigation of a complaint about research conduct Provide a full report of the investigation to the Research Integrity Officer
Research Integrity Advisor (RIA)	To be appointed through EOI process	Promote and advise on the responsible conduct of research Provide advice to those with concerns or complaints about potential breaches of the Code or

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		the NSLHD guideline.
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4.3 Reporting a potential breach

- Information pertaining to a potential breach must be provided to the Research Integrity Officer in the first instance, either in person or in writing.
- A person lodging information, a complaint or an allegation (the complainant), must be willing to make available the information they hold relevant to the matter.
- Complaints are to be made honestly. Complaints that are found to be frivolous, malicious or vexatious complaints will be referred to Workforce and Culture, and disciplinary action may be instigated. Complaints that are found to be frivolous, malicious or vexatious complaints and are made by external parties will be referred to the appropriate authorities or institution.
- Complainants (internal or external) may be anonymous, or may request that their identity be protected. In these cases, all parties involved in the processing of the complaint will, where possible, abide by these wishes. However,:
 - there may be practical limitations to confidentiality (eg if a party seeks access to their identity through legal action)
 - removing any information that might enable the complainant to be identified may limit the effectiveness of the review process
 - procedural fairness may necessitate revealing the identity of the complainant to the respondent.
- An anonymous complaint about a potential breach will be managed and investigated in accordance with the Code based on the information available.
- When a complaint is received, the Research Integrity Officer will initially assess risk and may recommend precautionary actions to protect humans, animals and the environment; NSLHD property and/or interests, including reputation; funds provided by funding bodies; and/or any material that may be relevant to an investigation.
- The Research Integrity Officer may make discreet preliminary enquiries or seek confidential advice to determine subsequent steps regarding the complaint.

4.4 Investigating a potential breach

- All investigations will be undertaken in accordance with the Code.
- All employees have an obligation to provide relevant evidence to the REO, RIO or other officials on misconduct allegations.
- Once received, the RIO will alert the REO as to the nature of complaint and maintaining confidentiality, will undertake a preliminary assessment.
- If no potential breach of the Code is found, the complaint may be referred elsewhere within the institution or beyond, or it may be dismissed.
- If a potential breach of the Code is found, the respondent/s will be informed of the outcome and next steps.
- If the breach is straightforward, the complaint may be resolved by the RIO, including by implementing corrective actions.
- If the complaint is referred for investigation, the REO will appoint assessment officers in accordance with skills required for the relevant matter.
- The investigation panel will undertake a review and make recommendations based on the findings of the investigation, and the RIO will inform the respondent/s of the outcome/s.
- If a breach of the Code is substantiated, corrective actions may be taken.
- If no breach is substantiated, the complaint may be referred to other institutional processes or may be dismissed.

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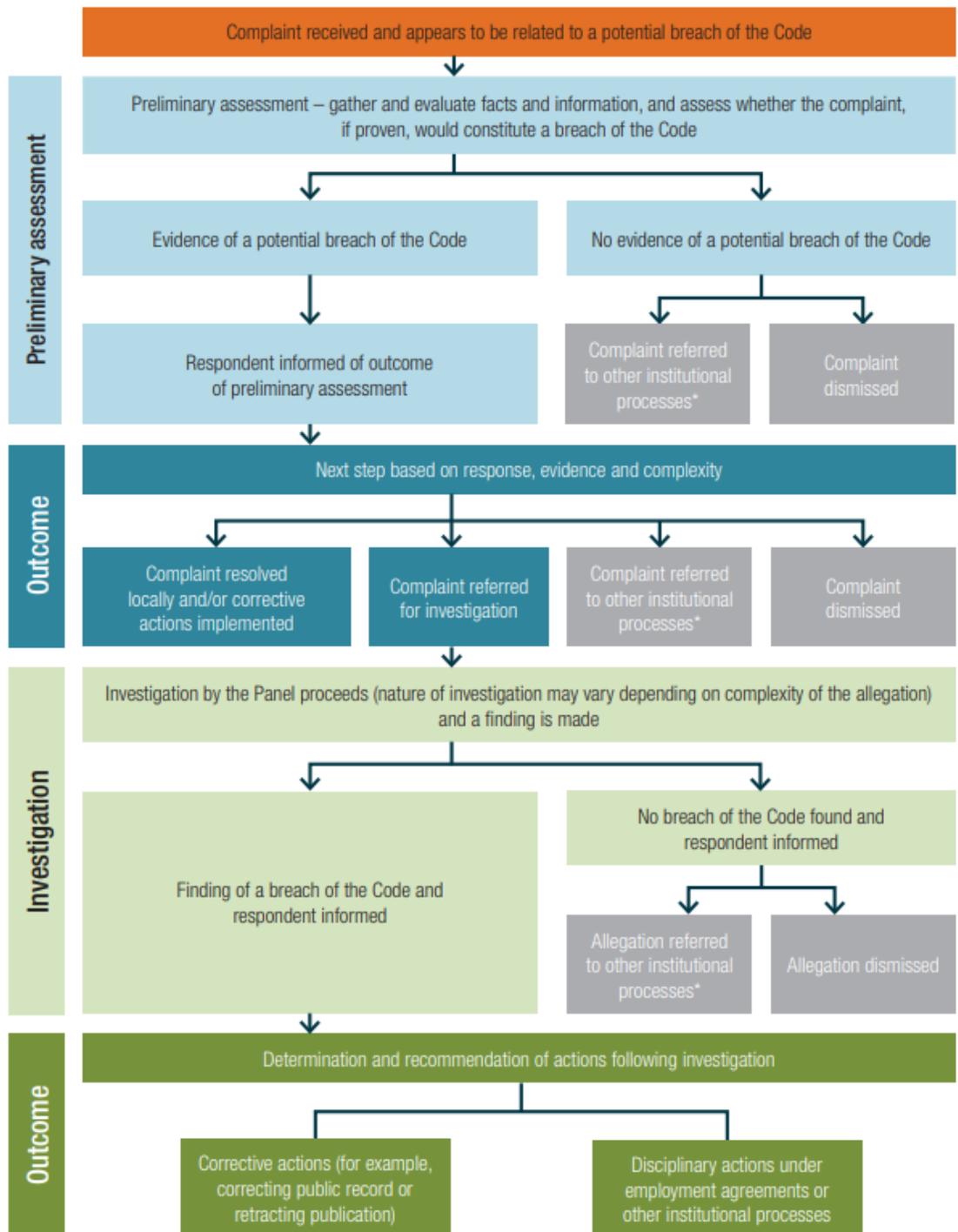
4.5 Review of decisions

An individual who is affected by a decision made by a Research Integrity Officer or the Responsible Executive Officer may seek a review of the decision, only on the grounds that the applicant was not afforded procedural fairness.

Applications must be made in writing to the Research Integrity Officer within 20 working days of being notified of the decision to which the application relates. The RIO will pass this appeal to the REO, which may follow any procedure they consider appropriate, having regards to procedural fairness. The REO may dismiss the appeal, forward the application for review to the review officer together with a copy of the report and any other relevant documentation, or may request that a new panel be established to review the decision. The review panel will make a recommendation to the REO, who will issue a statement to the applicant. The decision of the REO in relation to an internal review is final.

Any person has the right to initiate an external appeal to the Australian Research Integrity Committee (ARIC).

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Consider the need to inform relevant parties as required (for example, funders, publishers, collaborators, participants)

5. References

National Health and Medical Research Council. (2013). *Australian code for the care and use of animals for scientific purposes, 8th edition*. Canberra: Commonwealth of Australia

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6. Risk of Policy Non Compliance

- NSLHD may not be compliant with the Australian Code for the Responsible Conduct of Research, and other relevant guidelines.
- A responsible research culture may not be supported across NSLHD.
- A breach of the Australian Code for the Responsible Conduct of Research may not be managed appropriately.

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