

Responsible Conduct of Research Policy

The background of the page features a complex network diagram. It consists of numerous thin, curved lines in shades of teal and light green, connecting various circular nodes of different sizes. The nodes and lines are scattered across the page, creating a sense of interconnectedness and flow. The overall color palette transitions from a bright blue at the top to a vibrant green at the bottom.

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Incorporating:

- Responsible Conduct of Research Policy
- Research Ethics Policy
- Conflict of Interest in Research Policy
- Collaborative Research Policy
- Ownership of Research Materials and Data, Storage, Access to Data and Retention Policy
- Authorship Policy
- Research Misconduct, Complaints Handling and Dealing with Research Misconduct Policy

Other relevant Sax Institute Policy documents:

- Intellectual Property Policy
- Privacy Policy and Privacy Complaints Handling Procedures

Part A. Policy Framework

1. Purpose, Principles and Interpretation

1.1. Purpose of the policies

The purpose of the policies is to:

- adopt best practice in research governance as described in the Australian Code for the Responsible Conduct of Research (the Code); and
- define the principles that researchers must follow when undertaking research; and
- define the Sax Institute's commitments to the responsible conduct of research; and
- provide information to the Sax Institute's key stakeholders, comprising:
 - officers, staff and contractors of the Sax Institute;
 - members of the Sax Institute;
 - funders of the Sax Institute and its programs;
 - agencies that commission work from the Sax Institute;
 - organisations that engage in Collaborative Research with the Sax Institute;
 - researchers commissioned by the Sax Institute; and
 - other third parties having dealings with the Sax Institute.

1.2. Scope of the policies

The Sax Institute Research Governance Framework and policies apply to all research initiated, conducted or contributed to by the Sax Institute and applies to its officers, employees, contractors, researchers and external researchers when participating with or utilising the Sax Institute datasets and resources.

The framework comprises the following policies which have been developed on the basis of the NHMRC Australian Code:

- The Responsible Conduct of Research;
- Conflict of Interest in Research;
- Collaborative Research;
- Ownership of Research Materials and Data, Storage, Access to Data and Retention;
- Authorship;
- Research Misconduct, Complaints Handling and Dealing with Research Misconduct.

1.3. Principles of the policies

1.3.1. The principles underpinning the policies are:

- The conduct of research should support the vision and mission of the Sax Institute and reflect the Institute's role as a not for profit organisation that undertakes work for the public good.
- Research must comply with applicable laws, regulations and guidelines and be in accord with the Code with a zero tolerance of research misconduct.
- Researchers will perform to high standards of professional conduct and in accordance with relevant best practice and codes of relevant external funding bodies.

- The Sax Institute will provide effective mentoring and supervision to researchers in the responsible conduct of research;
- Research will be conducted in the public interest to better inform and provide evidence for incorporation into policy.

1.3.2. The policies ensure that the responsible conduct of research is practiced by:

- conforming to accepted good research governance and management practices;
- defining expected standards for the conduct of research;
- promoting the responsible dissemination and communication of research results, with primacy given to facilitating the use of research in policy making;
- ensuring transparency and accountability in receiving and managing allegations of research misconduct;
- ensuring appropriate acknowledgment of individuals for their intellectual contribution to research;
- promoting respect for participants in research;
- protecting the privacy of individuals;
- ensuring confidentiality of confidential information and security of research data.

1.4. Definitions

In the policies, the following words and phrases have the following meanings:

“the Code” means the Australian Code for the Responsible Conduct of Research (2007) or any replacement or amendment thereof;

“Breach” means specific actions or omissions that constitute less serious deviations from the Code, but lack the seriousness of consequences or wilfulness to constitute research misconduct .

“Collaborative Research” means a project or arrangement between the Sax Institute and one or more parties, to undertake research jointly. It does not include:

- a licence agreement to access Research Asset Intellectual Property;
- contracts, arrangements or understandings related to the funding of the Sax Institute or its Research Assets;
- other ongoing or recurrent contracts or agreements between the Sax Institute and third parties.

“Commissioned Reviews” means identification of existing research which is undertaken for clients under a contractual arrangement with the Sax Institute that does not involve the creation of original research.

“Confidential Information” means:

- a. any information which by its nature or by the circumstances of its disclosure, is or could reasonably be expected to be regarded as confidential; or
- b. is designated by the disclosing party as confidential; or
- c. the receiving party knows or ought to know is confidential.

“Employee” means any person in an employee/employer relationship with the Sax Institute;

“Ethics Committee” means an ethics committee registered with the National Health and Medical Research Council (“NHMRC”) and includes Human Research Ethics Committees (“HRECs”).

“Falsification” means to render something false; make untrue, incorrect or erroneous statements to deceive; to alter fraudulently.

“Research” means any original investigation undertaken to gain knowledge, understanding and insight . Research includes Commissioned Research or Reviews that satisfy this definition, however, not all Commissioned Research or Reviews are research for the purposes of this policy.

“Research Asset” means any research asset developed by the Sax Institute which is accessible by third parties, and has the purpose of enhancing research capabilities. Research Assets include, but are not limited to, the 45 and Up Study, the Study of the Environment on Aboriginal Resilience and Child Health (SEARCH) and any other such studies developed under the auspices of the Sax Institute.

“Research Data and Primary Materials” means research data that is ordinarily derived from primary materials such as biological specimens, questionnaires, recordings etc. and research data can include such things as electronic datasets, assays, tests results, transcripts, and laboratory and field notes.

“Research Integrity” means honesty and integrity; respect for human research participants, animals and the environment; good stewardship of public resources used to conduct research; appropriate acknowledgement of the role of others in research; and the responsible communication of research results.

“Research Visitor” means a person who is not an Employee of the Sax Institute but who has an arrangement with the Sax Institute whereby he or she undertakes research work that is of benefit to the Sax Institute or to their own research organisation. Research Visitors include students, visiting fellows, postdoctoral and graduate researchers working at the Sax Institute but funded by third parties.

Research Visitors do not include independent contractors.

“Researcher” means a Sax Institute Employee or Visitor undertaking Research at the Sax Institute.

“Scholarship” means the creation, development and maintenance of the intellectual infrastructure of subjects and disciplines, in forms such as dictionaries, scholarly editions, catalogues and contributions to major research databases.”

“Specified Personnel” or “Specified Person” has the same meaning as in the National Health and Medical Research Council Funding Agreement.

Part B. The Responsible Conduct of Research

1. National Research Governance Framework

The Sax Institute has adopted the Australian Code for the Responsible Conduct of Research (2007) and this policy supports the requirements of the Code.

The Sax Institute acknowledges, and undertakes research within, the national research governance framework which comprises the NHMRC and the Australian Research Council (ARC). The Institute is also accountable for specific funding body requirements and human research ethics committee requirements for the responsible conduct of research projects. Each research project is subject to ongoing research and ethics governance, reporting and compliance requirements.

2. Sax Institute Research Governance Framework

The Sax Institute is a private company limited by guarantee established under its constitution and comprised of member organisations that are involved in undertaking research.

The Sax Institute has established a research governance framework to implement the Code, to manage research undertaken within the Sax Institute, to monitor and address all aspects of responsible conduct of research, and to handle and resolve complaints concerning research misconduct.

Our research governance framework comprises:

1. The Sax Institute Board and its Research Governance Committee
2. The Chief Executive Officer (CEO);
3. The Designated Person and Alternate Designated Person
4. The Adviser

3. Managing Responsible Conduct of Research at The Sax Institute

3.1. Roles within the Research Governance Framework

Responsibilities for managing responsible conduct of research at the Sax Institute shall be clearly defined and assigned.

3.1.1. Sax Institute Board

The Board is responsible for the governance of the company and its programs, including the responsible conduct of research.

A Research Governance Committee has been established, as a sub-committee of the Board, to monitor the performance of research programs and compliance with relevant laws, standards and guidelines.

The Committee will receive notification and reports on the handling of research misconduct complaints and allegations.

3.1.2. Chief Executive Officer

The Chief Executive Officer reports to the Board on the conduct of research programs, including actions to minimise the risks of research misconduct occurring.

3.1.3. Designated Person and Alternate Designated Person

The Designated Person and Alternate Designated Person are responsible for receiving written complaints or allegations of research misconduct, conducting preliminary investigations and advising the CEO on how to proceed.

The specific responsibilities of the Designated Person and Alternate Designated Person are defined in the Institute's Research Misconduct Policy.

The Sax Institute will ensure that the Designated Person and Alternate Designated Person receive training necessary to assist them in their role, including training in ethical conduct in human research, the Code and the Institute's Responsible Conduct of Research Policies, the principles of natural justice, and the conduct of investigations.

The Designated Person can be contacted at: research.complaints@saxinstitute.org.au

3.1.4. Adviser in Research Integrity (the "Adviser")

3.1.4.1. The Adviser is responsible for providing advice to employees and Visitors who are unsure about a research conduct issue and/or may be considering whether to make a research misconduct allegation.

3.1.4.2. The Adviser will be a senior staff member with research experience, wisdom, analytical skills, empathy, knowledge of the Sax Institute policy and management structure, and familiarity with the accepted practices in research.

3.1.4.3. Researchers may seek advice from the Adviser regarding the requirements of this Policy, research governance or any other aspect of the responsible conduct of research.

3.1.4.4. Where the Adviser cannot provide advice or resolve an issue, the Adviser will refer the researcher to either:

- a. an appropriate Ethics Committee; or
- b. another body, such as a university or individual, with appropriate expertise.

3.1.4.5. The Adviser will oversee the induction, training, mentoring and supervision of researchers in the requirements of the Code and the Sax Institute's research related policies. At a minimum, all research staff will be required to attend a training course in responsible conduct of research (including how to make a complaint regarding a breach of the Code or research misconduct). The Adviser will ensure that all researchers are provided with relevant materials and documents on the responsible conduct of research at the Sax Institute.

3.1.4.6. The Adviser will ensure that both experienced researchers and research trainees are familiar and compliant with the Code and the Sax Institute policies relating to research.

3.1.4.7. The Sax Institute will ensure that the Adviser receives any training necessary to assist him or her in this role, including training in ethics, privacy, ethical conduct in human research, the Code and the Institute's Responsible Conduct of Research Policies.

3.1.4.8. The Research Integrity Adviser can be contacted at RIA@saxinstitute.org.au

3.1.5 Chief Investigator A.

3.1.5.1 The Sax Institute will appoint a Chief Investigator A in respect of Research Activity(s) funded through the NHMRC, where the Sax Institute is the Administering Institution.

3.1.5.2 The Chief Investigator A will have primary responsibility for the scientific oversight, management and reporting associated with the particular Research Activity.

3.1.5.3 The Chief Investigator A (CIA) will take the lead role in the conduct of the research project, and is the investigator who takes responsibility for completion and lodgment of the application. The CIA will be an Australian citizen or a permanent resident of Australia and will be based in Australia for the duration of the grant.

3.2. Responsibilities of Researchers and Supervisors of Research Trainees

The Sax Institute holds researchers responsible for academic and scientific rigor and integrity, in obtaining, recording and analysing data and in presenting, reporting and publishing research results.

Scholarly and scientific rigour and integrity is indicated by:

- meeting appropriate ethical requirements;
- using research funds in accordance with the terms and conditions under which those funds were received;
- disclosing any conflict of interest that might influence the research;
- giving appropriate recognition to those who have made an intellectual contribution to the contents of a publication;
- obtaining the permission of an author before using their information or concepts; and
- reporting any incidents, breach or allegation of any research misconduct to the appropriate and responsible person.

Supervisors of research trainees must:

- develop and train research trainees in discipline based research methods and other relevant skills;
- mentor research trainees;
- support the research trainees' academic work, including: identifying the research objectives and approach, obtaining ethics and other approvals, obtaining funding, conducting the research and reporting the research outcomes in publications, in appropriate forums and in the media; and
- ensure that research trainees' contributions are appropriately credited, acknowledged and attributed.

3.3. Responsibilities of Research Trainees

The Sax Institute holds research trainees responsible for their active participation in, and completion of, all induction, training courses and mentoring programs required as part of their professional development by the Sax Institute and their University.

The Research Trainee should comply with:

- a. Sax Institute Policies and procedures;
- b. instructions and directions from their supervisors;
- c. instructions and directions from the Chief Investigators for their research project; and
- d. Australian laws, standards, and guidelines relating to the responsible conduct of research.

Where the researcher is a University student, the student is primarily responsible to their academic supervisor and their University and therefore, is under an obligation to also comply with the relevant policies and codes of their primary academic institution.

3.4. Responsibilities of PhD Supervisors

3.4.1. An Institute employee may be appointed by an academic institution as a PhD supervisor.

3.4.2. Any employee appointed as a PhD supervisor should notify the Adviser as soon as reasonably possible.

3.4.3. PhD supervisors are expected to comply with the policies of the relevant academic institution regarding the training and experience requirements of PhD supervisors.

3.4.4. The Sax Institute will support and facilitate the employee's participation in any training required and shall ensure PhD Supervisors are appropriately qualified.

3.5. *Research ethics*

3.5.1. Researchers must comply with all ethical requirements in conducting research, including:

- undertakings made to Ethics Committees;
- any conditions specified by an Ethics Committee in granting approval for research;
- requirements published from time to time in relevant guidelines of the NHMRC or other relevant research authorities (e.g. Australian Research Council) and research associations (e.g. Universities Australia); and
- any other requirement that is necessary in the circumstances to ensure the ethical conduct of the research.

3.5.2. Where researchers are uncertain as to the ethical requirements that apply to the research, they should initially review their ethics approvals, seek advice from the Adviser and then seek the researchers are responsible for ensuring that ethics approvals are obtained as required by the guidelines, including the:

- National Statement on Ethical Conduct in Research Involving Humans (NHMRC, 2007); and
- Values and Ethics – Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research (Australian Institute of Aboriginal and Torres Strait Islander Studies, 2000), or any replacements thereof.

3.5.3. Where ethical approval is necessary for the proposed research, the researchers will select an appropriate Ethics Committee, and submit an application to that Ethics Committee that accurately and fully describes the proposed research.

3.5.4. The researchers must provide substantiation of ethics approval to the Sax Institute. The Sax Institute will record the approvals in a Research Ethics and Scientific Approvals Register in order that a compliance audit may be undertaken.

3.5.5. Researchers must comply with advice from the Ethics Committee that gave ethics approval.

3.5.6. Research projects will be subject to a random audit against ethics approvals for compliance with the scope of the approval.

3.6. Research involving Aboriginal and Torres Strait Islander peoples

3.6.1. Researchers have special responsibilities when undertaking research involving Aboriginal and Torres Strait Islander peoples.

3.6.2. Researchers must comply with the:

- Values and Ethics – Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research (NHMRC, 2003); and
- Guidelines for Ethical Research in Indigenous Studies (Australian Institute of Aboriginal and Torres Strait Islander Studies, 2002).

3.6.3. Researchers must demonstrate respect for cultural heritage and differences in norms, values and aspirations in the conduct of research.

3.6.4. Researchers should facilitate the engagement and participation of Aboriginal and Torres Strait Islander communities, including in research design and in the dissemination and publication of research findings.

3.6.5. Researchers may seek the advice of the Adviser to identify appropriate structures and processes for negotiating community engagement and participation.

Part C. Policies for the Responsible Conduct of Research at the Sax Institute

1. Research Ethics Policy

1.1. *National research governance framework*

The Sax Institute has adopted the National Health and Medical Research Council's (NHMRC) ethics requirements as stated within the Australian Code for the Responsible Conduct of Research (2007) (the Australian Code), the "National Statement on Ethical Conduct in Research Involving Humans"; the "Values and Ethics for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research" and also the Australian Institute of Aboriginal and Torres Strait Islander Studies "Guidelines for Ethical Research in Indigenous Studies".

1.2. *Ethical research at the Sax Institute*

The Sax Institute acknowledges and undertakes ethical research within the national research governance framework.

Each research project undertaken at the Sax Institute will be subject to independent ethic committee approval, monitoring and reporting. The various ethical committee review processes will ensure that the research is responsible and in accordance with ethical requirements for research on human beings.

The Sax Institute undertakes research into Aboriginal and Torres Strait Islander peoples and their children. This research is designed and conducted on the basis of important ethical values and principles of reciprocity, respect, equality, responsibility, survival and protection of the peoples and in recognition of spirit and integrity.

Participation in the Sax institute research programs is based on informed consent and is subject to external ethical committee approvals.

All research will be the subject of regular reviews by the Sax Institute in order to verify that ethics approvals are being followed, and that privacy and confidentiality safeguards for research participants are being maintained.

The Sax Institute is not involved in the use of animals in research for scientific purposes.

1.2.1 Use of Human Research Ethics Committees (HREC).

The Sax Institute adopts the National Statement on Ethical Conduct in Human Research (March 2007) published jointly by the National Health and Medical Research Council, Australian Research Council and the Australian Vice-Chancellors' Committee.

All human research undertaken by the Sax Institute involving more than low risk will be reviewed and approved by a Registered Human Research Ethics Committee (HREC) that is constituted and functioning in accordance with the National Statement on Ethical Conduct in Human Research (March 2007).

The Institute will assess whether a human research proposal meets the requirements of the National Statement on Ethical Conduct in Human Research (March 2007) and is ethically acceptable before any research is undertaken and before funding for the proposal is released.

The Sax Institute currently utilises the services of a number of registered Human Research Ethics Committees, including the University of Sydney HREC, the University of New South Wales HREC and the University of Western Sydney HREC.

The Sax Institute does not undertake research in respect of animals, and as a consequence does not have an association with an Animal Ethics Committee (AEC).

1.3. *Responsibilities for Ethical Research*

1.3.1. The Sax Institute

In adopting the national standards on the responsible conduct of research into humans, the Sax Institute acknowledges it has an important institutional role in the ethical research framework.

The lines of accountability for ethical research within this framework involve researchers (both internal and external) to the Sax Institute, to external ethics review committees, to funders, to government regulators and to the Australian community.

The Sax Institute will ensure that the key principles and values which underpin the ethical conduct of research involving humans are fundamental requirements of our research.

These key principles and values required in our research are:

- a. Research merit and integrity;
- b. Justice;
- c. Beneficence of the research;
- d. Respect; and
- e. Informed Consent to participate, where required.

The Sax Institute will ensure that these values and principles remain intrinsic to the research programs.

The Sax Institute will require that all research undertaken by its researchers and Research Visitors is designed, conducted, reviewed and reported in compliance with legal requirements, with the national standards for ethical conduct of research, and with appropriate standards for the relevant research discipline.

1.3.2. Researchers

It is the responsibility of researchers to apply ethical values, principles and processes within all elements of their research.

Researchers will be held individually accountable for conducting their research in a responsible and ethical manner.

2. Ownership of Research Materials and Data, Storage, Access, Use and Retention Policy

2.1. Research data and primary materials

Primary materials may include such things as questionnaires, recordings or biological specimens.

Research Data is ordinarily derived from primary materials and may include such things as electronic datasets, assays, test results, transcripts, and laboratory and field notes.

2.1.1. Collection and Storage

Primary materials and research data may be stored in or on various media including: non-electronic systems such as paper files, journals, and laboratory notebooks; electronic systems such as computer workstations and laptops; and storage media such as videotapes, diskettes, CDs, DVDs and memory cards.

At the outset of a research project, researchers should identify the types of primary materials and data that will be collected or otherwise obtained, how they will be stored and develop an appropriate data management plan.

2.1.2. Register

The Adviser will maintain a Register of Research Data and Primary Materials (the "Data Register").

Researchers are responsible for ensuring that all Research Data and Primary Materials are recorded on the Data Register, including documenting the type and location of data and materials, both on site and off site locations.

2.2. Ownership

2.2.1. The Sax Institute asserts ownership in all Research Data and Primary Materials, to the extent such ownership is permitted at law or otherwise subject to a third party agreement.

2.2.2. Where research is being undertaken as a Collaborative Research project the researchers must agree in writing on arrangements for the ownership of research data and primary materials before a project begins. Such an agreement must be authorised by the Sax Institute Chief Executive Officer.

2.2.3. Where researchers move between institutions or employers, original research data and primary materials will remain at the Sax Institute and will continue to be owned by the Sax Institute, unless otherwise agreed in writing by the Sax Institute Chief Executive Officer. Researchers may be permitted to hold a copy of the Research Data and Primary Materials; however, this will be at the discretion of the Sax Institute and must be agreed in writing.

2.2.4. Ownership of intellectual property rights in research data and primary materials is as defined in the Sax Institute Intellectual Property Policy.

2.3. Management of Research Data and Primary Materials

2.3.1. The Sax Institute will require that Research Data and Primary Materials:

- a. underpinning research conducted at the Sax Institute will be recorded in a durable and appropriately referenced form;
- b. related to publications will be made available for discussion with other researchers where possible;
- c. will be stored, archived, disposed of or retained in a secure and verifiable manner during and after the conclusion of a research project, in accordance with ethics approvals and research practice.

2.3.2. The aim of managing Research Data and Primary Materials is to ensure that sufficient materials and data are retained to justify the outcomes of the research and to defend them if they are challenged.

- In determining what materials including data to retain, as well as the period of retention, the researchers must comply with relevant legislation, codes and guidelines. Researchers should also consider practices in their research discipline and the requirements of the research funding organisations and publishers.
- At a minimum, researchers must maintain research data for seven (7) years unless otherwise advised by the Adviser or approved by an Ethics Committee.
- The Sax Institute will ensure facilities are provided for the safe and secure storage of research data.
- The Adviser will maintain a Register of Research Data (the "Data Register"). Researchers are responsible for ensuring that all research data is recorded on the Data Register, including documenting the location of data and the arrangements for data held in external locations, the retention period with the proposed method of disposal of the data.

2.4. Confidentiality and security of research data and primary materials

2.4.1. Access

Researchers must only access research data and primary materials in accordance with confidentiality requirements, legislation, privacy policy and principles and relevant guidelines of research authorities.

2.5. Confidential Information and Confidentiality Requirements

2.5.1. The Sax Institute will require Research Visitors to execute a confidentiality agreement to protect the confidentiality and security of research data and primary materials. Where such an agreement is required, a Research Visitor will not access data and materials until such time as the agreement has been duly executed. Researchers must comply with the terms of the agreement.

2.5.2. Where a researcher is an employee of the Sax Institute they will be required to sign Confidentiality – Non disclosure Agreement.

2.5.3. Responsibilities of all researchers

- a. Researchers have special responsibilities when handling Research Data and Primary Materials that are Confidential Information.
- b. Researchers must only access Research Data and Primary Materials in accordance with confidentiality requirements, legislation, privacy rules and relevant guidelines of research authorities.
- c. Researchers must only use Confidential Information for the purpose for which it was made available, unless participant consent and/or ethical approval is otherwise obtained for extraneous use.

2.6. Use

Researchers must only use personal, health and sensitive information provided by the participants with their consent for the purpose for which it was made available, consistent with Ethics Committee approvals, unless participant consent and ethical approval is otherwise obtained for any specified additional use.

2.7. Security

The Sax Institute will provide secure computing systems with appropriate network security and access controls in place to ensure that Research Data and Primary Materials held electronically are only accessed by authorised personnel.

2.8. Storage

Wherever possible, original Research Data and Primary Materials should be stored at the Sax Institute. Where this is not possible, original research data and primary materials may be stored offsite at a secure location. The arrangements for external storage must be clearly documented in the Data Register.

2.9. Retention

2.9.1. Sufficient Research Data and Primary Materials must be retained to justify the outcomes of the research and to defend them if challenged.

2.9.2. The researchers should determine which Research Data and Primary Materials to retain with reference to practices in the discipline, relevant legislation and codes, and funding agency or publisher requirements.

2.9.3. At a minimum, where the research will be published, research data should be retained for 5 years from the date of publication.

2.9.4. Data and primary materials related to publications must be retained for a period sufficient in the circumstances to allow discussion with other researchers.

2.9.5. Individual researchers may be permitted to hold copies of the data or primary materials, during this period, however, data and primary materials should not be retained solely by the researcher.

2.9.6. When the necessary period of retention has expired, Research Data and Primary Materials, will be destroyed in a secure and verifiable manner, unless the following apply:

- a. the Research Data and Primary Materials are, or a reasonable person would expect that they may be, relevant to an unresolved allegation of research misconduct; or
- b. the results of research are challenged, and the matter is unresolved; or
- c. the Research Data and Primary Materials have significant community or heritage value.

The destruction of Research Data and Primary Materials is to be recorded in the Data Register.

3. Conflicts of Interest in Research Policy

3.1. Conflict of Interest in Research

A conflict of interest in research exists where there is a divergence between the individual interests of a person and their professional responsibilities, such that an independent observer might reasonably conclude that the professional actions of that person, are unduly influenced by their own interests .

A conflict of interest in research may also exist where the individual has competing professional responsibilities such that their ability to make judgments and decisions impartially is compromised or is likely to be perceived as being compromised.

3.2. Types of Conflict of Interest in Research

There are a range of conflicts of interest that may arise in conducting research, including financial, personal, professional, or institutional. In all these areas, the researcher is expected to acknowledge the conflict appropriately and fully disclose the conflict of interest as appropriate.

References to 'conflict of interest' in this policy include actual, potential or perceived conflicts and each shall be treated the in the same manner.

3.3. Responsibilities of Researchers

3.3.1. Researchers should use their best efforts to ensure that they are not placed in a position of conflict of interest.

3.3.2. Researchers are required to manage conflicts of interest by :

- a. reading and understanding the Code and this Policy;

- b. maintaining records of activities that may lead to conflicts, such as: consultancies; membership of committees; boards of directors; advisory groups or selection committees; financial delegations; or the receipt of cash, services or equipment from outside bodies to support research activities.
- c. giving consideration to any conflicts of interest that may arise through new activities or new appointments and bringing possible conflicts of interest to the attention of those running the process; and
- d. disclosing any conflict of interest as soon as it becomes apparent.

3.4. Disclosure of Conflicts of Interest in Research

3.4.1. Where a researcher becomes aware of a possible conflict of interest, he or she must, as soon as reasonably practicable, make full disclosure to the Adviser.

3.4.2. The Adviser shall determine whether the circumstances satisfy the test for a conflict of interest i.e. an independent observer might reasonably conclude that the professional actions of the researcher are unduly influenced by their own interests. This is a subjective test, and does not require actual undue influence to be demonstrated.

3.4.3. If it is determined that the circumstances do give rise to a conflict of interest, the details of the conflict shall be recorded in the Conflict of Interest in Research Register.

3.4.4. If the researcher is unwilling to disclose the details of a conflict of interest publicly, disclosure may be made in confidence to the Adviser.

3.4.5. Where the researcher, for personal reasons or reasons of confidentiality, is unable or unwilling to disclose the details of the conflict at all, then the existence of a conflict must still be declared, followed by withdrawal from processes that could be influenced by conflicts.

3.4.6. In addition to disclosing conflicts of interest to the Adviser, conflicts of interest must be disclosed to all affected parties. Individuals or bodies who are affected parties will be determined in the circumstances, but may include Ethics Committees, journal editors and funding bodies. Conflicts should be acknowledged in published work and when establishing a research collaboration. Researchers may seek advice from the Adviser regarding which individuals or bodies are affected parties. However, primary responsibility for disclosing a conflict of interest rests with the researcher.

3.5. Disclosure of Conflicts of Interest in NHMRC Funded Research

3.5.1. If a researcher is Specified Personnel on an NHMRC grant, he or she must fully declare to the Adviser and the Chief Investigators the details of any conflict of interest he or she has in relation to that research activity.

3.5.2. The Chief Investigator A named on the grant must seek NHMRC's written consent for that researcher to perform the research activity, notwithstanding the declared conflict of interest.

3.5.3. The researcher must not participate in the research activity until such written consent has been received from NHMRC.

3.6. Recording Conflicts of Interest in Research

3.6.1. The Adviser will ensure that the Conflicts of Interest in Research Register is duly noted and will manage conflicts of interest in accordance with this Policy.

3.6.2. Where Confidential Information is involved in the conflict of interest; it is permissible to omit the Confidential Information from the record.

3.7. Managing Conflicts of interest

3.7.1. The researcher must not take part in any decision making processes related to the subject of the conflict.

3.7.2. The Adviser and the researcher will together develop a plan to manage the conflict of interest, which will be recorded on the Conflicts of Interest in Research Register.

4. Collaborative Research Policy

- 4.1. The Sax Institute will encourage, promote and participate in Collaborative Research with other researchers and research organisations in the furtherance of the Institute's vision and mission.
- 4.2. The Sax Institute has adopted the Australian Code and will follow the general principles of the Code and will comply with its requirements in entering into Collaborative Research.
- 4.3. Prior to entering into Collaborative Research, the Sax Institute will ensure that it has effected an appropriate written agreement with its research partners (Collaborating Institution), by entering into an Agreement for Collaborative Research (the Agreement).
- 4.4. The Agreement will be executed by the Sax Institute according to the delegations of authority and be compliant with all contractual requirements that apply.
- 4.5. The Agreement with the Collaborating Institution will specify arrangements for:
 - a. the roles and responsibilities of the researchers and each research organisation managing primary research materials and research data;
 - b. responsible financial management and accounting requirements;
 - c. confidentiality and privacy;
 - d. intellectual property;
 - e. copyright and moral rights issues;
 - f. sharing commercial returns;
 - g. responsibility for ethics and safety clearances;
 - h. reporting to funders and other appropriate agencies;
 - i. disseminating research outcomes and publication of the research;
 - j. managing potential disputes.
- 4.6. Researchers involved in collaborative research will:
 - a. be provided with the Collaborating Institutions Policy; and
 - b. be aware of and comply with both the policy requirements and the written agreements effected for their collaborative research project;
 - c. recognise and adopt the processes for the management of Research Data and Primary Materials and other materials to be retained once the project has concluded;
 - d. declare any actual, potential or possible perceived conflict of interest relating to any aspect of the project.

5. Authorship Policy

The Sax Institute's Authorship Policy adopts the Australian Code requirements relating to authorship in research data and materials. It specifies the criteria that a researcher is to adopt when considering authorship rights and responsibilities for attribution of research contributions.

5.1. *Process of attribution of authorship*

- 5.1.1. The Sax Institute enters into contractual arrangements between researchers and research organisations prior to any research being undertaken. The contractual arrangements ensure that clear agreements have been made as to the criteria, the process of attribution and the methods of dispute resolution should any disputes occur.
- 5.1.2. Authorship should be appropriately attributed in any publication of research finding according to established guidelines.
- 5.1.3. Written permission is to be obtained from an author before inclusion or exclusion of their authorship in research materials and publications. The authority is to include information concerning their contributions to the research and publication.

5.2. *Criteria for attribution*

- 5.2.1. The criteria to be named as an author, requires substantial contributions in:
 - a. The conception and design of the project;
 - b. Analysis and interpretation of research data;

- c. Drafting significant parts of the work or critically revising it so as to contribute to the interpretation;
- d. The researcher must have made a substantial scholarly contribution to the work and be able to take responsibility for at least that part of the work they contributed.

5.2.2. In attributing authorship, researchers must comply with the criteria for authorship specified in the Code and professional practices in the discipline.

5.2.3. Researchers must offer authorship to all people, including research trainees, who meet the criteria for authorship and must not offer authorship to any person who does not meet the requirements for authorship.

5.2.4. Researchers must not offer authorship to persons who do not meet the authorship criteria. An offer in these circumstances is a breach of the Code and is research misconduct.

5.2.5. All contributions, use of facilities and resources must be fairly acknowledged by researchers.

5.2.6. Researchers must maintain written evidence that they have offered authorship to contributors and also evidence of acceptances or declination.

5.2.7. For the avoidance of doubt, this section does not apply to Commissioned Reviews.

5.3. Attribution of contributions as an editor or peer reviewer

Recognition of the role of an editor or peer reviewer will be required when a person has contributed significantly in the development, review and critiquing of research in preparation for dissemination and publication.

5.4. Disputes over attribution

The Sax Institute requires all researchers who are employed or engaged by the Institute to comply with the Australian Code.

The Sax Institute will assist, when requested by the parties, in resolving disputes between the parties over the attribution of authorship and editorial contributions to research when the dispute involves a researcher employed or engaged by the Sax Institute.

6. Dissemination and Publication of Research

The Sax Institute encourages researchers to disseminate research findings widely, in a variety of forms and to a variety of audiences.

The reporting and dissemination of research findings can range from the formal publication of results in academic journals, publications and books, to the less formal mediums such as newsletters, presentations, website materials, media events etc.

When disseminating research and research findings, both the Sax Institute and its researchers may be subject to both confidentiality and other types of written agreements establishing the methods and processes to be followed.

In most instances the issues of confidentiality and intellectual property will be established within contractual obligations between the parties. The Sax Institute and the researcher are bound by contractual terms as well as the Australian Code.

The Sax Institute also has in place a policy on the ownership and application of intellectual property rights, copyright and moral rights of research conducted by its employees, contractors, and consultants.

In general, the Sax Institute retains ownership of the intellectual property rights for research that it originates and develops.

Where the Sax Institute is a substantial contributor to collaborative research, it ensures that appropriate recognition is made of all research contributions.

In recognition of the importance of disseminating and publishing research, the Sax Institute will, in certain circumstances, provide a worldwide, non-exclusive no fee licence to other research parties to use the research data and/or findings for a non-commercial purpose.

Any agreement between the Sax Institute and researchers and/or a third party sponsor of research, or a Research Collaborator, must not include terms that unreasonably delay the publication of research findings beyond the time needed to submit material for publication in peer-reviewed literature or to protect intellectual property and other relevant interests.

6.1. Recognising partner organisations and sponsors

The Sax Institute ensures that it meets its contractual obligations to its researchers, partner organisations and sponsors in appropriate acknowledgement of the contributions of all parties to the research.

6.2. Researcher responsibilities

6.2.1. Researchers must:

- a. ensure that the principles of responsible conduct of research are applied in the dissemination and publication of research;
- b. demonstrate ethical conduct, intellectual honesty, integrity, accuracy, scholarly and scientific rigor in the dissemination of research findings;
- c. disseminate all research findings as broadly as possible;
- d. ensure the accuracy of publication and dissemination;
- e. cite work appropriately and accurately;
- f. make a full disclosure if submitting work for publication to several publishers;
- g. obtain appropriate permissions concerning the published works;
- h. disclose all research support, both financial and non-financial support and conflicts of interest within the published work; and
- i. manage confidentiality requirements in submitting research work to sponsors and/or per review to ensure unnecessary delays in disseminating the research does not occur.

6.2.2. In order to ensure that research is responsibly communicated and disseminated to the public, the researcher will:

- a. ensure the research has been peer reviewed before release;
- b. inform the interested parties involved in the research of the findings before release to the media;
- c. where appropriate, ensure that relevant external bodies are informed of the research where there may be commercial elements or interests involved; and
- d. ensure that if there are any contractual or other restrictions on the research that they are met.

Part D. Breaches of the Code and Research Misconduct Policy and Procedures

1. Introduction

1.1. The Institute treats all breaches of the Australian Code for the Responsible Conduct of Research (the "Code") seriously.

1.2. The Institute aims to ensure a research environment that supports best practice in research, minimises breaches of the Code and effectively deals with any allegation of a breach or research misconduct.

1.3. This policy provides a clear, transparent and accountable process to handle allegations of breaches of the Code and research misconduct. Allegations will be handled in accordance with the Code and the principles of natural justice (also known as procedural fairness).

2. Principles of Natural Justice

2.1. In handling allegations of breaches of the Code and research misconduct, the Institute will protect and treat fairly all parties.

2.2. The principles of natural justice will be followed at all stages, and include (but are not limited to):

- a. following clear and transparent definitions and processes;
- b. clearly stating all allegations in writing;
- c. dealing with allegations in a timely manner;

- d. providing the accused party with an opportunity to be heard;
- e. ensuring all persons handling allegations are free from bias, conflict of interest or preconception;
- f. providing findings in writing to all parties, with reasons; and
- g. providing mechanisms for review of findings.

3. Definition of Research Misconduct

3.1. In this Policy "research misconduct" has the same meaning as in the Code.

3.2. For the avoidance of doubt, a complaint or allegation involves research misconduct if it involves all of the following:

- a. a breach of the Code;
- b. done with intent and deliberation, recklessness or gross and persistent negligence; and
- c. serious consequences.

3.3. Research misconduct does not include honest differences in judgment in management of a research project, and may not include honest errors that are minor or unintentional.

4. Handling Allegations of a Breach of the Code Only

4.1. The Institute treats all breaches of the Code seriously. Conduct that breaches the Code but does not satisfy the threshold for research misconduct will be dealt with appropriately, generally at a Division level.

4.2. The distinction between a mere breach of the Code and research misconduct is not always clear. Where there is doubt, the allegation should be handled as an allegation of research misconduct.

4.3. Any person who reasonably suspects a breach has occurred, including a breach he or she has committed, must report this promptly to the relevant Division Head who will investigate and take appropriate action to remedy the breach.

4.4. The Division Head must keep detailed confidential records and within ten (10) working days of the breach being reported must submit a report to the Adviser documenting the breach and the action taken.

4.5. If any affected party (including the subject of the allegation and the complainant) is not satisfied with the outcome at the Division level, the complaint shall be escalated to the Designated Person for review. The Designated Person will provide the Division Head with directions for action to resolve the breach.

5. Handling Allegations of Research Misconduct

Appointment of a Designated Person

5.1. The Institute shall ensure that at all relevant times an appropriate person is appointed to the role of Designated Person. The Designated Person shall exercise all the powers, functions and responsibilities assigned to this role under the Code, including:

- a. receiving written allegations of research misconduct;
- b. conducting preliminary investigations; and
- c. providing advice to the CEO.

5.2. The Institute shall also appoint an Alternate Designated Person, who will act in place of the Designated Person when the Designated Person:

- a. has a conflict of interest (actual, potential or perceived); or
- b. is unable or unwilling to act.

5.3. Both the Designated Person and Alternate Designated Person shall be senior members of the Institute's management structure who are experienced in research and research management.

5.4. Neither the Designated Person, nor the Alternate Designated Person, shall be the same person as the Adviser.

5.5. Any references in this Policy to the "Designated Person" shall be deemed to be references to the Alternate Designated Person, as appropriate.

6. Advice to those making, or considering making, an allegation

6.1. A person making, or considering making, an allegation of research misconduct may approach the Adviser for confidential advice. However, this is not a prerequisite to make an allegation of research misconduct.

6.2. The Adviser will make no determination as to whether research misconduct has been committed and shall only explain the definition of research misconduct, the options for handling an allegation and the process for making a formal allegation of research misconduct.

6.3. If the person who is the subject of the allegation is not an employee of the Institute, or otherwise capable of being sanctioned by the Institute, the Adviser will advise to which entity the allegation should be directed.

6.4. If the person who is the subject of the allegation is the Adviser, the person considering making the allegation of research misconduct should instead seek advice from their Division Head.

7. Making an allegation of research misconduct

7.1. Any person who reasonably suspects research misconduct has occurred must report this promptly. Allegations must be made in good faith and should not be vexatious or frivolous.

7.2. An allegation of research misconduct should be made in writing to the Designated Person, unless the subject of the allegation is the:

- a. Designated Person: the allegation should instead be made in writing directly to the Alternate Designated Person; or
- b. Institute CEO: the allegation should be made in writing directly to the Chairperson of the Research Governance Committee.

8. Receiving an allegation of research misconduct

8.1. The Designated Person will notify the Institute CEO promptly when he or she receives an allegation of research misconduct.

8.2. If the person the subject of the allegation is a Specified Person, on any NHMRC grant, the Designated Person will ensure that NHMRC is notified of the receipt of the allegation within ten (10) working days.

8.3. Upon receipt of an allegation, the Designated Person will assess whether the Institute is the most appropriate entity to handle a preliminary investigation, giving consideration to the following:

- a. whether the subject of the allegation is an employee of the Institute, or otherwise capable of being sanctioned by the Institute; and
- b. the Designated Person's authority to secure documents and evidence likely to be relevant to an investigation.

Where another entity is better able to satisfy these requirements, the Designated Person may recommend to the Institute CEO that the allegation be immediately referred to that entity for investigation.

9. Conducting a Preliminary Investigation

9.1. The Designated Person will conduct a preliminary investigation, the purpose of which is to advise the Institute CEO of the following:

- a. whether the allegation appears to be justified;
- b. whether a prima facie case exists; and
- c. the course of action that should be taken to resolve the allegation.

9.2. The Institute recognises the importance of a researcher's reputation and the professional damage an allegation of research misconduct may cause. Accordingly, the preliminary investigation must be conducted discretely and handled in a confidential manner.

9.3. The Designated Person will only disclose the name of the complainant to the person who is the subject of the allegation if this is deemed necessary to conduct the investigation effectively and the complainant has given their express written permission.

9.4. The Designated Person is authorised to secure any documents and evidence held by the Institute required for investigation of the allegation and Institute employees must cooperate fully with any reasonable request made by the Designated Person.

9.5. The Designated Person may seek confidential advice from an independent expert (internal or external).

9.6. The person who is the subject of the allegation should be given an opportunity to provide the Designated Person with a written response to the allegation. The Designated Person may also request additional information from the complainant.

9.7. Upon completion of the preliminary investigation, the Designated Person will provide the CEO with a written report of his or her findings with reasons and a recommendation for action.

9.8. Recommendations for action open to the Designated Person include:

- a. dismissal of the allegation;
- b. dealing with the allegation under misconduct provisions unrelated to research misconduct;
- c. referral to the relevant Division Head with instructions as to how the allegation is to be handled; and
- d. further investigation through a research misconduct inquiry (including how that inquiry should be constituted).

10. Effect of the Designated Person's Findings

10.1. The Designated Person functions in an advisory capacity only and his or her recommendations are not binding.

10.2. The Institute CEO may, at his or her discretion, choose not to adopt the recommendations of the Designated Person, so long as the action taken is in accordance with the Code and this Policy. In determining whether to adopt the recommendations of the Designated Person, the CEO may seek advice from the Research Governance Committee.

10.3. The Institute CEO will provide the Research Governance Committee with the written report of the Designated Person and the CEO must notify the Committee of the planned action to resolve the allegation. Where the CEO elects not to adopt the recommendations of the Designated Person reasons should be provided to the Committee.

10.4. The CEO must provide written notice of his or her final decision regarding the action to be taken to the following parties:

- a. the person making the allegation;
- b. the person who is the subject of the allegation;
- c. the Designated Person; and
- d. the Research Governance Committee.

10.5. If the person who is the subject of the allegation is a Specified Person on any NHMRC grant, the CEO must ensure NHMRC is notified of the decision resulting from the preliminary investigation within ten (10) working days following the reaching of that decision.

11. Establishment of a Research Misconduct Inquiry

11.1. Where the Institute CEO determines that a Research Misconduct Inquiry (Inquiry) is needed, he or she will request that the Research Governance Committee establish a panel to investigate.

11.2. The Inquiry may be an internal institutional inquiry or an independent external inquiry. An independent external inquiry must be established if the allegation has, or is likely to have, serious consequences for the accused, the accuser, other parties and institutions or public confidence in research.

12. Research Misconduct Inquiry Panel Membership

12.1. The Inquiry panel will be constituted of individuals who are free from bias, conflict of interest and preconception and may include:

- a. members of the Research Governance Committee (internal institutional inquiry); or
- b. persons not employed by the Institute who have experience in research, research management and/or conducting investigations (independent external inquiry); or
- c. a mix of the above persons (internal institutional inquiry).

Neither the Adviser nor the Designated Person shall be a member of the Inquiry panel.

At a minimum, the panel shall include:

- a. one member with expertise in the relevant field of research or a related field; and
- b. one member who is legally qualified and/or has experience conducting investigations.

The minimum membership for an independent external inquiry is three people.

13. Conduct of a Research Misconduct Inquiry

13.1. The Inquiry will be conducted as described in the Code section 12.

13.2. The scope of the Inquiry is to be determined by the panel with consideration given to factors such as, potential involvement by others (co-authors, collaborators etc.), the number of publications potentially impacted etc.

13.3. The primary purpose of the Inquiry is to make findings of fact and determine what, if any, research misconduct has been committed. The Inquiry will generally make its findings on the balance of probabilities, unless it determines the severity of the allegation warrants a higher standard of proof.

13.4. At the conclusion of the Inquiry, the panel shall provide the CEO a written report of its findings with reasons and a recommendation for action. Where the panel members do not agree, they may provide individual reports (or a majority report and individual report/s).

14. Action on Completion of the Research Misconduct Inquiry

14.1. The CEO will consider the Inquiry's report and determine the actions to be taken. The CEO must provide formal written notice that the investigation has been completed and the actions to be taken to the following parties:

- a. the person who made the allegation;
- b. the person who is the subject of the allegation;
- c. the Designated Person; and
- d. the Research Governance Committee

14.2. Where the allegation has been proved, sanctions appropriate to the severity of the research misconduct committed must be imposed and any actions necessary to resolve the research misconduct must be taken (such as notification of affected parties, correction of publications and changes to the Institute's standard practices).

14.3. Where the allegation has not been proved, the Institute will make every effort to reinstate the good reputation of the accused and any other associated party.

14.4. If it is determined that the allegation was not made in good faith, appropriate disciplinary action will be taken against the complainant.

14.5. If the person who is the subject of the allegation is a Specified Person on any NHMRC grant, the CEO must ensure NHMRC is notified of the decision resulting from the Inquiry within ten (10) days following the reaching of that decision.

15. Right to Review

Any person who is not satisfied with the Institute's handling of an allegation of research misconduct may request a review by the Australian Research Integrity Committee (ARIC). The Institute shall cooperate fully with any ARIC review of its processes in relation to research misconduct.

16. Sanctions

Sanctions imposed on persons who have breached the Code or committed research misconduct should be consistent with the purposes of sanctioning, which are to:

- a. denounce the breach or misconduct;
- b. ensure accountability for the breach or misconduct;
- c. educate the individual;
- d. deter the individual and others from similar breaches or misconduct;
- e. protect the Institute, scientific community and public; and
- f. punish the individual, where the severity of the misconduct requires it.

The appropriate sanctions to apply will depend on the circumstances, including the severity of the breach or misconduct and whether it is a repeat or isolated incident.

Potential sanctions include:

- a. counselling;
- b. education and/or training;
- c. additional supervision for a set-period;
- d. removal from a research project/s;
- e. prohibition from acting as a Chief Investigator, or in other positions of responsibility, for a set-period; and
- f. termination of employment.

ANNEX 1

References to Australian Research Standards, Codes and Guidelines

- "Australian Code of Practice for the Care and Use of Animals for Scientific Purposes" 7th Edition, 2004 (Under review)
- "Australian Code for the Responsible Conduct of Research" (2007) National Health and Medical Research Council,
- "Guidelines for Ethical Research in Indigenous Studies" Australian Institute of Aboriginal and Torres Strait Islander Studies, 2002
- "National Statement on Ethical Conduct in Research Involving Humans" (NHMRC, 2007)
- "Statement on Consumer & Community Participation in Health & Medical Research" NHMRC & Consumers Health Forum of Aust Inc 2002
- "Values and Ethics – Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research" National Health and Medical Research Council, 2003

ANNEX 2

List of Associated Policy Documents

- Conflicts of Interest Policy
- Intellectual Property Policy
- Privacy Policy