

RESEARCH CODE OF CONDUCT 2019

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

Dated: 24 June 2019

Last amended:

Signature:

Position: Deputy Vice-Chancellor (Research)

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1 Name of policy

This is the Research Code of Conduct 2019.

2 Commencement

This policy commences on 1 July 2019.

3 Policy is binding

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

4 Statement of intent

This policy:

- (a) states the University's commitment to responsible research practice in accordance with the [Australian Code for the Responsible Conduct of Research 2018](#);
- (b) describes good research practice;
- (c) promotes integrity in research;
- (d) explains the University's expectations of researchers, including their obligations to comply with this policy and the [Australian Code for the Responsible Conduct of Research 2018](#);
- (e) sets out the process for dealing with allegations of breaches of this policy and the [Australian Code for the Responsible Conduct of Research 2018](#); and
- (f) supports the University's values of respect, integrity, inclusion and diversity.

Note: Additional obligations may apply to grant funded research, and researchers should check the terms of any applicable funding agreement or contract and the policies and guidelines of their funding bodies. Researchers should also check local requirements before conducting research in countries other than Australia.

5 Application

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

6 Definitions

affiliate	<p>has meaning given in the Code of Conduct – Staff and Affiliates which at the date of this policy is:</p> <p>clinical title holders; adjunct, conjoint and honorary appointees; consultants and contractors to the University; holders of offices in University entities, members of Boards of University Foundations, members of University Committees; and any other persons appointed or engaged by the University to perform duties or functions on its behalf.</p>
animal	<p>means any live non-human vertebrate or cephalopod (e.g. octopus, cuttlefish, squid). This includes:</p> <ul style="list-style-type: none"> • embryonic and fetal forms of mammals; • birds and reptiles that have progressed beyond half the gestation or incubation period; • fish and amphibia once they can feed independently; and • cephalopods at the point when they hatch.
assessment officer	<p>means any person appointed by the University to conduct a preliminary assessment of a complaint about a breach of this policy.</p>
Australian Research Code	<p>means the Australian Code for the Responsible Conduct of Research as amended or replaced from time to time.</p>
breach of this policy	<p>means a failure to comply with the principles and responsibilities set out in this policy. This may refer to a single breach or multiple breaches. A serious breach of this policy may constitute research misconduct: see clause 20.</p> <p>Note: The principles and responsibilities under this policy include a requirement that researchers comply with the Australian Research Code, and any breaches of that Code will constitute a breach of this policy.</p>
clinical trial	<p>has the meaning given in the Clinical Trials Policy 2016. At the date of this policy that is:</p> <p>any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects on health outcomes.</p> <p>Health-related interventions include, but are not limited to:</p> <ul style="list-style-type: none"> • experimental drugs; • cells and other biological products; • vaccines; • medical devices; • surgical and other medical treatments and procedures; • psychotherapeutic and behavioural therapies;

- health-related service changes;
- health-related preventive care strategies; and
- health-related educational interventions.

Dean	means, as appropriate, Executive Dean or Dean of a faculty or Head of School and Dean of a University school.
delegate	has the meaning given in the University of Sydney (Delegations of Authority – Administrative Functions) Rule 2016 . At the date of this policy this is: <p style="margin-left: 40px;">means an employee, member or committee of Senate or any other person or entity to whom or to which a delegation has been made by Senate</p>
designated officer	means the person or persons designated by the University under clause 21 of this policy to: <ul style="list-style-type: none"> • receive complaints about the conduct of research or potential breaches of this policy; and • oversee their management and investigation where required.
DVC(R)	means Deputy Vice-Chancellor (Research).
Enterprise Agreement	means the University of Sydney Enterprise Agreement 2018-2021 or any replacement agreement.
executive supervisor	has the meaning given in the External Interests Policy 2010 . At the date of this policy this is: <p style="margin-left: 40px;">means the relevant Dean, Head of School and Dean (University school), Director or other chief officer of an administrative area, Deputy Vice-Chancellor or Vice-Chancellor, as the case may be.</p>
faculty	includes, where appropriate, University school.
human research	means research involving human beings through: <ul style="list-style-type: none"> • taking part in surveys, interviews or focus groups; • undergoing psychological, physiological or medical testing or treatment; • being observed by researchers; • researchers having access to personal information or other materials, including information in existing sources or databases (published or unpublished); or • the collection and use of body organs, tissues or fluids (e.g. skin, blood, urine, saliva, hair, bones, tumour and other biopsy specimens or exhaled breath). <p>Note: See National Statement on Ethical Conduct in Human Research, p7.</p>
HREC	means an NHMRC registered Human Research Ethics Committee.

intellectual property	<p>has the meaning given to it in the Intellectual Property Policy 2016. As at the date of this policy, that is:</p> <ul style="list-style-type: none"> • includes rights (including, without limitation, rights of registration or application for registration) relating to: • literary (including computer programs), artistic, musical and scientific works; • multimedia subject matter; • performances of performing artists, phonograms and broadcasts; • inventions in all fields of human endeavour; • scientific discoveries; • industrial designs; • trademarks, service marks and commercial names and designations; • plant varieties; and • circuit layouts; <p>but does not include any moral right.</p>
investigation	means an investigation conducted in accordance with clause 28 of this policy following a preliminary assessment.
lead researcher	means the person responsible for the intellectual, administrative and ethical aspects of a research project.
peer review	means impartial and independent assessment of research by others working in the same or a related field.
plagiarism	means presenting another's work as one's own work by presenting, copying or reproducing it without appropriate acknowledgement of the source.
preliminary assessment	means the process undertaken by an assessment officer to establish whether an alleged breach of this policy warrants further investigation.
research	<p>means investigation undertaken to gain or advance knowledge, understanding and insight.</p> <ul style="list-style-type: none"> • It includes the creation of new knowledge and the use of existing knowledge in a new and creative way so as to generate new concepts, methodologies, inventions and understandings. This could include synthesis and analysis of previous research to the extent that it is new and creative. • It does not include routine testing and routine analysis of materials, components and processes or the development of teaching materials or similar work.
research integrity adviser	means an individual appointed to promote the responsible conduct of research and provide advice to those with concerns or complaints about breaches of this policy.
research trainee	includes research students and inexperienced researchers.

researcher	means any staff member, student or affiliate who conducts, or assists with the conduct of research.
research misconduct	has the meaning given in clause 20 of this policy.
responsible executive officer	means the senior officer who has final responsibility for: <ul style="list-style-type: none"> • receiving reports of the outcomes of processes of assessment or investigation of allegations of breaches of this policy; and • deciding on the actions to be taken.
review officer	means a person designated by the University to conduct a procedural review of an investigation of a complaint about alleged breaches of this policy.
scientific purposes	means all activities conducted with the aim of acquiring, developing or demonstrating knowledge or techniques in all areas of science including teaching (at primary, secondary, tertiary and post-graduate levels).
tissue	means an organ or part of a human body or any substance extracted from, or from part of, the human body, including: <ul style="list-style-type: none"> • ova • semen; • urine; • sputum; • blood; • fetal tissue; and • teeth. <p>For the purposes of this policy, “tissue” does not include cell lines or stem cells, the latter of which are subject to a separate and specialised regulatory framework.</p>
tissue bank	means a collection of tissue samples held with the intention of distributing them to researchers (within and external to the University) upon request and for a variety of projects. Samples held in tissue banks are linked to donor personal and health information (such as diagnosis and patient age).
tissue holdings	means tissue samples that are held for a project specific use that has been approved by a Human Research Ethics Committee (HREC). <p>Note: HREC approval only permits these tissues to be used in specific projects that were fully described at the time of collection.</p>

PART 1 – PROPER CONDUCT OF RESEARCH

7 Principles of responsible research conduct

- (1) Responsible research conduct is characterised by the following:
 - (a) **Honesty** in developing, undertaking and reporting research, including:
 - (i) presenting information truthfully and accurately in proposing, conducting and reporting research.
 - (b) **Rigour** in developing, undertaking and reporting research, including:
 - (i) underpinning research by attention to detail and robust methodology, avoiding or acknowledging biases.
 - (c) **Transparency** in declaring interests and reporting research methodology, data and findings, including:
 - (i) sharing and communicating research methodology, data and findings openly, responsibly and accurately; and
 - (ii) disclosing and managing conflicts of interest.
 - (d) **Fairness** in the treatment of others, including:
 - (i) treating fellow researchers and others involved in the research fairly and with respect;
 - (ii) appropriately referencing and citing the work of others; and
 - (iii) giving credit, including authorship where appropriate, to those who have contributed to the research.
 - (e) **Respect** for research participants, the wider community, animals and the environment, including:
 - (i) treating human participants and communities that are affected by the research with care and respect;
 - (ii) giving appropriate consideration to the needs of minority groups or vulnerable people;
 - (iii) ensuring that respect underpins all decisions and actions related to the care and use of animals in research; and
 - (iv) minimising adverse effects of the research on the environment.
 - (f) **Recognising** the right of Aboriginal and Torres Strait Islander peoples to be engaged in research that affects or is of particular significance to them, including:
 - (i) recognising, valuing and respecting the diversity, heritage, knowledge, cultural property and connection to land of Aboriginal and Torres Strait Islander peoples;
 - (ii) engaging with Aboriginal and Torres Strait Islander peoples prior to research being undertaken, so that they freely make decisions about their involvement;
 - (iii) reporting to Aboriginal and Torres Strait Islander peoples the outcomes of research in which they have engaged.
 - (g) **Accountability** for the development, undertaking and reporting of research, including:

- (i) complying with relevant legislation, policies and guidelines;
 - (ii) ensuring good stewardship of public resources used to conduct research; and
 - (iii) considering the consequences and outcomes of research prior to its communication.
 - (c) **Promotion** of responsible research practices, including:
 - (i) promoting and fostering a research culture and environment that supports the responsible conduct of research.
- (2) The University acknowledges its responsibility to:
- (a) establish and maintain good governance and management practices for responsible research conduct;
 - (b) identify and comply with relevant laws, regulations, guidelines and policies related to the conduct of research;
 - (c) develop and maintain the currency and ready availability of a suite of policies and procedures which ensure that institutional practices are consistent with the principles and responsibilities of the [Australian Research Code](#);
 - (d) provide ongoing training and education that promotes and supports responsible research conduct for all researchers and those in other relevant roles;
 - (e) ensure supervisors of research trainees have the appropriate skills, qualifications and resources;
 - (f) identify and train research integrity advisers who assist in the promotion and fostering of responsible research conduct and provide advice to those with concerns about potential breaches of this policy;
 - (g) support the responsible dissemination of research findings, and where necessary, take action to correct the record in a timely manner;
 - (h) provide access to facilities for the safe and secure storage and management of research data, records and primary materials and, where possible and appropriate, allow access and reference;
 - (i) facilitate the prevention and detection of potential breaches of this policy;
 - (j) provide mechanisms to receive concerns or complaints about potential breaches of this policy and to investigate and resolve potential breaches;
 - (k) provide a process for managing and investigating concerns or complaints about potential breaches which is timely, effective and in accord with procedural fairness;
 - (l) support the welfare of all parties involved in an investigation of a potential breach of this policy;
 - (m) base findings of investigations on the balance of probabilities and ensure any actions are commensurate with the seriousness of the breach; and
 - (n) support the development of Aboriginal and Torres Strait Islander research capacity and capability.

8 General responsibilities of researchers

- (1) The responsibilities of researchers under this policy include a requirement to comply with the [Australian Research Code](#).
- (2) Researchers must foster and maintain high standards of responsible research. This includes:
 - (a) respecting the rights of those affected by their research;
Note: See subclauses 8(2), 8(4), 8(5), 8(6) and 8(7).
 - (b) supporting a culture of responsible research conduct at the University and in their field of practice;
 - (c) providing guidance and mentorship on responsible research conduct to other researchers or research trainees under their supervision and, where appropriate, monitoring their conduct;
Note: See clause 10.
 - (d) undertaking and promoting education and training in responsible research conduct, as well as any other training relevant to their research;
 - (e) complying with the relevant laws, regulations, professional/disciplinary standards, ethics guidelines and University policies related to responsible research conduct;
 - (f) ensuring that ethics and any other necessary approvals are obtained before conducting research, and that conditions of any approvals are adhered to during the course of research;
Note: See subclauses 8(2) and 8(3).
 - (g) ensuring that the ethics principles of research merit and integrity, justice, beneficence and respect are applied to human research;
Note: See subclauses 8(2), 8(4), 8(5), 8(6) and 8(7).
 - (h) engaging with Aboriginal and Torres Strait Islander peoples and respecting their legal rights and local laws, customs and protocols;
Note: See subclause 8(6).
 - (i) ensuring that at all stages of research involving animals, consideration is given to replacing animals with other methods, reducing the number of animals used, refining techniques used to minimise the adverse impact on animals and in so doing supporting the welfare and wellbeing of these animals;
Note: See subclause 8(3) and [Animal Research Act 1985 \(NSW\)](#); [Animal Research Regulation 2010 \(NSW\)](#); [Australian code for the care and use of animals for scientific purposes](#).
 - (j) adopting methods appropriate to the aims of the research and ensuring that conclusions are justified by the results;
 - (k) retaining clear, accurate, secure and complete records of all research including research data and primary materials, and where possible and appropriate, allowing access and reference to these by interested parties;
Note: See clause 9.



- (l) disseminating research findings responsibly, accurately and broadly, and where necessary, taking action to correct the record in a timely manner;
Note: See clause 11 and [Public Comment Policy: Charter of Academic Freedom \(2008\)](#); [Research Agreements Policy \(2011\)](#)
 - (m) disclosing and managing actual, potential or perceived conflicts of interest;
Note: See clause 14.
 - (n) ensuring that authors of research outputs are all those, and only those, who have made a significant intellectual or scholarly contribution to the research and its output, and that they agree to be listed as an author;
Note: See clause 12.
 - (o) acknowledging those who have contributed to the research;
Note: See clause 12.
 - (p) citing and acknowledging other relevant work appropriately and accurately;
 - (q) participating in peer review in a way that is fair, rigorous and timely and maintains the confidentiality of the content;
Note: See clause 13.
 - (r) reporting suspected breaches of this policy to the University in a timely manner;
Note: See Part 2 and [Code of Conduct-Staff and Affiliates](#); [Code of Conduct for Students](#); [External Interests Policy 2010](#); [Reporting Wrongdoing Policy 2012](#); [University of Sydney \(Student Appeals Against Academic Decisions\) Rule 2006](#); [Academic Honesty in Coursework Policy 2015](#); [Supervision of Higher Degree by Research Students Policy 2013](#)
 - (s) following proper practices for safety and security;
 - (t) citing awards, degrees conferred and research publications accurately, including the status of any publication such as “under review” or “in press”;
 - (u) using and managing resources responsibly; and
 - (v) complying with the terms of funding agreements or other contracts relating to the research.
- (3) Researchers must respect research participants.
- (a) All researchers must inform themselves about the requirements for conducting human research in their chosen field, including all laws, regulations and codes applicable to human subjects of research.
 - (b) Written approvals from appropriate ethics committees, safety and other regulatory bodies must be obtained when required, and before conducting research. In particular, ethics approval is required for any research within the scope of the [National Statement on Ethical Conduct in Human Research](#).
Note: Information and assistance with procedures for compliance can be found on the [Research Support – Human Ethics](#) website.
- (4) Researchers must respect animals used in research.
- (a) All researchers must inform themselves about the requirements for conducting research involving animals, including all laws, regulations and codes applicable to animal research and other activities involving the use of animals for scientific purposes.

- (b) Researchers must obtain written approvals from appropriate ethics committees, safety and other regulatory bodies when required, and before conducting research.
 - (c) In particular, ethics approval is required for any activity within the scope of the [Australian code for the care and use of animals for scientific purposes](#), including field trials, environmental studies, diagnosis, teaching, product testing and the production of biological products.
 - (d) Researchers must notify the University's Animal Ethics Committee (AEC) in writing:
 - (i) if they are involved in collaborative studies using animals at another institution;
 - (ii) if they are named in an application to the AEC of another institution;
 - (iii) of the outcome of any such application; and
 - (iv) if ethics approval from the AEC of another institution is revoked for any reason.
- Note:** See [Research Support – Animal Ethics](#) website and the [Australian code for the care and use of animals for scientific purposes](#).
- (5) Researchers should respect the environment, and conduct their research so as to minimise adverse effects on the wider community and the environment.
 - (6) Researchers should encourage and facilitate appropriate consumer and community involvement in research.
 - (a) Additionally, the [NHMRC Statement on Consumer and Community Involvement in Health and Medical Research](#) requires health and medical researchers to:
 - (i) consider how they will involve consumers and community members in the development, conduct and communication of their research; and
 - (ii) have planned, budgeted strategies to support, implement and acknowledge appropriate consumer and community involvement in the research process.
 - (7) Researchers have special responsibilities towards Aboriginal and Torres Strait Islander peoples.
 - (a) Researchers must ensure that their research is considered, meaningful, ethical and beneficial to Aboriginal and Torres Strait Islander people and communities. This includes considering how proposed research will affect Aboriginal and Torres Strait Islander peoples, even when those peoples are not the direct focus of the research.
 - (b) Researchers who are conducting research affecting Aboriginal and Torres Strait Islander peoples have a responsibility to ensure that this research benefits the affected communities. Researchers must consult with the communities involved and respect their legal rights and social laws, customs and protocols.
 - (c) Researchers conducting research relevant to Aboriginal and Torres Strait Islander peoples must familiarise themselves with the following publications:
 - (i) [Keeping Research on Track II](#) 2018;
 - (ii) [Guidelines for Ethical Research in Australian Indigenous Studies](#);

- (iii) [Aboriginal Knowledge and Intellectual Property Protocol Community Guide](#); and
 - (iv) [Ask First: A Guide to Respecting Indigenous Heritage Places and Values](#).
- (d) When conducting research that may affect the health and wellbeing of Aboriginal and Torres Strait Islander peoples, researchers must:
- (i) consider the six core values in the NHMRC's "[Ethical conduct in research with Aboriginal and Torres Strait Islander peoples and communities: Guidelines for researchers and stakeholders](#)"; and
 - (ii) familiarise themselves with the NHMRC's "[Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research](#)".
- (e) Researchers must ensure that any additional approvals needed for the research are obtained prior to the study commencing, for example from:
- (i) the NSW Aboriginal Health and Medical Research Council (AH&MRC) Ethics Committee;
 - (ii) the Human Research Ethics Committee of the Northern Territory Department of Health; and
 - (iii) the Menzies School of Health Research; or
 - (iv) an equivalent organisation.
- (8) Researchers also have special responsibilities towards other groups.
- (a) Researchers must ensure engagement with appropriate communities, stakeholders and participant groups in the conceptualisation, design and implementation of their research, particularly those with specific interests in the context of the research being conducted. Where such groups are involved in a project, researchers must outline in their ethics application how they have taken these specific interests into account and what those considerations mean in the context of the research. These groups include but are not limited to:
- (i) women who are pregnant and the human fetus;
 - (ii) children and young people;
- Note:** See also [Working with Children Policy 2014](#); and [Working with Children Procedures 2014](#)
- (iii) people in dependent or unequal relationships;
 - (iv) people highly dependent on medical care who may be unable to give consent;
 - (v) people with a cognitive impairment, an intellectual disability or a mental illness;
 - (vi) people who may be involved in illegal activities; and
 - (vii) people in other countries.
- Note:** See also: [National Statement on Ethical Conduct in Human Research 2007, updated 2018](#)

9 Recordkeeping and management of research data and primary materials

Note: A new NHMRC/ARC Guide on Management of Data and Information in Research is currently under development. This section will be updated when that guide comes into effect.

- (1) Responsible conduct of research includes the proper management and retention of clear, accurate, secure and complete records of all research including research data and primary materials. Where possible and appropriate, researchers should allow access and reference to these by interested parties.

Note: See: [Recordkeeping Policy 2017](#); [University Recordkeeping Manual: Research Data Management Policy 2014](#); [Research Data Management Procedures 2015](#).

- (a) In particular, sufficient data and materials (including primary research materials such as laboratory notebooks) should be retained to justify the outcomes of research, and if necessary to defend them against challenge.

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

- (2) The researcher is ultimately responsible for arranging the appropriate retention of data and primary materials, consistently with legislative requirements, University policy and contractual obligations. If necessary, researchers should consult with the University's Archives and Records Management Service for advice about the appropriate length and manner of retention.

- (3) It is not possible to apply a uniform definition of research data across all disciplines. It is therefore the responsibility of each discipline to define research data and primary materials in a manner appropriate to the discipline.

- (4) It is the responsibility of research teams and individuals undertaking research to familiarise themselves with the relevant definitions prior to undertaking research.

- (5) Faculties must develop local provisions which address, for each discipline for which the faculty is responsible, and consistently with the requirements of legislation and University policy:

- (a) the applicable definition of research data;
- (b) appropriate methods for managing research data and primary materials;
- (c) the applicable time periods for retention of data or materials of particular kinds;
- (d) managing data and records when a researcher leaves the University;
- (e) the records necessary for the proper management of research projects, including appropriate creation, control and storage processes; and
- (f) what original materials are to be retained.

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

- (6) The following minimum retention periods, calculated from the date of completion of the research, apply to data and datasets created as part of research activities within the University, and must be appropriately reflected in local provisions:

- (a) data of regulatory or community significance must be retained permanently, including data created that are:
 - (i) part of genetic research, including gene therapy;

- (ii) controversial or of high public interest, or have influence in the research domain;
 - (iii) costly or impossible to reproduce or substitute (i.e. with an alternative data set of acceptable quality and useability) if the primary data are not available;
 - (iv) related to the use of an innovative technique for the first time;
 - (v) of significant community or heritage value to the state or nation; or
 - (vi) required by funding or other agreements to be retained permanently.
- (b) records relating to the acquisition, storage, management, maintenance and disposal of bodies, body parts, specimens, human tissue, including agreements for the use and disposal of body parts, are to be retained accordance with legislative or compliance requirements, then destroyed;
- (c) data from clinical trials, or research with potential long term effects on humans, which are not of regulatory or community significance must be retained for a minimum of 15 years, or until the participant reaches or would have reached the age of 25, whichever is longer;
- (d) data which relate to any patent applications must be retained for the life of the patent (generally 20 years);
- (e) records relating to the treatment of animals used in research must be retained for a minimum of seven years, and then destroyed; and
- (f) data which do not involve clinical trials, research with potential long-term effects on humans, gene therapy, or which are not of regulatory or community significance must be retained for at least five years.

Note: This sub-clause applies to student generated data collected for research purposes but does not apply to student generated data collected only for assessment purposes.

Note: See: [General Retention and Disposal Authority: GA47](#).

- (7) If the results from research are challenged or are subject to a dispute (including litigation), all relevant data and materials must be retained for at least 6 months after notification by the University that an investigation or dispute has been finalised, regardless of the expiration of any otherwise applicable retention periods, and any data and records held as part of an investigation process must be retained for seven years.
- (8) In particular, research records that may be relevant to allegations of a breach of this policy must not be destroyed until such allegations have been determined, including any appeals.
- (9) Research data, primary materials and records must be collected, stored and secured in compliance with the [Research Data Management Policy 2014](#), [Research Data Management Procedures 2015](#), [Recordkeeping Policy 2017](#), [University Recordkeeping Manual](#), [Privacy Policy 2017](#) and [Privacy Procedures 2018](#). In particular:
- (a) clear and accurate records of the research methods and data sources must be kept, including approvals granted and signed consent forms, during and after the research process;
 - (b) a catalogue of the research data must be maintained in an accessible form;

- (c) where participants have signed consent forms for the use and disclosure of their personal information, the forms must be retained with the participant information statements for as long as the data are kept;
- (d) personal information collected and used for research must be kept secure from unauthorised access for the relevant retention period and then destroyed securely;
- (e) where external service providers are used, the contract must include adequate safeguards for the security of the data and records and for notification of any breaches of their security;
- (f) email communications to research participants must not disclose the email addresses of participants to others (e.g. email addresses are to be placed in the “BCC” field rather than in the “CC” field);
- (g) particular care should be taken to prevent loss of portable storage devices such as laptops or USB drives; and
- (h) any personal information arising from the research regarding participants or researchers involved must be collected, stored, used and disclosed in accordance with relevant privacy laws and University policies.

Note: See: [Privacy Policy 2017](#), [Recordkeeping Policy 2017](#), [Research Data Management Policy 2014](#), [Research Data Management Procedures 2015](#)

- (10) Research teams and individuals undertaking cross-disciplinary or collaborative research must discuss and resolve the applicable method for retaining and storing research data before commencing their joint research.
- (11) Unless otherwise specifically agreed, research data and primary materials relating to joint research will be retained by the lead researcher, faculty, institute or organisation, which will also be responsible for its appropriate storage and disposal.

Note: See also the [Privacy Policy 2017](#), [Recordkeeping Policy 2017](#), [Research Data Management Policy 2014](#), [Research Data Management Procedures 2015](#)

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

10 Supervision of research trainees

Note: A new NHMRC/ARC Guide on Supervision of Research Trainees is currently under development. This section will be updated when the Guide comes into effect.

- (1) The University recognises its responsibility to ensure that research trainees work in an appropriate intellectual and academic environment and receive appropriate training and supervision.

Note: The University's approach to research supervision is set out in the [Supervision of Higher Degree by Research Students Policy 2013](#).

- (2) Researchers must provide guidance and mentorship on responsible research conduct to other researchers or research trainees under their supervision and, where appropriate, monitor their conduct.
- (3) Supervisors must also be aware of, and comply with the [Autonomous Sanctions Act 2011 \(Cth\)](#), which prohibits the training of researchers in certain topics if they are from a country to which sanctions apply.

11 Publication and dissemination of research findings

Note: A new NHMRC/ARC Guide on Publication and Dissemination of Research Findings is currently under development. This section will be updated when the Guide comes into effect.

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

Note: See for example the [Statement on Consumer and Community Involvement in Health and Medical Research](#).

- (b) Researchers publishing research based on data and materials that constitute Indigenous cultural and intellectual property should provide appropriate acknowledgement of traditional owners' rights regarding these data and materials.
- (4) Researchers must take all reasonable steps to ensure that their findings are accurate and properly reported. If they become aware of misleading or inaccurate statements about their work, they must correct the record as soon as possible.
- (5) Researchers must cite other relevant work appropriately when disseminating research findings. The University regards plagiarism very seriously, and staff and

students must take responsibility for ensuring that their work includes accurate and complete references to the work of others.

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

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

12 Authorship

Note: A new NHMRC/ARC Authorship Guide is currently under development. This section will be updated when the Guide comes into effect.

- (1) This clause states the fundamental principles of the University's approach to academic authorship. It is neither possible nor desirable to prescribe in a central policy detailed authorship requirements for application to every discipline.
- (2) This clause applies to all forms of publication, including, but not limited to:
 - (a) web-based publications;

- (b) conference publications;
 - (c) presentations;
 - (d) media such as exhibitions or films; and
 - (e) professional and institutional repositories.
- (3) The minimum requirement for authorship is a substantial intellectual contribution to the published work in at least one of the following:
- (a) conception and design of the project;
 - (b) analysis and interpretation of research data or of the eligibility or suitability of potential subjects of research; or
 - (c) drafting significant parts of the work or critically revising it so as to contribute to the interpretation.

Note: Authorship requirements vary according to discipline, journal requirements and funding provisions; they may be more stringent in some cases. Researchers are to comply with all relevant authorship requirements, including those in this policy, the [Australian Research Code](#), and any applicable journal guidelines. International best practice guidelines may also apply (e.g. [ICMJE: Authorship and Contributorship](#)). It is the responsibility of research teams and individuals conducting research to familiarise themselves with guidelines relevant to their discipline prior to conducting research.

- (4) None of the following are relevant considerations for the purposes of attribution of authorship:
- (a) the position or profession of a proposed author;
 - (b) the existence of a personal relationship between the author(s) and a proposed author;
 - (c) whether or not a contribution was paid or voluntary;
 - (d) the provision of materials or equipment;
 - (e) the provision of access to study participants or data;
 - (f) the provision of routine assistance in some aspect of the project;
 - (g) the provision of, or assistance with acquisition of, funding for the project;
 - (h) general supervision of the research team; or
 - (i) having made the measurements on which the publication is based, without other intellectual input to the project or publication.
- (5) A person who qualifies as an author must not be included or excluded as an author without their permission.
- (a) Where possible, permission should be recorded in writing.
- (6) An author who is deceased or cannot be contacted should be included as an author on a publication provided there are no grounds to believe the person would have objected.
- (7) Where a work has several authors, an executive or corresponding author should be appointed to:
- (a) record authorship; and
 - (b) manage communication about the work with the publisher.
- (8) Decisions regarding authorship should be made by consensus among the contributing researchers.

- (9) Researchers should:
 - (a) adhere to the authorship requirements of this policy, and follow guidelines issued by any applicable funding body or journal publisher;
 - (b) when working in collaboration with others, agree on authorship of a publication at an early stage and review their decisions periodically; and
 - (c) offer authorship to all people, including research trainees, who meet the criteria for authorship listed in sub-clause 12(3).
- (10) Contributions other than authorship must be properly acknowledged. Such contributors may include, for example, research assistants and technical writers.
- (11) The department of the executive or corresponding author should retain any written acknowledgements of authorship received in relation to a project.
- (12) Where an editor of a significant collective work or anthology has responsibilities analogous to those listed in sub-clause 12(3), the criteria set out in clause 12 should be applied as far as possible to the role of editor.

13 Peer review

Note: A new NHMRC/ARC Peer Review Guide is currently under development. This section will be updated when the Guide comes into effect.

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

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

 - (e) give proper consideration to research that challenges or changes accepted ways of thinking.
- (4) Participants in peer review must not:
 - (a) introduce considerations that are not relevant to the review criteria;
 - (b) take undue or calculated advantage of knowledge obtained during the peer review process;
 - (c) agree to participate in peer review outside their area of expertise; or

- (d) permit personal prejudice to influence the peer review process.
- (5) Researchers whose work is undergoing peer review must not seek to influence the process or outcomes.
- (6) Supervising researchers have a responsibility to assist research trainees in developing the necessary skills for peer review and understanding their obligation to participate.

14 Conflicts of interests

Note: A new NHMRC/ARC Conflict of Interests Guide is currently under development. This section will be updated when the Guide comes into effect.

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

15 Collaborative research

Note: A new NHMRC/ARC Guide on Collaborative Research is currently under development. This section will be updated when the Guide comes into effect.

- (1) Research can involve a wide range of collaborations, within the University, with other institutions including commercial organisations, domestically and internationally. The University requires that the principles set out in this clause be adhered to in all such collaborations, unless departure from them is specifically approved by the DVC(R).
- (2) Each research collaboration evidenced by a written agreement must be consistent with the [Research Agreements Policy 2011](#).

- (3) A research collaboration agreement must, at a minimum, address each of the following matters:
 - (a) ownership of and dealing with intellectual property;
 - (b) confidentiality;
 - (c) responsibility for ethics and safety clearances;
 - (d) reporting requirements;
 - (e) protocols for dissemination of research outcomes; and
 - (f) management of primary research materials and research data, including the nomination of a person from each collaborating party as responsible for this.
- (4) Researchers involved in a collaborative research project must familiarise themselves, and comply, with the written agreement governing the collaboration, and all policies and agreements affecting the project.
- (5) Researchers must comply with defence export laws including:
 - (a) [Defence Trade Controls Act 2012 \(Cth\)](#)
 - (b) [Defence and Strategic Goods List 2019 \(Cth\)](#);
 - (c) [Customs \(Prohibited Exports\) Regulations 1958](#), Regulation 13E.
 - (d) [Autonomous Sanctions Act 2011 \(Cth\)](#);
 - (e) [Charter of the United Nations Act 1945 \(Cth\)](#);
 - (f) [Customs Act 1901\(Cth\)](#); and
 - (g) [Weapons of Mass Destruction \(Prevention of Proliferation\) Act 1995](#).
- (6) These laws may affect:
 - (a) the export of physical items;
 - (b) the intangible supply of new software or technology;
 - (c) publication of new software or technology;
 - (d) organising the movement of items;
 - (e) the export of items that have a military end use;
 - (f) the export and import of goods; and
 - (g) the export of objectionable goods, human substances, chemicals, nuclear materials, radioactive sources, drugs, asbestos, explosives, or precursor substances.

16 Collection, storage and use of human tissue for research and the establishment of tissue banks

- (1) Researchers may establish and maintain tissue holdings, i.e. they may collect, hold and utilise human tissue for research, in accordance with the conditions of approval from an NHMRC registered ethics committee, and any applicable legislation codes, and policies.
- (2) Researchers may collect tissue bank samples under a general HREC approval, permitting their use in projects that may not have been described or approved at the time of collection.

- (3) Researchers may undertake research using tissue bank samples only with project specific HREC approval, separate from the general approvals to establish the tissue bank and collect tissue bank samples.
- (4) Researchers may establish tissue banks only if the following conditions are met:
 - (a) the researcher's executive supervisor (or nominee) provides written approval which confirms that they are satisfied:
 - (i) with the financial and operational sustainability of the proposed tissue bank; and
 - (ii) that appropriate governance arrangements will be maintained throughout the life of the tissue bank;
 - (b) an HREC has granted approval for the tissue bank; and
 - (c) the responsible researchers provide their faculty with:
 - (i) details of the tissue bank; and
 - (ii) annual reports on its operation and financial position.

17 Notification of research subject to specific statutes and other restrictions

- (1) The lead researcher of any project must notify the Research Integrity Office in writing when there is a known or possible breach of any law relating to the conduct of that research, including but not limited to breach of any of the following:
 - (a) [Human Tissue Act 1983 \(NSW\)](#);
 - (b) [Research Involving Human Embryos Act 2003 \(NSW\)](#);
 - (c) [Animal Research Act 1985 \(NSW\)](#);
 - (d) [Therapeutic Goods Act 1989 \(Cth\)](#);
 - (e) [Gene Technology Act 2000 \(Cth\)](#).
- (2) A researcher who is required to hold clinical privileges or membership of a professional body for their research must notify the Research Integrity Office in writing if their privileges or membership are restricted or revoked.
- (3) Researchers must seek advice from the Chief Operating Officer of the Charles Perkins Centre before conducting stem cell research at the Charles Perkins Centre.

Note: Stem cell research is restricted in certain areas of the Charles Perkins Centre.
- (4) The lead researcher of any research activity must notify the Office of General Counsel in writing when there is a known or possible breach of any law relating to the conduct of that research, including but not limited to breach of any of the following:
 - (a) [Defence Trade Controls Act 2012 \(Cth\)](#);
 - (b) [Customs \(Prohibited Exports\) Regulations 1958 \(Cth\)](#), Regulation 13E Exportation of defence and strategic goods;
 - (c) [Customs Act 1901 \(Cth\)](#), Division 1AA Export of goods for a military end-use;
 - (d) [Weapons of Mass Destruction \(Prevention of Proliferation\) Act 1995 \(Cth\)](#);

- (e) [Autonomous Sanctions Act 2011 \(Cth\)](#); and
- (f) [Charter of the United Nations Act 1945 \(Cth\)](#)

PART 2 – MANAGING AND INVESTIGATING ALLEGED BREACHES OF THIS POLICY

18 Relationship with other instruments and procedures

- (1) A breach of this policy by a staff member may constitute:
 - (a) misconduct or serious misconduct (as defined in the [Enterprise Agreement](#));
 - (b) a breach of the [Code of Conduct – Staff and Affiliates](#).
- (2) A breach of this policy by a student may constitute:
 - (a) misconduct as defined in the [University of Sydney \(Student Discipline\) Rule 2016](#);
 - (b) a breach of the [Code of Conduct for Students](#).
- (3) A breach of this policy by an affiliate may constitute a breach of the [Code of Conduct – Staff and Affiliates](#).
- (4) Allegations about breaches of this policy relating to research conducted under:
 - (a) an affiliation agreement (such as the University's agreements with Local Health Districts and Medical Research Institutes); or
 - (b) a research collaboration agreement;will be managed and investigated according to the procedures specified in the applicable agreement.
- (5) Where allegations concern breaches of this policy relating to research involving Aboriginal and Torres Strait Islander peoples, the relevant communities will be consulted where appropriate during the management of these allegations.

19 Breaches of this Policy

- (1) Breaches may range from minor (less serious) to major (more serious).
 - (a) Major breaches may constitute research misconduct:
Note: see clause 20.
- (2) The following factors must be considered in determining the seriousness of a breach (without excluding other factors):
 - (a) the extent of the departure from approved or accepted practice;
 - (b) the extent to which research participants, the wider community, animals and the environment are, or may have been, affected by the breach;
 - (c) the extent to which it affects the trustworthiness of research;
 - (d) the level of experience of the researcher;
 - (e) whether there are repeated breaches by the researcher;

- (f) whether institutional failures have contributed to the breach; and
- (g) any other mitigating or aggravating circumstances.

20 Definition of research misconduct

- (1) Research misconduct is a serious breach of this policy which is also:
 - (a) intentional;
 - (b) reckless; or
 - (c) negligent.
- (2) Examples of conduct which may amount to research misconduct include any of the following on the part of a researcher:
 - (a) fabrication, falsification, or deception in proposing, carrying out or reporting the results of research;
 - (b) plagiarism in proposing, carrying out or reporting the results of research;
 - (c) failure to declare or manage a serious conflict of interests;
 - (d) avoidable failure to follow research proposals as approved by a research ethics committee, particularly where this failure may result in unreasonable risk to humans, animals or the environment, or breach of privacy;
 - (e) wilful concealment or facilitation of research misconduct by others;
 - (f) misleading attribution of authorship;
 - (g) intentional, unauthorised taking, sequestration or material damage to any research-related property of another;
 - (h) deliberate conduct of research without required human ethics committee approval;
 - (i) conduct of research involving animals without required animal ethics committee approval;
 - (j) risking the safety of human participants or the wellbeing of animals or the environment; and
 - (k) deviations from this policy which occur through gross or persistent negligence.
- (3) Repeated or continuing breaches of this policy may also constitute research misconduct, and will do so where these have been the subject of previous counselling or specific direction.
- (4) Research misconduct does not include honest differences in judgement, and may not include honest errors that are minor or unintentional. Unintentional errors do not usually constitute research misconduct unless they result from behaviour that is reckless or negligent.

21 Roles and responsibilities

- (1) **Individuals** who have an actual, perceived, or potential conflict of interests in relation to a complaint must not be involved in the management of the matter. Where such a conflict of interests is found to exist, the individual must notify the Research Integrity Office as soon as this becomes apparent, so that a different individual may be appointed to that role.

- (2) **Designated officers** are responsible for receiving complaints relating to the conduct of research, and overseeing their management and investigation where required.
- (3) **Assessment officers** conduct preliminary assessments of complaints about research as provided for in clause 24.
- (4) **Investigation panels** conduct investigations of alleged breaches of this policy as provided for in clause 28. A panel may be constituted by one or more individuals.
- (5) The **responsible executive officer**:
 - (a) receives reports from investigation panels under clause 28 of this policy;
 - (b) determines whether a breach of the policy has occurred;
 - (c) determines what (if any) further action is required; and
 - (d) informs relevant parties.
- (6) A **review officer** receives requests for procedural reviews of investigations of complaints about breaches of this policy.
- (7) **Research integrity advisers** will be appointed by faculties to provide advice to staff, students, and affiliates on issues relating to research practice and possible research misconduct or other breaches of this policy. They:
 - (a) must be familiar with this policy and other relevant policies, procedures and codes of conduct for research;
 - (b) should explain the options open to a person considering making, or having made, an allegation, including:
 - (i) referring the allegation directly to the person against whom it is made;
 - (ii) not proceeding with, or withdrawing, the allegation if discussion resolves the concerns;
 - (iii) referring the allegation to a person in a supervisory capacity for resolution at the local or departmental level (not applicable in the case of major breaches, including those relating to statutory requirements);
or
 - (iv) making a written allegation to the Research Integrity Office under clause 22 of this policy.
- (8) **Staff, students and affiliates** are encouraged to raise any concerns they may have about the conduct of research with a relevant research integrity adviser, Head of Department, supervisor or chair of the relevant faculty research committee or other appropriate staff member prior to making an allegation.

22 Receipt of allegations

- (1) Allegations of breaches of this policy should be made to the Research Integrity Office, and if received elsewhere must be referred to the Research Integrity Office.
- (2) The Research Integrity Office will refer allegations to the designated officer.
- (3) Less serious allegations may be managed and resolved by the faculty or school of the individual against whom allegations have been made. The designated officer may refer allegations concerning less serious matters to the relevant faculty or school for resolution.

- (4) Allegations must be handled carefully and all interested parties protected as far as possible. Interested parties may include:
 - (a) the person bringing the allegation;
 - (b) the person against whom the allegation is made;
 - (c) participants in human-based research whose interests may be affected;
 - (d) research students, trainees and staff working with the person concerned;
 - (e) journals in which allegedly compromised papers have been or may be about to be published;
 - (f) funding bodies, where the project or researcher has received funding from that body or where the researcher has a proposal under review by that funding body; and
 - (g) in some cases, the public.
- (5) Allegations must be made honestly and reasonably. Failure to do so may constitute a breach of the following policies:
 - (a) [Code of Conduct – Staff and Affiliates](#)
 - (b) [Code of Conduct for Students](#)
- (6) Allegations should preferably be made in writing.
- (7) At this or at any later appropriate stage, the designated officer may take any interim administrative action reasonably necessary to protect any of the following:
 - (a) human safety;
 - (b) animal welfare;
 - (c) funds provided by external funding bodies; and
 - (d) material which might be relevant to any investigation.
- (8) Relevant delegates may also take such interim action as they consider necessary including, without limitation:
 - (a) suspending a staff member or affiliate from duty generally;
 - (b) suspending a staff member or affiliate from specific duties such as:
 - (i) carrying out particular research;
 - (ii) supervising research students; or
 - (c) issuing directions about:
 - (i) submitting grant applications; or
 - (ii) papers for publication; or
 - (iii) suspending students.

23 Summary dismissal

- (1) The designated officer may summarily dismiss an allegation if:
 - (a) it lacks substance; or
 - (b) could not, even if proven, amount to a breach of this policy.

- (2) Where allegations made by University staff or affiliates are considered to be made in bad faith or vexatious, the designated officer may take action or refer the matter elsewhere in the University to address the conduct of the complainant.

24 Preliminary assessment

- (1) The purpose of the preliminary assessment is to:
 - (a) gather and evaluate facts and information about an allegation; and
 - (b) assess whether, if proven, it would constitute a breach of this policy.
- (2) The preliminary assessment must be conducted as expeditiously as possible.
- (3) Upon receipt of an allegation, the designated officer will appoint a suitably qualified assessment officer to conduct a preliminary assessment.
- (4) As far as possible, all affected persons will be afforded confidentiality.
- (5) The preliminary assessment may include:
 - (a) interviewing the people involved;
 - (b) inspecting research facilities or records;
 - (c) examining relevant documents;
 - (d) obtaining appropriate expertise from within or outside the University, provided that appropriate precautions are taken to ensure that no real or perceived conflict of interests exists.
- (6) At the conclusion of the preliminary assessment, the assessment officer will provide the designated officer with a written report setting out recommendations for further action.
- (7) The designated officer may:
 - (a) dismiss the allegation(s);
 - (b) arrange for the matter to be resolved locally with or without corrective actions, for example, by the relevant faculty, or by an ethics committee;
 - (c) initiate an investigation; or
 - (d) refer the matter elsewhere in the University (for example, Internal Audit, Office of General Counsel, Human Resources or the Privacy Officer) to be dealt with under other relevant provisions.
- (8) Where appropriate, the designated officer will take appropriate interim administrative action to protect funds granted by external funding bodies.
- (9) The designated officer will determine if other individuals or organisations need to be informed. Relevant considerations in this determination include, but are not limited to:
 - (a) whether the full set of allegations were put to the relevant parties and sufficient time to reply was provided;
 - (b) the degree of confidentiality which has been achieved;
 - (c) obligations to report to external bodies, including reporting requirements under funding agreements and the policies of funding bodies;
 - (d) reporting obligations under any affiliation or research collaboration agreement;

- (e) the reputations of those against whom allegations are made but not proved; and
 - (f) the need to protect the interests of those who have made allegations in good faith.
- (10) Where allegations are considered to be made in bad faith or vexatious, the designated officer may take action, or refer the matter elsewhere in the University to address the conduct of the complainant.

25 Action on completion of preliminary assessment into a complaint about a student

- (1) A designated officer who considers an assessment officer's report and concludes that an allegation about a student has substance but does not warrant an investigation will refer the matter back to the relevant representative of the faculty of the individual against whom allegations have been made, with recommendations for action (including no further action, if appropriate).
- (2) A designated officer who considers an assessment officer's report and concludes that an allegation about a student has substance and warrants investigation will refer the matter to the Registrar in accordance with the [University of Sydney \(Student Discipline\) Rule 2016](#).

26 Action on completion of preliminary assessment into a complaint about a staff member

- (1) A designated officer who considers an assessment officer's report and concludes that an allegation about a staff member has substance but does not warrant an investigation will refer the matter back to the relevant representative of the faculty of the individual against whom allegations have been made for such action (including no further action) as the designated officer considers appropriate.
- (2) A designated officer who considers an assessment officer's report and concludes that an allegation about a staff member has substance and warrants investigation will initiate an investigation in accordance with clause 28.

27 Action on completion of preliminary assessment into a complaint about an affiliate

- (1) A designated officer who considers an assessment officer's report and concludes that an allegation about an affiliate has substance but does not warrant an investigation will refer the matter to the relevant representative of the faculty of the individual against whom allegations have been made for such action (including no further action) as the designated officer considers appropriate, consistently with the terms of any applicable affiliation agreement.
- (2) A designated officer who considers an assessment officer's report and concludes that an allegation about an affiliate has substance and warrants an investigation will initiate an investigation in accordance with:
 - (a) clause 28; and
 - (b) the terms of any applicable affiliation agreement.

28 Investigation

- (1) If the designated officer concludes that an allegation warrants investigation, they will:
 - (a) prepare a statement of the allegations to be investigated;
 - (b) develop the terms of reference for the investigation;
 - (c) appoint an investigator or investigation panel to conduct the investigation;
 - (d) determine the membership and chair of any investigation panel, including the number of members; and whether they will be internal or external appointees.
- (2) The investigator or investigation panel:
 - (a) should be from outside the relevant academic unit;
 - (b) may be from outside the University, but should have relevant experience and expertise;
 - (c) may obtain appropriate expertise from within or outside the University to assist in the investigation; and
 - (d) will conduct the investigation as expeditiously as possible.
- (3) The Research Integrity Office and relevant Dean will take appropriate interim administrative action to protect funds granted by external funding bodies.
- (4) The designated officer will determine if other individuals or organisations need to be informed at this point. Relevant considerations in this determination include, but are not limited to:
 - (a) whether the full set of allegations were put to the relevant parties and sufficient time to reply was provided;
 - (b) the degree of confidentiality which has been achieved;
 - (c) reporting obligations to external bodies, including reporting requirements under funding agreements and the policies of funding bodies;
 - (d) reporting obligations under any affiliation or research collaboration agreement;
 - (e) the reputations of those against whom allegations are made but not proved;
 - (f) the need to protect the interests of those who have made allegations in good faith.
- (5) The investigator or investigation panel will submit a final report to the designated officer as expeditiously as possible. The designated officer may then make recommendations to the responsible executive officer.

29 Action on completion of investigation

- (1) If a staff member is found by the responsible executive officer to have breached this policy or engaged in research misconduct, the University will rely on the responsible executive officer's decision for the purposes of:
 - (a) taking disciplinary action as provided for in any applicable contract of employment and the [Enterprise Agreement](#); and
 - (b) taking commensurate action (such as termination of an honorary appointment) in the case of matters involving affiliates.

- (2) The responsible executive officer will inform relevant parties of the investigation findings and the actions taken by the University. Relevant parties may include:
 - (a) the complainant;
 - (b) affected staff;
 - (c) participants in human-based research whose interests may be affected;
 - (d) research collaborators, including those at other institutions;
 - (e) all funding organisations;
 - (f) journal editors; and
 - (g) professional registration bodies.
- (3) The responsible executive officer may also take such other action as may be reasonably necessary having regard to the findings and any other relevant circumstances. Appropriate action may include:
 - (a) recommendations requiring the correction of the public record, including publications, if breaches have affected research findings and their dissemination;
 - (b) where allegations are not substantiated, action to assist in restoring the reputation of the individual against whom allegations have been made;
 - (c) where allegations are considered to be made in bad faith or vexatious, action to address the conduct of the complainant;
 - (d) action or recommendations to address any systemic issues identified in the investigation process.

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

30 Review of decisions

- (1) An individual who is directly affected by a decision made by a designated officer or the responsible executive officer may seek a review of the decision.
- (2) Applications for review may be made only on grounds that the applicant was not afforded procedural fairness.
- (3) Applications must be made in writing to the Research Integrity Office within 14 days of being notified of the decision to which the application relates.
- (4) The Research Integrity Office will forward each application for review to the review officer together with a copy of the report and any other relevant documentation within seven days of receipt.
- (5) The individual requesting a review will be informed in writing of the outcome of the review.

31 Transitional provisions

- (1) All allegations received before the date of commencement of this policy will be dealt with under the provisions of the prior policy.
- (2) In relation to any allegation received after the date of commencement of this policy but which relates to conduct occurring before that date:

- (a) the prior policy will apply; but
- (b) the allegation will be dealt with in accordance with the process and outcomes provided in this policy.

32 Rescissions and replacements

This policy replaces the *Research Code of Conduct 2013* which is rescinded as from the date of commencement of this policy.

NOTES

Research Code of Conduct 2019

Date adopted: 24 June 2019

Date commenced: 1 July 2019

Administrator: Director, Research Integrity

Review date: 30 June 2024

Rescinded documents: Research Code of Conduct 2013

Related documents:

Therapeutic Goods Act 1989 (Cth)

Animal Research Act 1985 (NSW)

Animal Research Regulation 2010 (NSW)

Government Information (Public Access) Act 2009 (NSW)

Health Records and Information Privacy Act 2002 (NSW)

Human Tissue Act 1983 (NSW)

Privacy and Personal Information Protection Act 1998 (NSW)

Research Involving Human Embryos Act 2003 (NSW)

State Records Act 1998 (NSW)

Defence Trade Controls Act 2012 (Cth)

Customs Act 1901 (Cth)

Weapons of Mass Destruction (Prevention of Proliferation) Act 1995 (Cth)

University of Sydney (Student Discipline) Rule 2016

Academic Honesty in Coursework Policy 2015

Charter of Academic Freedom

Code of Conduct for Students

Code of Conduct – Staff and Affiliates

External Interests Policy 2010

Student Sexual Assault and Sexual Harassment Policy 2018

Public Comment Policy

Reporting Wrongdoing Policy 2012

Research Agreements Policy 2011

Supervision of Higher Degree by Research Students Policy 2013

University of Sydney Enterprise Agreement 2018-2021

Intellectual Property Policy 2016

University of Sydney (Policies Development and Review Rule) 2011

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

Privacy Policy 2017

Recordkeeping Policy 2017

Working with Children Policy 2014

Working with Children Procedures 2014

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

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

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

Higher Education Standards Framework 2015 (Tertiary Education Quality and Standards Agency)

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

National Statement on Ethical Conduct in Human Research

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

*NHMRC Australian Code for the Responsible Conduct of
Research*

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

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

*NHMRC Safety monitoring and reporting in clinical trials involving
therapeutic goods*

AMENDMENT HISTORY

Provision	Amendment	Commencing
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