RESEARCH CODE OF CONDUCT 2023

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

Dated: 26 July 2023

Last amended: 3 November 2023 (administrative amendments)

26 April 2024 (administrative amendments)

Signature:

Position: Deputy Vice-Chancellor (Research)

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1 Name of policy

This is the Research Code of Conduct 2023.

2 Commencement

This policy commences on 1 September 2023.

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 Research Code*;

(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 Research Code*;

(e) sets out the process for dealing with allegations of breaches of this policy and the *Australian Research Code*; and

(f) supports the University's values of respect and integrity, and 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

has meaning given in the *Staff and Affiliates Code of Conduct* which at the date of this policy is:

means a person appointed or engaged by the University to perform duties or functions on its behalf, including but not limited to:

- an honorary title holder engaged under the *Honorary Titles Policy*;
- a consultant or contractor to the University; and
- an office holder in a University entity, a member of any University committee, board or foundation.

An affiliate is not an employee of the University.

animal

means any:

- live non-human vertebrate (e.g. fish, amphibians, reptiles, birds, mammals, domestic animals, purpose-bred animals, livestock, wildlife);
- cephalopod (e.g. octopus, cuttlefish, squid);
- animal at early stages of development, including:
  - embryonic and foetal 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.

Note: If conducting research or teaching in Victoria, the definition also includes live adult decapod crustaceans (e.g. lobsters, crayfish, crabs).

Australian Research Code

means the *Australian Code for the Responsible Conduct of Research* as amended or replaced from time to time.

breach of this policy

means one or more failures to comply with the principles and responsibilities set out in this policy. Serious breach of this policy may constitute research misconduct.

Note: See clause 20. As this policy requires researchers to comply with the *Australian Research Code*, any breaches of that Code will also constitute a breach of this policy.

clinical trial	has the meaning given in the *Clinical Trials Policy*. At the date of this policy that is: 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. Clinical trial interventions include, but are not limited to: • 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.
conflict of interests	In a research context, a conflict of interests may exist where there is a risk (whether actual, potential or perceived) that a researcher's professional judgement or actions may be influenced by a personal, financial or other external interest or relationship.
Dean	includes, as appropriate, an Executive Dean or Dean of a faculty, or a Head of School and Dean of a University school.
delegate	has the meaning given in the *University of Sydney (Delegations of Authority) Rule*. At the date of this policy this is: 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
designated officer	means the person or persons designated by the University under clause 21 of this policy to: • 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 2023 - 2026* or any replacement agreement.
executive supervisor	has the meaning given in the *External Interests Policy*. At the date of this policy this is: 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.
faculty	means, as appropriate, a faculty or a University school.

human research means research involving human beings through:

- 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).

HREC means registered Human Research Ethics Committee registered by the National Health and Medical Research Council.

intellectual property has the meaning given to it in the *Intellectual Property Policy*. As at the date of this policy, that is:

> 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.
>
> It does not include any moral right.

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.

procedural fairness	has the meaning given in the *Guide to managing and investigating potential breaches of the Australian Code for the Responsible Conduct of Research, 2018*. At the date of this policy, this is: the principles of proportional, fair, impartial, timely, transparent and confidential, as defined in this guide.
preliminary assessment	means the process undertaken to establish whether an alleged breach of this policy warrants further investigation. **Note:** See clause 24
research	means investigation undertaken to gain or advance knowledge, understanding and insight. • 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: • early career researchers; • higher degree by research (HDR) students; • undergraduate students; and • other inexperienced researchers.
researcher	means any staff member, student or affiliate (including professors emeriti) who conducts or assists with the conduct of research (including research trainees).
research misconduct	has the meaning given in clause 20 of this policy.
responsible executive officer	means the senior officer who has final responsibility for: • receiving reports of the outcomes of investigations 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 the management 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: • ova; • semen; • urine; • sputum; • blood; • foetal tissue; and • teeth. 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. **Note:** See *Research Involving Human Embryos Act 2002*; *Prohibition of Cloning Act 2002 (Cth)*; NHMRC *Ethical guidelines on the use of assisted reproductive technology 2017*; NHMRC Embryo Research Licensing Committee.
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 have been given HREC approval to be held for project specific use. **Note:** HREC approval only permits these tissues to be used in specific projects that were fully described at the time of collection.

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 presenting information truthfully and accurately in proposing, conducting and reporting research;

(b) **rigour** in developing, undertaking and reporting research, including underpinning research by:

(i) attention to detail;

(ii) robust methodology; and

(iii) 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; and

(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) appropriate management of public resources to conduct research; and

(iii) considering the consequences and outcomes of research prior to its communication;

(h) **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 take the appropriate actions that 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(3) to 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 or disciplinary standards, ethics guidelines and University policies related to responsible research conduct;

(f) obtaining ethics and any other necessary approvals before conducting research, and that conditions of any approvals are adhered to during the course of research;

Note: See subclauses 8(3) and 8(4).

(g) applying the ethics principles of research merit and integrity, justice, beneficence and respect to human research;

Note: See subclauses 8(3), 8(5), 8(6), 8(7) and 8(8).

(h) engaging with Aboriginal and Torres Strait Islander peoples and respecting their legal rights and local laws, customs and protocols;

Note: See subclause 8(7).

(i) at all stages of research involving animals, giving consideration to:

(i) replacing animals with other methods,

(ii) reducing the number of animals used,

(iii) refining techniques used to minimise the adverse impact on animals and;

(iv) supporting the welfare and wellbeing of animals;

Note: See subclause 8(4) 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 and *Research Data Management Policy, Research Data Management Procedures*

(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 Freedom of Speech and Academic Freedom*; *Research Agreements Policy*

(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:

(i) have made a significant intellectual or scholarly contribution to the research and its output; and

(ii) 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 *Staff and Affiliates Code of Conduct*; *Student Charter*; *External Interests Policy*; *Reporting Wrongdoing Policy*; *University of Sydney (Student Academic Appeals) Rule*; *Academic Integrity Policy*; *Higher Degree by Research Supervision Policy*

(s) citing awards, degrees conferred and research publications accurately, including the status of any publication such as “under review” or “in press”; and

(t) 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.

(c) Researchers must meet the standards for ethics set out in the *National Statement on Ethical Conduct in Human Research* in all research they conduct, whether in Australia or internationally.

(4) Researchers must respect animals used in research and for other scientific purposes.

(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, such as teaching.

(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.

Note: See *Animal Ethics Procedures*

(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 and of the outcome of any such application; and

(iii) if ethics approval from the AEC of another institution is revoked for any reason.

Note: See *Animal Ethics Procedures*, *Research Support – Animal Ethics* website and the *Australian code for the care and use of animals for scientific purposes.*

(e) Researchers must meet the Australian standards for ethics set out in the *Australian code for the care and use of animals for scientific purposes* in all research they conduct, whether in Australia or internationally.

(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, where appropriate, 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) Research must be considered, meaningful, ethical and beneficial to Aboriginal and Torres Strait Islander people and communities. This includes researchers 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 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) *AIATSIS Code of Ethics for Aboriginal and Torres Strait Islander Research;*

(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 obtain any additional approvals needed for the research before commencing their study. Examples include approvals 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 and must engage 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.

(a) 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.

(b) These groups include but are not limited to:

(i) women who are pregnant and the human foetus;

(ii) children, young people and vulnerable adults;

Note: See also *Working with Children and Vulnerable Adults Policy; Working with Children Procedures – Staff and Affiliates; Working with Children Procedures – Students*

(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*

9 Recordkeeping and management of research data and primary materials

(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*; *Research Data Management Policy; Research Data Management Procedures; Privacy Policy.*

(a) In particular, sufficient data and materials (including primary research materials such as laboratory e-notebooks and hard copy notes) should be

retained to justify the outcomes of research, and if necessary to defend them against challenge; and

(b) Final reports on individual research projects that include outcomes of the research project, which are required as state archives must be retained.

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.

Note: See clause 10 of the *Research Data Management Policy*

(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 and each discipline for which the faculty is responsible, must develop local provisions which consistently address the requirements of legislation and University policy, including:

(a) the applicable definition of research data;

(b) appropriate methods for managing and appropriately storing research data and primary materials for the full length of their required retention period;

(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;

(f) what original materials are to be retained; and

(g) the short and long term access frameworks and any necessary restrictions that apply to research materials, including any privacy or appropriate cultural restrictions.

(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 and in the short and long term storage arrangements defined for project materials:

(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; or

(iv) related to the use of an innovative technique for the first time.

(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 in 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. See *General Retention and Disposal Authority: GA47*.

(7) If the results from research are challenged or are subject to a dispute (including litigation):

(a) all relevant data and materials must be retained for at least six 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

(b) 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*, *Research Data Management Procedures*, *Recordkeeping Policy*, *Privacy Policy* and *Privacy Procedures.* 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, stable long term storage where required, 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) research data should be stored on University-managed platforms to protect against accidental data loss and particular care should be taken to prevent loss of:

(i) portable storage devices such as laptops or USB drives; and

(ii) control of or access to other cloud or external storage environments.

(h) any personal information arising from the research regarding participants or researchers involved must be collected, stored, used and disclosed in accordance with the *Privacy and Personal Information Protection Act 1998 (NSW), Privacy Act 1998 (Cth),* the *Health Records and Information Privacy Act 2002 (NSW),* the *NHMRC Guidelines approved under Sections 95, 95A and 95AA of the Privacy Act 1988 (Cth)* and any other relevant privacy laws and University policies; and

(i) researchers working with research involving participants in the European Union, China or other international jurisdictions should obtain advice from the University's Privacy Office on international privacy laws.

(10) Before commencing cross-disciplinary or collaborative research, research teams and individuals:

(a) should create a data sharing agreement to determine data ownership and transfer conditions: and

(b) must discuss and resolve the applicable method for retaining and storing research data.

(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.

(12) Research data should be made available for use by other stakeholders in accordance with FAIR principles (**F**indable, **A**ccessible, **I**nteroperable, **R**eusable) and funding body requirements 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;

and

(c) use or disclose the information only in ways agreed to by those who provided it.

10 Supervision of research trainees

(1) The University is committed to supervisory best practice and 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 the supervision of higher degree by research students is set out in the *Higher Degree by Research Supervision Policy.*

(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 maintain a working knowledge of, and comply with, the legal and policy frameworks that underpin the responsible conduct of research at the disciplinary, institutional and national levels.

(a) 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

(1) This clause applies to all forms of dissemination, including for example:

(a) academic journals or books, including pre-prints;

(b) peer-reviewed conference papers;

(c) non-refereed publications such as web pages;

(d) other media such as interviews, performances, exhibitions or films;

(e) professional or institutional repositories;

(f) social media; and

(g) applications for grants and other forms of financial support.

(2) Researchers have a responsibility to their colleagues and the wider community to disseminate a full account of their research as broadly as possible.

(a) Researchers should endeavour to publish negative results, and results that may be contrary to any stated hypothesis.

(b) The University discourages researchers from intentionally engaging with predatory journals and conferences.

Note: See the University Library's Strategic Publishing Toolkit for more information about predatory publishers. See also *Open Access to University Research Policy*.

(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 *NHMRC 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:

(i) provide appropriate acknowledgement of traditional owners' rights regarding these data and materials; and

(ii) present the outcomes in a culturally appropriate and acceptable format.

Note: See clause 8(7).

(c) Researchers must consider the potential consequences of disseminating their research, to minimise the risk of misinterpretation and the potential for misuse causing harm to human, animal or plant health, the environment or national security.

(i) Researchers working with sensitive information, technology or biological agents should obtain advice from the University's Exports Control team if their research may be subject to control under Australian export controls and sanctions regimes.

(d) Any research data held in domains such as the Research Data Store must be made appropriate for broader access, after security or confidentiality controls have been applied to the data such as redaction or other actions, that respect privacy, security and confidentiality and minimise risks to research participants.

(4) Researchers must take all reasonable steps to ensure that their methodology, data and findings are accurate and properly reported.

(a) If they become aware of misleading or inaccurate statements in their own work, or about their own work by a third party, they should correct the record as soon as possible.

(5) Researchers must appropriately reference the work of others when disseminating research findings. The University regards plagiarism very seriously, and all involved must take responsibility for ensuring that their work includes accurate and complete references to the work of others.

Note: See *Enterprise Agreement; Staff and Affiliates Code of Conduct; Student Charter; Academic Integrity Policy.*

(6) It is unacceptable to include the same research findings (including, e.g. figures, charts and diagrams) in multiple 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 and in the manuscript itself.

(a) Researchers must seek permission from the original publisher or copyright owner before republishing research findings.

Note: Contact the University's Copyright Services for further advice on copyright issues.

(7) A publication must include information on all sources of financial and in-kind support for the research and any potential and perceived conflicts of interests.

(a) Researchers who are staff or affiliates must also comply with the requirements of the University's *External Interests Policy*.

(8) Researchers publishing animal research data should incorporate the *Animal Research: Reporting of* In Vivo *Experiments (ARRIVE) guidelines.*

(9) Where appropriate, researchers should register their research plans or protocols before commencing research.

(a) 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.

(b) Researchers performing animal research should consider pre-registration of their protocols prior to conducting research, such as through the international register of preclinical trials, PreclinicalTrials.EU.

(10) Any agreement with a third party who funds or supports research seeking to delay or restrict the release of research results must be consistent with the *Research Agreements Policy*.

(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) 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.

(13) Researchers are encouraged to seek communications resources and support from their faculty media advisers to assist them to communicate their research findings through the media.

12 Authorship

(1) 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.

(2) Authorship requirements may exist for other documents relating to research, for example:

(a) research proposals

(b) grant applications

(c) reports to funding bodies

(d) record of invention applications; or

(e) tenders, patents and patent applications.

(3) Researchers are responsible for familiarising themselves with authorship and publication requirements including requirements relevant to documents of the kind referred to in clause 12(2).

(4) Individual disciplines and journals may specify different criteria for authorship. However, the University's minimum requirement for authorship is a substantial intellectual or scholarly contribution to the published work in at least one, or preferably two or more of the following:

(a) conception and design of the project or output;

(b) acquisition of data (where this requires significant intellectual input);

(c) contribution of knowledge (including indigenous knowledge);

(d) analysis and interpretation of data; or

(e) drafting or critically revising significant parts of the research output.

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: Defining the role of authors and contributors*). It is the responsibility of research teams and individuals conducting research to familiarise themselves with guidelines relevant to their discipline prior to conducting research. See the University's Authorship Agreement Form template.

(5) 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.

(6) 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 using the University's Authorship Agreement Form template.

(7) 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.

(8) Where a work has several authors, the authors must appoint an executive or corresponding author who will:

(a) take primary responsibility for ensuring that all contributors to the research output are properly recognised;

(b) record authorship; and

(c) manage communication about the work with the publisher.

(9) All listed authors are considered collectively accountable for the whole research output.

(a) An individual author is directly responsible for the accuracy and integrity of their contribution to the output.

(b) Authors should take reasonable steps to ensure the accuracy and integrity of the contributions of all other co-authors.

(c) Authors should raise any concerns about the accuracy and integrity of the research before submission or publication.

(10) Decisions regarding authorship should be made by consensus among the contributing researchers.

(a) Authors should alert the corresponding author to any author or contributor who may have been inadvertently omitted.

(b) Where researchers are unable to reach agreement on issues relating to authorship, they should consult a research integrity adviser who will provide advice regarding the options available for resolving the matters in dispute. If the matters are unable to be resolved, the researchers should refer the issues to the relevant Dean or Head of School.

(11) All authors must approve the final version of a research output prior to publication, and the corresponding author must keep a written record of these approvals.

(12) 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).

(13) Contributions other than authorship must be properly acknowledged. Such contributors may include, for example, research assistants and technical writers.

(14) If a researcher intends to publish Indigenous knowledge obtained through sources including unpublished manuscripts, or audio or video recordings, they should:

(a) seek approval from the people or community who were involved in the project, or from whom the knowledge originates; and

(b) acknowledge the individual and collective contributions as appropriate.

(15) 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

(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) be informed about, and comply with, the criteria to be applied;

(d) familiarise themselves, and comply with, peer review policies, guidelines and expectations issued by the funding bodies and publishers for whom they are undertaking their peer review duties;

(e) 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; ARC Conflict of Interest and Confidentiality Policy 2020; NHMRC Policy on the Disclosure of Interests Requirements for Prospective and Appointed NHMRC Committee Members; NHMRC Guidelines for identifying and managing conflicts of interest*

(f) 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 advantage of information obtained during the peer review process or use such information without permission;

(c) agree to participate in peer review outside their area of expertise;

(d) permit personal prejudice to influence the peer review process;

(e) contact the author(s) or other reviewers unless authorised to do so;

(f) delegate their responsibilities or ask others to assist with a review unless authorised to do so; or

(g) intentionally delay the 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

(1) A conflict of interests will exist when there may be, or perceived to be, a divergence between the duties or interests of a person (including personal or financial interests or relationships) and their professional or research responsibilities, including but not limited to their duties to the University.

(a) An actual conflict arises when there is a direct or real conflict between a researcher's duties and responsibilities to the University and a competing interest or obligation.

(b) A perceived conflict will exist where an independent observer might reasonably conclude that a person's research is, or may be, unduly influenced by other interests.

(c) A potential conflict arises where a researcher has an interest or obligation that has the capacity to develop a conflict with the researcher's duties or responsibilities with the University.

(2) The University's expectations in relation to the declaration and management of external interests and conflicts of interests are set out in University policy, including in the *External Interests Policy* and the *Higher Degree by Research Supervision Policy*.

(a) External interests and conflicts of interests must be disclosed according to the requirements of the *External Interests Policy* (in the case of staff and affiliates) and the *Higher Degree by Research Supervision Policy* (in the case of staff and affiliates who are supervisors, and students).

(b) The obligations to disclose and manage conflicts of interests apply to perceived and potential conflicts as well as actual conflicts of interest.

(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*, are set out in the *Outside Earnings of Academic Staff Policy*.

(4) Researchers must:

(a) familiarise themselves, and comply, with the requirements of the *External Interests Policy* (staff and affiliates) and the *Higher Degree by Research Supervision Policy* (staff and affiliates who are supervisors and students);

(b) familiarise themselves, and comply, with any other conflict of interests policies or procedures of external bodies with which they are engaged or affiliated (e.g. funders, conference sponsors, publishers);

Note: See *ARC Conflict of Interest and Confidentiality Policy 2020; NHMRC Policy on the Disclosure of Interests Requirements for Prospective and Appointed NHMRC Committee Members; NHMRC Guidelines for identifying and managing conflicts of interest*

(c) maintain records of activities or interests that may lead to conflicts;

(d) 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

(e) 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 interests to take no part in decision making processes affected by that conflict of interests. This includes being present in the room, even if silent, while the matter is debated and decided.

15 Collaborative research

(1) Research can involve a wide range of collaborations, within the University, with other institutions including commercial organisations, domestically and internationally. Except as specifically approved by the DVC(R), the principles set out in this clause must be adhered to in all such collaborations.

(a) Collaborative international research must comply with the *Australian Research Code* and other regulatory requirements.

Note: See *Guidelines to counter foreign interference in the Australian university sector* and the *Australia's Foreign Relations (State and Territory Arrangements) Act 2020*.

(2) Researchers should exercise judgement as to when a collaboration reaches the stage at which agreement to conduct collaborative research should be documented, and recognise the risks in delaying the development of a formal collaborative agreement.

(3) A formal research collaboration agreement is required when at least two or more of the following criteria are met by potential collaborators:

(a) they have decided on shared research objectives and potential methodologies to achieve such objectives;

(b) they are ready to document their proposed activities in a protocol or research plan and develop a budget;

(c) they wish to share data, materials or confidential information;

(d) they anticipate they may create intellectual property together.

Note: Contact the University's Post-Award team for assistance with collaborative research agreements.

(4) A written agreement for a research collaboration may take a number of forms, but must be consistent with the *Research Agreements Policy*.

(a) A research collaboration agreement must be negotiated and approved by each of the parties and signed by the authorised delegate of each institution in order to be binding.

(5) A research collaboration agreement should address the following matters as and when required:

(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;

(f) management of primary research materials and research data, including nominating a person from each collaborating party as responsible for this, including responsibilities for managing appropriate access and security and relevant long term retention and ongoing accessibility requirements;

(g) governance, including funding allocation procedures as the project evolves, where this is unable to be defined from the outset; and

(h) dispute resolution, including circumstances where external parties without conflicts of interests might need to be involved.

(6) A research project leader should be appointed for each collaborating institution. Research project leaders should:

(a) contribute to the development and monitoring of agreements,

(b) advise all members of the project team of the details contained in the agreement; and

(c) involve the project team in the development and monitoring of the agreement as appropriate.

(7) All researchers involved in a collaborative research project:

(a) must understand comply with research collaboration agreement

(b) must familiarise themselves with all policies and agreements affecting the project; and

(c) should review the currency of the research collaboration agreement periodically, and update if necessary.

(8) Researchers should review the currency of the research collaboration agreement periodically, and update it if necessary.

(9) 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*.

(10) These laws may affect:

(a) the export of physical items and research data;

(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.

(11) Researchers must undertake appropriate due diligence inquiries into potential international research partners, informed by foreign interference risks, before commencing a collaborative research project.

Note: See *Guidelines to counter foreign interference in the Australian university sector*.

16 Tissue banks and collection, storage and use of human tissue

(1) Researchers may establish and maintain tissue holdings, i.e. they may collect, hold and use human tissue for research, consistently 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)*;

(f) *Charter of the United Nations Act 1945 (Cth);*

(g) *Australia's Foreign Relations (State and Territory Arrangements) Act 2020*;

(h) *Modern Slavery Act 2018*;

(i) *Australia's Foreign Relations (State and Territory Arrangements) Act 2020 (Cth)* and

(j) *Therapeutic Goods Act 1989*.

PART 2 – MANAGING AND INVESTIGATING ALLEGED BREACHES

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 *Staff and Affiliates Code of Conduct*.

(2) A breach of this policy by a student may constitute:

(a) misconduct as defined in the *University of Sydney (Student Discipline) Rule* ;

(b) a breach of the *Student Charter*.

(3) A breach of this policy by an affiliate may constitute a breach of the *Staff and Affiliates Code of Conduct*.

(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). Major breaches may constitute research misconduct:

Note: See clause 20.

(2) The following factors must be considered in determining the seriousness of a breach:

(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 previous breaches by the researcher, which have been communicated to them;

(f) whether institutional failures have contributed to the breach;

(g) any other mitigating or aggravating circumstances; and

(h) such factors as may be relevant to the particular case.

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) 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.

(3) 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) **Investigation panels** conduct investigations of alleged breaches of this policy as provided in clause 28 and report their findings to the designated officer. A panel may be constituted by one or more individuals.

(4) The **responsible executive officer**:

(a) receives reports of the outcomes of investigations under clause 28;

(b) determines whether a breach of the policy has occurred;

(c) determines what (if any) further action is required; and

(d) informs relevant parties.

(5) A **review officer** receives requests for procedural reviews of the management of complaints about breaches of this policy.

(6) **Research integrity advisers** will be appointed 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 be impartial and provide unbiased advice

(c) should maintain confidentiality and not disclose details of issues discussed unless required by processes under institutional policies and or the *Australian Research Code*

(d) 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.

(7) **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 before 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 the Research Integrity Office must be notified.

(2) The Research Integrity Office will gather any necessary further information and then refer the allegations to the designated officer, who will decide whether:

(a) they have substance; and

(b) could, if proven, amount to a breach of this policy.

(3) Less serious allegations may be managed and resolved by the faculty or school of the individual who is the subject of the allegations. 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 making 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, and may also constitute misconduct:

(a) *Staff and Affiliates Code of Conduct;*

(b) *Student Charter*.

(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 satisfied that:

(a) it lacks substance; or

(b) could not, even if proven, amount to a breach of this policy.

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) As far as possible, all affected persons will be afforded confidentiality.

(4) 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.

(5) At the conclusion of the preliminary assessment, a written report will be prepared setting out recommendations for further action.

(6) 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.

(7) Where appropriate, the designated officer will take appropriate interim administrative action to protect funds granted by external funding bodies.

(8) 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 or can be achieved;

(c) obligations to report to external bodies, including reporting requirements under funding agreements and the policies of funding bodies;

Note: See also the *ARC Research Integrity Policy* and *NHMRC Research integrity and misconduct policy*.

(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.

25 Action after preliminary assessment – complaint about student

(1) A designated officer who 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 in which the individual is studying, with recommendations for action (including no further action, if appropriate).

(2) A designated officer who 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*.

26 Action after preliminary assessment – complaint about staff member

(1) A designated officer who 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 concludes that an allegation about a staff member has substance and warrants investigation will initiate an investigation in accordance with clause 28.

27 Action after preliminary assessment – complaint about affiliate

(1) A designated officer who 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 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 may take appropriate interim administrative action to protect funds granted by external funding bodies.

(4) In addition to any action taken under subclause 24(8), 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;

Note: See also the *ARC Research Integrity Policy* and *NHMRC Research integrity and misconduct policy*.

(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 researchers;

(c) participants in human-based research whose interests may be affected;

(d) research collaborators, including those at other institutions;

(e) 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) 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*, 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) Subject to clause 31(2), all allegations received by the University before the commencement date of this policy will be dealt with in accordance with the Part 2 of the *Research Code of Conduct 2019* (the *2019 Code*).

(2) Where an allegation relates to conduct that is alleged to have occurred before 1 July 2019 (i.e. the date the 2019 code commenced)

(a) Any reference in Part 2 of the *2019 Code* to a policy breach will be taken to mean a breach of the *Research Code of Conduct 2013* (the *2013 Code*); and

(b) Any reference in Part 2 of the *2019 Code* to research misconduct will be taken to mean research misconduct as defined in the *2013 Code*.

(3) All allegations received on or after the commencement date of this policy that relate to conduct that is alleged to have occurred before that date will be dealt with in accordance with the Part 2 of this Policy (i.e. clauses 18 to 30), subject to the following:

(a) Where the conduct is alleged to have occurred on or after 1 July 2019:

(i) Any reference in Part 2 of this policy to a policy breach will be taken to mean a breach of the *2019 Code*; and

(ii) Any reference in Part 2 of this policy to research misconduct will be taken to mean research misconduct as defined in the *2019 Code*.

(b) Where an alleged breach relates to conduct that is alleged to have occurred before 1 July 2019:

(i) Any reference to Part 2 of this policy to a policy breach will be taken to mean a breach of the *2013 Code*; and

(ii) Any reference in Part 2 of this policy to research misconduct will be taken to mean research misconduct as defined in the *2013 Code*.

32 Rescissions and replacements

This policy replaces the *Research Code of Conduct 2019* which is rescinded as from the date of commencement of this policy.

NOTES

Research Code of Conduct 2023

Date adopted:	26 July 2023
Date commenced:	1 September 2023
Date amended:	3 November 2023 (administrative amendments)
	26 April 2024 (administrative amendments)
Policy owner:	Deputy Vice-Chancellor (Research)
Review date:	1 September 2028
Rescinded documents:	Research Code of Conduct 2019
Related documents:	

Animal Research Act 1985 (NSW)

Animal Research Regulation 2010 (NSW)

Australia's Foreign Relations Regulation (State and Territory Arrangements) Act 2020 (Cth)

Customs Act 1901 (Cth)

Defence Trade Controls Act 2012 (Cth)

Privacy Act 1988 (Cth)

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)

Therapeutic Goods Act 1989 (Cth)

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

Academic Integrity Policy

Charter of Freedom of Speech and Academic Freedom

External Interests Policy

Higher Degree by Research Supervision Policy

Intellectual Property Policy

Public Comment Policy

Privacy Policy

Recordkeeping Policy

Reporting Wrongdoing Policy

Research Agreements Policy

Staff and Affiliates Code of Conduct

Student Charter

Student Sexual Misconduct Policy

University of Sydney (Delegations of Authority) Rule

University of Sydney Enterprise Agreement 2023-2026

University of Sydney (Policies Development and Review Rule)

University of Sydney (Student Academic Appeals) Rule

University of Sydney (Student Discipline) Rule

Working with Children and Vulnerable Adults Policy

Working with Children Procedures – Staff and Affiliates

Working with Children Procedures – Students

AIATSIS Code of Ethics for Aboriginal and Torres Strait Islander Research

ARC Conflict of Interest and Confidentiality Policy 2020

Ask First: A Guide to Respecting Indigenous Heritage Places and Values

Excellence in Research Australia 2018 Submission Guidelines (Australian Research Council)

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 Guidelines for identifying and managing conflicts of interest

NHMRC Policy on the Disclosure of Interests Requirements for Prospective and Appointed NHMRC Committee Members

NHMRC Safety monitoring and reporting in clinical trials involving therapeutic goods

NHMRC Statement on Consumer and Community Involvement in Health and Medical Research

Universities Australia/ARC/NHMRC Australian Code for the Responsible Conduct of Research and its associated Best Practice Guides

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

AMENDMENT HISTORY

Provision	Amendment	Commencing
8(2)(r); related documents	*Reporting Wrongdoing Policy 2012* replaced with *Reporting Wrongdoing Policy 2023*	3 November 2023
Related documents	*University of Sydney Enterprise Agreement 2018 – 2021* replaced with *University of Sydney Enterprise Agreement 2023 – 2026*	3 November 2023

Provision	Amendment	Commencing
6	*University of Sydney Enterprise Agreement 2018 – 2021* replaced with *University of Sydney Enterprise Agreement 2023 – 2026*	26 April 2024
Throughout	Administrative amendments to remove the year in policy references	26 April 2024