

Research Governance

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1.0 Introduction

Wesley Research Institute (WRI) conducts research that is held to account by numerous legal, regulatory and industry obligations. In addition, the institute and UnitingCare Queensland have their own expectations that must be met to ensure that research is conducted in a manner that is consistent with the organisations' values, policies and business strategies.

2.0 Purpose

The purpose of this policy is to outline the framework used by the institute to ensure that its research is consistent with all relevant legal, regulatory and industry obligations, as well as the institute's and UnitingCare Queensland's expectations.

3.0 Scope

This policy is applicable to all research staff including permanent, casual, secondment, full-time and part-time arrangements. It is also applicable to honorary appointments and students hosted at the institute.

4.0 Principles

4.1 Principles of The Code

The following principles are from by the Australian Code for the Responsible Conduct of Research (2018) (The Code) and therefore must be applied to all research activities:

- P1 Honesty in the development, undertaking and reporting of research.
- P2 Rigour in the development, undertaking and reporting of research.
- P3 Transparency in declaring interests and reporting research methodology, data and findings.
- P4 Fairness in the treatment of others.
- P5 Respect for research participants, the wider community, animals and the environment.
- P6 Recognition of the right of Aboriginal and Torres Strait Islander peoples to be engaged in research that affects or is of particular significance to them.
- P7 Accountability for the development, undertaking and reporting of research.
- P8 Promotion of responsible research practices.

4.2. Institutional research governance

The institute must hold approval to be an Approved Research Institute (ARI) under the Income Tax Assessment Act (1997) and have a suitably qualified Research Committee (herein, referred to as the Research Advisory Board).

The Research Advisory Board functions as the custodian of all gifts, deductible contributions and related monies, providing their recommendation that the use of these monies is consistent with the institute's research strategy, is scientific in nature and that it is, or may prove to be, of value to Australia, for recommendation to the Board for approval before any money is disbursed for research.

In addition, the Research Advisory Board (a) advises on the development, implementation and monitoring of the institute's research areas with the Board and Executive Leadership Team (ELT) to ensure that it aligns with the institute's research strategy, continues to be industry competitive, has consumer relevance and creates high impact outcomes, and (b) reviews submissions by academic staff for promotion as an independent assessor prior to Chief Executive Officer (CEO) approval.



Further approvals, changes and cancellations to research projects are approved by the Board, CEO or delegate as described in the Delegations of Authority policy and Constitution.

4.3. Research funds

Project budgets must be provided to the Research Advisory Board before they can consider a recommendation to the Board for approval for the use of all gifts, deductible contributions and related monies.

Budgets for other types of research funding – such as competitive grants – can be approved for use in research at the institute by the CEO as described in the Delegations of Authority policy. Budgets created for consultancy can be similarly approved and are described in RS12 Consultancy and Secondary Employment.

Note that any form of research funding is only acceptable if it is consistent with the institute's values, research strategy, human rights, academic freedom and academic integrity (per RS01B Research Integrity).

The Chief Financial Officer (CFO) is accountable for ensuring that industry accepted accounting standards and controls are exercised in respect of funding that is used to conduct research at the institute. The Head of Research Operations is accountable to the research department budget and Frontline Leaders are responsible to all project budgets in their function, to ensure that the use of research funds maintains compliance within the approved budget.

4.4. Disclosure of interests and risks

Researchers must disclose all actual and perceived conflicts of interest (per RS04 Conflict of Interest), sensitive research, foreign influence, possible foreign interference (per RS10 Foreign Influence and Interference), and secondary employment (per RS12 Consultancy and Secondary Employment).

Researchers must receive site-specific authorisation (SSA) from all participating UnitingCare Health sites prior to the commencement of all hospital-based research activities. Alternatively, for health and social sciences focussed research, researchers must receive approval by the Research Approval Group (RAG) of UnitingCare Queensland.

Researchers must notify the Head of Research Operations in the very early stages of project ideation to ensure that contracts are considered and that appropriate insurances and indemnities are in place, per RES01A Research Contracts.

Institute risks identified by these activities must be considered for inclusion in the Risk Register, by written notification to the Head of Research Operations and CFO.

4.2. UnitingCare Health credentialling

Researchers who will engage in direct patient care in UnitingCare Health facilities must receive credentialling as described in UnitingCare Health's Honorary Research Appointments Procedure.

4.3. Ethical considerations

All research must be submitted to a National Health and Medical Research Council (NHMRC) accredited Human Research Ethics Committee (HREC) for consideration. Following confirmation of full approval, research activities can proceed.

For research that is 'lower risk' (formerly 'low and negligible risk') in which a full ethics review is not required, this must be confirmed in writing by that HREC or delegate prior to the commencement of 'lower risk' research activities.

Initiatives that do not fall under the definition of research include Quality Improvement (QI) and case reports (no more than 1 patient), but these must be submitted to the HREC for confirmation in writing of an exemption. Note that QI initiatives must have approval and oversight by the relevant safety and quality unit for the associated local service/practice.

4.4. Research integrity

The institute's expectations on research integrity are outlined in RS01B Research Integrity.

Authorship must be fairly considered as described in RS02B Authorship and Acknowledgements Policy. Research outputs must be consistent with the institute's open access framework per RS02C Open Access.

On the converse, peer review is an important enabler of research assessment, which the institute encourages researchers to partake in if they have the right expertise and in accordance with the NHMRC Principles of Peer Review (2013).

4.5. Researcher supervision

The Principal Investigator (PI) or supervisor must ensure that they (a) provide guidance and mentorship on responsible research conduct to other researchers or research trainees under their supervision and, where appropriate, monitor their conduct, (b) acknowledge those who have contributed to the research (per RS02B Authorship and Acknowledgement Policy), and (c) undertake and promote education and training in responsible research conduct.

4.6. Intellectual property rights

The institute's requirements of intellectual property rights are set out in RS05 Intellectual Property Rights.

4.7. Central facilities

The institute has an increasing number of central facilities that function as core capabilities for research. In respect of this, clinical trials must be conducted in line with the institute's Clinical Trials Centre Standard Operating Procedures and any biobank-related activities must be conducted in line with the institute's Biobank Standard Operating Procedures.

4.8. Workplace health and safety (WHS)

All research must be consistent with the institute's Workplace Health and Safety (WHS) Standard Operating Procedures.

4.9. Complaints

A breach of this policy should be disclosed to the Head of Research Operations and Chief Executive Officer, which may involve an independent stakeholder such as a Research Integrity Advisor (RIA) or similar.

Research misconduct will be investigated as described in RS01B Research Integrity and Misconduct. Note that the institute strongly encourages researchers to consider the self-disclosure of potential breaches.

5.0 Roles and Responsibilities

The institute has the following responsibilities, as described in The Code:

- R1 Establish and maintain good governance and management practices for responsible research conduct.
- R2 Identify and comply with relevant laws, regulations, guidelines and policies related to the conduct of research.
- R3 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 Code.
- R4 Provide ongoing training and education that promotes and supports responsible research conduct for all researchers and those in other relevant roles.
- R5 Ensure supervisors of research trainees have the appropriate skills, qualifications and resources.
- R6 Identify and train Research Integrity Advisors who assist in the promotion and fostering of responsible research conduct and provide advice to those with concerns about potential breaches of the Code.
- R7 Support the responsible dissemination of research findings. Where necessary, take action to correct the record in a timely manner.
- R8 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.
- R9 Facilitate the prevention and detection of potential breaches of the Code.
- R10 Provide mechanisms to receive concerns or complaints about potential breaches of the Code. Investigate and resolve potential breaches of the Code.

R11 Ensure that the process for managing and investigating concerns or complaints about potential breaches of the Code is timely, effective and in accord with procedural fairness.

R12 Support the welfare of all parties involved in an investigation of a potential breach of the Code.

R13 Base findings of investigations on the balance of probabilities and ensure any actions are commensurate with the seriousness of the breach.

All research staff, honorary fellows and students are responsible for understanding and adhering to this policy. Specifically, they hold the following responsibilities, as described in The Code:

R14 Support a culture of responsible research conduct at their institution and in their field of practice.

R15 Provide guidance and mentorship on responsible research conduct to other researchers or research trainees under their supervision and, where appropriate, monitor their conduct.

R16 Undertake and promote education and training in responsible research conduct.

R17 Comply with the relevant laws, regulations, disciplinary standards, ethics guidelines and institutional policies related to responsible research conduct. Ensure that appropriate approvals are obtained prior to the commencement of research, and that conditions of any approvals are adhered to during the course of research.

R18 Ensure that the ethics principles of research merit and integrity, justice, beneficence and respect are applied to human research.

R19 Engage with Aboriginal and Torres Strait Islander peoples and respect their legal rights and local laws, customs and protocols.

R20 Ensure that the 3Rs (Replacement, Reduction and Refinement) are considered at all stages of research involving animals and minimise the impacts on animals used in research and in so doing support the welfare and wellbeing of these animals.

R21 Adopt methods appropriate to the aims of the research and ensure that conclusions are justified by the results.

R22 Retain clear, accurate, secure and complete records of all research including research data and primary materials. Where possible and appropriate, allow access and reference to these by interested parties.

R23 Disseminate research findings responsibly, accurately and broadly. Where necessary, take action to correct the record in a timely manner.

R24 Disclose and manage actual, potential or perceived conflicts of interest.

R25 Ensure 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.

R26 Acknowledge those who have contributed to the research.

R27 Cite and acknowledge other relevant work appropriately and accurately.

R28 Participate in peer review in a way that is fair, rigorous and timely and maintains the confidentiality of the content.

R29 Report suspected breaches of the Code to the relevant institution and/or authority.

Frontline leaders are responsible for the monitoring of this policy's use within their team/s. Concerns and issues should be escalated to the Head of Research Operations and Chief Executive Officer for further investigation, which may involve an independent stakeholder such as a Research Integrity Advisor (RIA) or similar, as described in the Complaints section.

6.0 References and Related Documents

6.1 References

- 6.1.1 Australian Code for the Responsible Conduct of Research 2018
- 6.1.2 National Statement on Ethical Conduct in Human Research 2023
- 6.1.3 Research Integrity and Misconduct Policy 2019
- 6.1.4 Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research 2018
- 6.1.5 Principles of Peer Review 2013

6.2 Related Documents

- 6.2.1 RS01B Research Integrity and Misconduct
- 6.2.2 RES01A Research Contracts
- 6.2.3 RS02A Affiliations Policy
- 6.2.4 RS02B Authorship and Acknowledgements Policy
- 6.2.5 RS02C Open Access
- 6.2.6 RS04 Conflict of Interest
- 6.2.7 RS05 Intellectual Property Rights
- 6.2.8 RS10 Foreign Influence and Interference
- 6.2.9 RS12 Consultancy and Secondary Employment
- 6.2.10 Wesley Research Institute Clinical Trials Centre Standard Operating Procedures
- 6.2.11 Wesley Research Institute Biobank Standard Operating Procedures
- 6.2.12 Wesley Research Institute WHS Standard Operating Procedures
- 6.2.13 Wesley Research Institute Constitution
- 6.2.14 Wesley Research Institute Delegations of Authority Policy
- 6.2.15 Wesley Research Institute Research Advisory Board Charter
- 6.2.16 UnitingCare Research Policy
- 6.2.17 Family and Disability Services Undertaking Research and Evaluation Projects Procedure
- 6.2.18 Blue Care Undertaking Research and Evaluation Projects Procedure
- 6.2.19 UnitingCare Health's Honorary Research Appointments Procedure

7.0 Version History

Version No.	Approver	Implementation Date	Summary of Change
1.0	Board	12/02/2020	Introduction of Policy
2.0	Andrew Barron	1/02/2024	Revision given new institute strategy