

Research Integrity and Misconduct

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1.0 Introduction

Wesley Research Institute (WRI) has a responsibility in fostering research conduct that upholds intellectual integrity so that the community can place its trust in all research activities undertaken by the institute.

2.0 Purpose

The purpose of this policy is to describe the expectations of the institute regarding research integrity.

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 institute requires (a) all researchers adhere to the principles of responsible research conduct as described in the Australian Code for the Responsible Conduct of Research (2018) (The Code), and (b) the procedural principles described in this policy for the facilitation of compliance with The Code in practice.

Note that certain principles are described in further detail in related policies and, as such, they are not described here including ethics (RS01A Research Governance), authorship (RS02B Authorship and Acknowledgements Policy), open access (RS02C Open Access), conflicts of interest (RS04 Conflict of Interest) and Indigenous Cultural and Intellectual Property (ICIP)(RS05 Intellectual Property Rights).

For reference, the principles of The Code are:

- 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. Research data and records

All researchers must create and maintain research records to document all research processes and data in sufficient detail to enable independent verification of research activities undertaken, future sharing of the data and the progression of further research using the data.



Research records must be stored in compliance with all institute information security policies, institute information technology policies, and in infrastructure and format that is ethics approved and in compliance with relevant regulatory requirements.

The institute's data retention requirements are (a) 15 years in clinical trials, (b) if the research involves minors that it is 15 years after the participant reaches the age of 18 years, and (c) indefinitely in genetic research, including gene therapy research. Primary records that are not feasible to be stored long-term – including large files, such as audio recordings of interviews – must be discussed with the researcher's Frontline Leader as durable records that are derived from them can be considered for long-term retention instead e.g., transcripts from the interview recording.

Unauthorised access, disclosure and loss of research information must be minimised by ensuring that appropriate security and privacy measures are in place. For example, records may be stored in a durable format such as on Microsoft SharePoint that is password protected, in a permissions-restricted directory, in a de-identified manner.

If records are in a limited access or external database, its specific location and source of original data must be recorded.

Researchers must on request produce all research data and records to permit the independent verification of all activities. If obligations of confidentiality apply, then this can be provided in a manner that does not breach these obligations. This sharing of information is particularly relevant in readiness for, as an example, conference presentation, publication, patent filing, further funding or internal audit, but it is also critical in facilitating healthy academic critique and internal peer review.

Researchers must report to their Frontline Leader if they become aware of possible or confirmed unauthorised access, disclosure or loss of research data.

4.3. Dissemination of research findings

Researchers must acknowledge the limitations of their research, negative and contrary data, and employ caution in the dissemination of research findings if the research has not undergone peer review.

Substantially similar research must not be submitted to more than one publisher simultaneously unless this is expressly disclosed to and permitted by the publishers.

4.4. Complaints

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

The institute strongly encourages researchers to consider the self-disclosure of potential breaches. Note that the failure to report a suspected breach, if it is reasonable to expect it to be clear to the observer, is considered a breach.

A person who is reporting or reported in respect of a breach must not be victimised or subject to detrimental action as a result of the reporting itself. Individuals who breach this may be subject to disciplinary action on the basis of partaking in unfair, unjustified and therefore inappropriate workplace behaviour.

Following initial disclosure, the CEO will conduct a preliminary assessment to (a) determine if there is jurisdiction to consider the matter, (b) may dismiss the complaint if it is vexatious, insubstantial or beyond jurisdiction, and (c) where appropriate can refer the matter to another university, institute or third party process for management.

The CEO will determine if a formal investigation is required, taking into consideration that research misconduct is a spectrum and a minor or less serious breach can and should be investigated and resolved locally. However, if a formal investigation is required, it will be confidentially conducted by at least three independent and appropriately qualified investigators that incorporate the following principles of procedural fairness:

- a. the respondent be given a fair and reasonable opportunity to present their case and be heard;
- b. the matter is to be heard by an impartial decision maker who is free from bias and any conflict of interest;

- c. the decision making be based on all evidence presented that logically contributes to proving or disproving the investigation questions; and
- d. timely notification of outcomes and/or next steps be provided to the respondent and complainant if appropriate.

The CEO will receive the outcome of the formal investigation for appropriate communication, including to relevant funding bodies such as the National Health and Medical Research Council (NHMRC). The decision by the CEO is final.

Note that involved individuals can request that the Australian Research Integrity Committee (ARIC) conduct a review of the principles followed in respect to the institute's complaint process on research misconduct however it must be noted that this review does not affirm, discount or change the outcome; it is a review of the process in relation to its procedural fairness, the Code and the NHMRC's Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research.

The outcomes of an investigation must be proportional to the extent of the breach and can include the correction or retraction of published research findings, disciplinary action pertaining to misconduct, serious misconduct, unsatisfactory work performance, the cessation of an honorary appointment, suspension of grant payments and the recovery of grant funds including for the NHMRC.

5.0 Roles and Responsibilities

All research staff, honorary fellows and students are responsible for understanding and adhering to this policy.

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 CEO for further investigation, which may involve an independent stakeholder such as a RIA or similar.

In accordance with the NHMRC's Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research, the CEO functions as the Responsible Executive Officer (REO) and Assessment Officer (AO), the Head of Research Operations and CEO jointly receive complaints as the Designated Officer (DO) for redundancy, and ARIC acts as the external equivalent of a Review Officer (RO) to assess the principles used in investigating misconduct.

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

6.2 Related Documents

- 6.2.1 RS01A Research Governance
- 6.2.2 RS02B Authorship and Acknowledgements Policy
- 6.2.3 RS02C Open Access
- 6.2.4 RS04 Conflict of Interest
- 6.2.5 RS05 Intellectual Property Rights
- 6.2.6 Wesley Research Institute Information Security and Information Technology Policies

7.0 Version History

Version No.	Approver	Implementation Date	Summary of Change
1.0	Andrew Barron	1/02/2024	Introduction of Policy