



# Australian Graduate School of Leadership

## Policy register

<b>Policy name</b>	Research and Research Management		
<b>Version</b>	1.0	<b>Status</b>	Approved by Board of Directors
<b>Communication</b>	To all staff, students and prospective students	<b>Date</b>	21 January 2013

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Related Policies	<ul style="list-style-type: none"><li>• Academic Misconduct</li><li>• Assessment</li><li>• Grading</li><li>• Progression, Exclusion and Graduation</li><li>• Special Consideration</li><li>• Student Grievance</li></ul>
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### 1. Preamble

AGSL believes that excellence in research should be achieved within an ethical and responsible research culture that values the research means as highly as it does the ends of research.

### 2. Definitions

**Policy** – a formal statement of the principles or standards that are to apply to the governance or operations or to the practice and conduct of all AGSL contributors including; directors, faculty and students.

**Procedures** – a formal statement of the actions or processes required to ensure the implementation of approved policy or efficient leadership and management of the AGSL's operations, or legal or other regulatory compliance.

**Responsible officer** – a member of staff in whose area of responsibility a policy or procedure resides.

### 3. Principles

The characteristics of a desirable research culture are clearly outlined in the Australian Code for the Responsible Conduct of Research<sup>1</sup>:

- honesty and integrity
- respect for human research participants, animals and the environment
- good stewardship of public resources used to conduct research
- appropriate acknowledgment of the role of others in research
- responsible communication of research results.

At the AGSL whilst the responsibility for understanding, fostering and sustaining such an ethical and responsible culture in research is the governance charge of the Board of Directors, the responsibility for day to day adherence behaviour and contribution to the evolution of this culture is shared by all who overview, guide, facilitate or participate in research under the umbrella of the AGSL.

Research under the auspices of the AGSL is driven by a commitment to contribute towards the development of a better understanding of the professional practice requirements for responsible, effective and ethical leadership in environments that are becoming more complex and that are evolving more rapidly.

### 4. Procedures

#### *Research Data Storage and Retention*

1. All researchers must ensure that they have gained ethics clearance from the AGSL Ethics Committee before commencing field research (See Attachment X – Attachment X - Research Ethics Compliance Form)
2. Artefacts, records, data arising from personal reflection and primary research data (including primary data collected through observation, interviews, measurement and surveys), obtained by faculty or students whilst undertaking research conducted under the auspices of the AGSL must be held in a secure location to comply with privacy protocols, such as the Australian Federal Privacy Legislation and associated National Privacy Principles<sup>2</sup> and the secure location and its content registered with AGSL Registrar;

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<sup>1</sup> Jointly issued by the National Health and Medical Research Council, the Australian Research Council and Universities Australia © 2007 Australian Government, ISBN online 1864964383

<sup>2</sup> Privacy Act (1988) and Privacy Amendment Act (October 2001). Available at: <http://www.privacy.gov.au/act/>. National Privacy Principles (part of Privacy Act 1988). Available at: <http://www.privacy.gov.au/publications/npps01.html>.

3. Stored data must be referenced and kept securely stored for a period of at least five years from the date of any publication that utilises the data, after which it is deleted in a manner that honours confidentiality and intellectual property commitments that were entered into in obtaining the data;
4. Data utilised in publications and that may be required for scrutiny by examiners must be available for review and discussion with other researchers and appointed examiners. Where confidentiality undertakings have been given, data needs to be stored in a manner that facilitates reference by approved third parties without breaching such confidentiality.
5. Data included in work submitted by a candidate for the Doctorate of Business Leadership must be open to public scrutiny and where necessary needs to be disguised to protect required confidentiality. Evidence submitted as a component of the candidate's Leadership Portfolio can under special circumstances with the delegated approval of the Executive Dean be embargoed for a maximum of six months from the date of inclusion within the AGSL reference library
6. Publication, discussion, limitations and restrictions associated with any research data collected must be explicitly agreed and all confidentiality agreements should be made known at an early stage to the AGSL Ethics Committee through the Registrar.
7. The location of all research data must be recorded on the Ethics Clearance form which contains information on ownership of data, location of data, access to data, right of access to data and confidentiality agreements. (See Attachment X - Research Ethics Compliance Form)
8. It is the researcher's responsibility to ensure any changes to the location and/or status of research data is notified to the AGSL Registrar.
9. Only persons specified in the original approved Research Ethics Compliance Form should have access to confidential data. If others wish to have access to the data, this will be subject to an application to the AGSL Ethics Committee;
10. The Executive Dean of the AGSL will ensure that all members of the supervising faculty and enrolled students are aware of their obligations with respect to these and other research procedures and policies through induction briefings, on-going workshops, access to relevant documentation and when required one-on-one discussions.

### *Conduct of Research by Students*

1. Students conducting research must comply with all relevant AGSL research procedures and policies and any other relevant policies and guidelines on research.
2. Students must report in the following ways:

- (i) maintain regular contact with appointed supervisor(s) (or in the absence of the supervisor(s) the Executive Dean), and complete all reporting requirements as specified in their course documentation;
  - (ii) participate in approved research data collection;
  - (iii) notify the Executive Dean of any research to be published;
  - (iv) notify their supervisor and the Executive Dean, in advance, of any proposal to enter into a contractual arrangement for commercial or other purposes in regard to the student's research;
  - (v) submit other reports as specified by the Executive Dean.
3. A supervisor of a student conducting research will be responsible for providing guidance to students on all matters of research practice, and ensure that students are informed of relevant policies and procedures that affect the conduct of the student's research.
4. A supervisor will be entitled to have access to research data and other relevant information about the research of a student for the purposes of undertaking normal supervisory responsibilities and ensuring relevant procedure and policy compliance.
5. The supervisor will:
- (i) consult with the student about the need to maintain confidentiality in respect of the student's research data, methodology, or findings;
  - (ii) ensure the integrity of the student's research data is preserved;
  - (iii) where a student is conducting research as part of a research team, inform the student at the commencement of the research project of any protocols or operating conditions that may apply in respect of the conduct of the research project, the use and storage of research data, publication of research findings, confidentiality, or commercialisation or other agreements or arrangements that may apply to the research;
  - (iv) take such steps as are practicable to ensure the validity of a student's data and research methodology, and provide verbal and written feedback to the student on a regular basis;
  - (v) ensure appropriate induction and ongoing advice is provided to the student about professional approaches that should be adopted with regard to ensuring the validity of data, and about requirements for maintenance of records and storage and retention of research data; and
  - (vi) ensure that discussions with the student on research practice are documented.

6. Where a supervisor has concerns about the validity of a student's data or about whether the student is undertaking appropriate record keeping, data storage or research practices, the following steps must be taken:
  - (i) the supervisor is to provide written advice to the student, and document any steps taken by the student to address the matter;
  - (ii) if the matter is not addressed expeditiously and to the satisfaction of the parties, the supervisor should advise the Executive Dean and notify the student accordingly;
  - (iii) if the Executive Dean is unable to resolve the matter expeditiously and to the satisfaction of all parties, the matter will be referred to the Chairperson of the Academic Board, who will consider any further action to be taken in accordance with the relevant policies and procedures.

### *Research Authorship*

1. The minimum requirement for a person to be attributed as an author of a publication should accord with the 'Vancouver Protocol' as set out in the fifth edition of the [Uniform Requirements for Manuscripts Submitted to Biomedical Journals](http://www.icmje.org/urm_main.html) ([http://www.icmje.org/urm\\_main.html](http://www.icmje.org/urm_main.html)). Authorship involves substantial participation in all of the following stages:
  - i. conception and design, or analysis and interpretation of data
  - ii. drafting the article or revising it critically for important intellectual content
  - iii. final approval of the version to be published.
  - Note: General supervision of the research group is not sufficient for authorship. An author's role in a research output must be sufficient for that person to take responsibility for at least that part of the output in that person's area of expertise.
  - No person who is an author, consistent with this definition, must be excluded as an author without his or her permission in writing.
2. "Honorary authorship" (i.e. inclusion based on status, seniority or credentials) is an unacceptable practice.
3. Where a student is the primary author of the research, his/her name must be recognised as the senior author in any publication.
4. Authorship of a research output should be discussed between researchers at an early stage in a project, and reviewed whenever there are changes in participation.

5. Any disputes about authorship should be referred to the Executive Dean, who will decide on a course of action.
6. When there is more than one co-author of a research output, one co-author (by agreement amongst the authors) should be nominated as executive author for the whole research output, and should take responsibility for record-keeping regarding the research output.
7. Where there is more than one co-author, the order of authorship should be a joint decision of the co-authors.
8. A publication must contain appropriate acknowledgment of the contributions made by all participants in the relevant research, including the work of research students, research assistants and technical officers who have made a contribution to the research. Individuals and organisations providing facilities should also be acknowledged.

### *Publication and Dissemination of Research Findings*

1. Publication of multiple papers based on the same set(s) or subset(s) of data is not acceptable, except where there is full cross-referencing within the papers (for example, in a series of closely related work, or where a complete work grew out of a preliminary publication and this is fully acknowledged).
2. An author who submits the same or substantially similar work to more than one publisher should disclose that fact to the publishers at the time of submission.
3. Where there is public interest in research findings, reporting to the media before peer reviewing of findings may be justified but the status of the findings must be disclosed at the time.
4. Where there is private reporting of research that has not yet been exposed to open peer-review scrutiny, especially when it is reported to prospective financial supporters, researchers have an obligation to explain fully the status of the work and the peer-review mechanisms to which it will be subjected.
5. Publications must include information on the sources of financial support for the research.
6. Deliberate inclusion of inaccurate or misleading information relating to research activity in curriculum vitae, grant applications, job applications or public statements or the failure to provide relevant information, is a form of research misconduct. Accuracy is essential in describing the state of publication (in preparation, submitted, accepted), research funding (applied for, granted, funding period), and awards conferred, and where any of these relate to more than one researcher.

7. All reasonable steps must be taken to ensure that published reports, statistics and public statements about research activities and performance are complete, accurate and unambiguous.

### *Conflict of Interest*

1. A conflict of interest arises in circumstances where that person has a real, perceived or potential opportunity to place their interests, or those of any other related person or organisation, above the interests of the AGSL such that an independent observer might reasonably question whether the individual's professional actions or decisions are determined by considerations of personal gain, financial or otherwise. A conflict of interest depends on the situation, and not on the character or actions of the individual. Examples of conflicts of interest in research include-
  - a. Where the research is sponsored by a related body;
  - b. Where the researcher or a related body may benefit, directly or indirectly, from any inappropriate dissemination of research results (including any delay in or restriction upon publication of such results);
  - c. Where the researcher or a related body may benefit, directly or indirectly, from the use of AGSL resources.
2. A researcher must make a full disclosure of any potential conflict of interest as soon as reasonably practicable to the Executive Dean, except where the researcher is the Executive Dean, in which case the disclosure must be made to the Chairman of the Board of Directors.
3. The Executive Dean who has received the disclosure must discuss the matter with the researcher concerned and determine a procedure for the management or elimination of the conflict of interest. The procedure must be documented and the researcher advised in writing.
4. Researchers must also disclose any conflict of interest to editors or journals, to the readers of published work and to external bodies from which funds are sought.

### *Research Misconduct*

"Research Misconduct" is taken to mean fabrication, falsification, plagiarism, or other practices that seriously deviate from those that are commonly accepted within the academic community for proposing, conducting, or reporting research. It includes the misleading ascription of authorship including the listing of authors without their permission, attributing work to others who have not in fact contributed to the research, and the lack of appropriate acknowledgment of work primarily produced by a research student or associate. It does not include honest errors or honest differences in interpretation or judgments of data.

Examples of research misconduct include, but are not limited to:

1. **Misappropriation:** A researcher or reviewer shall not intentionally or recklessly plagiarise (which shall be understood to mean the presentation of the documented words or ideas of another as his or her own, without attribution appropriate for the medium of presentation), make use of any information in breach of any duty of confidentiality associated with the review of any manuscript or grant application, or intentionally omit reference to the relevant published work of others for the purpose of inferring personal discovery of new information.
2. **Interference:** A researcher or reviewer shall not intentionally and without authorisation take or sequester or materially damage any research-related property of another, including without limitation, writings, data, hardware, software, or any other device used or produced in the conduct of research.
3. **Misrepresentation:** A researcher or reviewer shall not with intent to deceive or in reckless disregard for the truth, state or present a material or significant falsehood, or omit a fact so that what is stated or presented as a whole states or presents a material or significant falsehood.

## Procedures for Dealing with Allegations of Misconduct

Protection of Interested Parties:

(i) Protection of interested parties is essential when handling allegations of research misconduct. Adequate protection of the person(s) bringing the allegation and the person(s) against whom the allegation is made must include absolute confidentiality and reasonable speed in the conduct of any investigation.

(ii) Other interested parties in an allegation of misconduct might include:

- Staff and students working with persons making the allegation, or with persons against whom the allegation is made.
- Journals and other media reporting research subject to suspected, alleged, or found research misconduct.
- Funding bodies that have contributed to the research.

(iii) Protection of other interested parties should not violate the confidentiality of the complainant or the accused in a case of alleged misconduct. Where disclosure is deemed necessary, the Executive Dean should make the decision.

## Complaint

- (i) An allegation of research misconduct is to be made to the Executive Dean.
- (ii) The Executive Dean must immediately inform the person against whom the complaint is made.
- (iii) A preliminary investigation of the charge of research misconduct must be conducted under the direction of the Executive Dean and a written statement of any allegations must be provided to the person(s) against whom such allegations are directed, and a written response from that person must be received and considered. A preliminary investigation will be limited to determining whether a prima facie case exists that research misconduct may have occurred.
- (iv) If a person about whom allegations of research misconduct have been made ceases to be an employee or student of the AGSL the investigation shall continue, in order to establish the facts of the matter.
- (v) If a case for consideration of research misconduct is found to exist in the preliminary investigation, a formal investigation shall proceed.
- (vi) Where the Executive Dean is satisfied that a complaint cannot be sustained, the complaint is to be dismissed and the person making the complaint informed accordingly. Disciplinary action may be necessary if the complaint is determined to be vexatious.

## Formal Investigation

- (i) An enquiry established under this policy must be completed as expeditiously and with such confidentiality as the circumstances of the complaint permit.
- (ii) The Executive Dean must inform the person who is the subject of the complaint in writing of the terms of the complaint, the decision to undertake an enquiry, and the person or persons appointed to undertake the enquiry.
- (iii) The person who is the subject of the complaint must be provided with an opportunity to respond in writing to the complaint within 21 days of notification of commencement of a formal investigation and an opportunity to make oral submissions to the person or persons appointed to undertake the enquiry.
- (iv) The person or persons appointed to undertake an enquiry must provide the Executive Dean with a report of the enquiry and advise the Executive Dean whether,

in their opinion, the person who is the subject of the complaint is guilty of misconduct.

(v) The Executive Dean must inform the person who is the subject of the complaint and the person making the complaint of the finding of the person or persons appointed to undertake the enquiry.

(vi) Where the person or persons appointed to undertake an enquiry is or are satisfied that the person who is the subject of the complaint is guilty of misconduct, the Executive Dean must determine whether it is appropriate to take disciplinary action against that person.

(vii) Findings of research misconduct must be reported to any funding agency that supported work in respect of which such misconduct occurred, or which is currently supporting the person found to have engaged in research misconduct, and to journals and other media through which the research in question was reported. Distortions of the research record must be rectified, whether or not the persons involved remain in the institution.

(viii) Where the person or persons appointed to undertake an enquiry is or are satisfied that there is no basis for a complaint, the Executive Dean must determine whether it is appropriate to take disciplinary action against the person making the complaint.

## **5. Responsibilities**

The following are responsible for the application of this policy:

- Chairperson, Board of Directors
- Academic Board
- Executive Dean
- Registrar