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Association of Australian
Medical Research Institutes

SUBMISSION

FEEDBACK ON THE NHMRC DRAFT GUIDE FOR PUBLICATION AND DISSEMINATION OF RESEARCH

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Contact:

Professor Jonathan Carapetis AM
President
Association of Australian
Medical Research Institutes

PO Box 2097
Royal Melbourne Hospital VIC 3050
president@aamri.org.au
www.aamri.org.au

ABN 12 144 783 728

About AAMRI

The Association of Australian Medical Research Institutes (AAMRI) is the peak body for medical research institutes (MRIs) across Australia. Our 52 member MRIs range from 12-1000 full time equivalent (FTE) employees in size and undertake over one-third of all government funded medical research on a broad spectrum of human health issues. Their research ranges from fundamental biomedical discovery through to clinical research, including clinical trials.

Introduction

Thank you for the opportunity to provide feedback on the draft *Guide for Publication and Dissemination of Research*. AAMRI supports development of the guide to assist researchers to meet their responsibilities under the Australian Code for the Responsible Conduct of Research (the Code).

While AAMRI is supportive of the principles outlined in the draft guide there are a few areas which would benefit from further clarity. This includes definition of terms used, application of the guide and resourcing. The guide should also soften the tone to be more educative by changing statements with “must” to statements with “encourage”. In the current draft, there is a wide scope for institutional responsibilities within the principles, but strong statements are used to describe the requirements for policies and training without outlining best practice. Furthermore, the use of case study examples as has been provided in some other guides would assist greatly.

Recommendations

AAMRI recommends that following points be considered when developing the final version of the guide:

- 1. Consistent use of terms and clearer definitions of key terms should be included to assist with appropriate application of the principles.**

Terms such as “public arena”, “finalised project”, “peer review” and “timeliness” should be clearly defined as interpretation could vary depending on the type of research and channel used to disseminate the findings. A list of key terms and their definitions should be included to limit any ambiguity when applying the principles in the guide.

Some terminology was inconsistent throughout the document and this should be made consistent with standard NHMRC terminology. For example, in the current draft guide multiple terms have been unnecessarily used to refer to ‘community’ including ‘general public’ and ‘society at large’. In Section 3.4 “lay audience” should be changed to “consumers

and community". "Human participants" (Section 3.4) and "human participants or groups of humans" (section 4.6) should be simplified to "participants".

2. Clearer distinction is needed between guidance relevant to disseminating research findings via traditional peer-reviewed publication and other channels such as social media, public forums, or presentations to sponsors or consumers.

The way certain terms in the guide are interpreted is dependent on three aspects - the channel used to disseminate findings, the type of research and the audience. For example, section 4.8 advises that findings should not be discussed in the "public arena" until peer-reviewed. It is unclear whether this advice is extended to presentation at research conferences where presentation of research findings prior to peer reviewed publication is a common and essential part of the research ecosystem. Waiting until after peer-review before presenting at conferences is impractical and undermines the ethos of presenting and discussing unpublished work with colleagues in these forums. This section should be clarified to include a statement that encourages researchers to declare that work they are presenting is "unpublished" to align with the section 5 (6th point on p9).

Interpretation of timeliness could also vary depending on the means of communication and the audience. Including in the guide a specific section to address communicating research findings through social media and other new channels of communication would assist researchers and organisations. Combined with the list of key terms and their definitions (see point 1 above), this would increase clarity and application of the guide.

In Section 4.8 the consideration that "any restrictions on communications that have been agreed with the research sponsor should be respected" is likely to conflict with the advice in Section 4.1 (Researcher's responsibility). The guide should include advice to encourage the removal of clauses restricting publications from sponsor agreements.

3. Case studies highlighting best practice should be provided to help researchers and research organisations understand the key considerations involved when communicating and/or publishing research findings through different channels.

As described in point 1 above, the timing and channel of communication for disseminating findings is dependent on the audience and the type of research (for example, public health, a clinical trial, or discovery research). Use of case studies in the Guide to Payment of Participants (also accompanying the Code) was valuable in demonstrating the key considerations in different scenarios. Infographics and other visual tools such as flow charts could also assist in illustrating case studies and the responsibilities of researchers and organisations under different circumstances. Examples of situations where disseminating research resulted in unintended consequences on communities or individuals would assist with understanding section 3.4.

4. Additional advice or recommendations on the minimum requirements for training is needed, along with clarity about in what circumstances training is required.

It would streamline implementation if the guidelines included resources to assist with developing appropriate processes and training. For example, clearer and more specific guidelines are needed for newer channels of communication such as social media. Peer-reviewed publication is established and well understood, whereas the responsibilities when communicating research findings via social media and other online communication is less clear.

The guide states the expectation that research organisations will have communication officers and provide support for training researchers on how to communicate research findings via these channels (Section 3.2). However, some organisations may not have direct access to this expertise through in-house personnel, and engaging external advice presents an additional resourcing cost.

An example where the minimum training requirements could be noted in the guide is with respect to researchers meeting any obligations relating to Australia's export controls and sanctions regimes, including compliance with the Defence Trade Controls Act 2012 (Section 3.4). The provision of any additional information about what kind of training or where further information can be sought would assist researchers and organisations using the guide.

5. Update resource web links

Some of the web links for resources listed in the "Additional Resources" section are missing.

6. Dissemination of complete research findings

It should be noted that while AAMRI supports the principle to disseminate complete research findings (outlined in Section 4.1), publishing negative results can be challenging, particularly in traditional peer-reviewed publications. Current funding guidelines do not provide an incentive to publish negative results and unless funding bodies and journals provide appropriate recognition or forums to do so, it will be difficult for researchers to publish a full account of all research.

7. Compliance with ethical obligations for the publication and dissemination of research involving Aboriginal and Torres Strait Islander people, as well as research involving Culturally and Linguistically Diverse People should be highlighted across the guidance document.

To address these ethical obligations, the guide should include the following changes:

- In section 3.1, the guidance should specifically acknowledge that communicating research relating to Aboriginal and Torres Strait Islander health, or the health of

Culturally and Linguistically Diverse peoples may include the cultural bias of researchers and selected research methods. This is a particular risk where there has been limited involvement and consultation of participants in the research process and analysis of data.

- In section 3.2 the guide should acknowledge that institutions should equally consider the potential harm that may be caused from delaying sharing research results with important health implications with Aboriginal and Torres Strait Islander communities. Institutions should make assistance available to encourage researchers to translate findings into plain English, and where English is not the first language of research participants, into their local language using media that are preferred by the relevant population.
- For section 3.3, the guide should advise that institutions should be aware of and respect the intellectual and cultural rights of Aboriginal and Torres Strait Islander people. This may have implications for confidentiality, data sharing and ownership of intellectual property. Please add a reference to the guide “Ethical Conduct in Research with *Aboriginal and Torres Strait Islander Peoples and communities; Guidelines for researchers and stakeholders*” (NHMRC 2018) which is listed in the “Additional Resources” section.
- In section 3.4 a statement should be included to acknowledge the way results are reported and the language used can have unintended harm for Aboriginal and Torres Strait Islander communities. Ways to minimise the potential for unintended harm include feeding back the results of analysis to participants and/or consumers and, for Aboriginal and Torres Strait Islander research, community representatives prior to publication.
- For section 4.4, a statement should be included to advise researchers that they need to appropriately acknowledge the involvement of Aboriginal and Torres Strait Islander people and their communities in their work. Guidance on intellectual property in relation to Aboriginal and Torres Strait Islander health research is available in *Ethical Conduct in Research with Aboriginal and Torres Strait Islander Peoples and communities; Guidelines for researchers and stakeholders* (NHMRC 2018).
- For section 4.7, a statement should be included advising that considering the consequences and outcomes of research prior to its communication includes respecting any requirements to protect the intellectual and cultural rights of Aboriginal and Torres Strait Islander people. Researchers should give special consideration in how they communicate their findings to avoid research results being misused and potentially causing harm to Aboriginal and Torres Strait Islander people, as well as other culturally diverse groups and vulnerable people.
- In section 4.8, an additional consideration should be added to the list on page eight stating “any restrictions or special considerations agreed with Aboriginal and Torres Strait Islander communities.”
- In section 4.9, relevant training for communication of research findings should include cultural awareness training.

- In section 5, an additional example of a potential breach should be added to the list on page nine that states “failure to report findings back to Aboriginal and/or Torres Strait Islander communities in a timely manner”.

8. Clarification about registration of research plans and protocols prior to commencing research (section 3.1 and section 4.6).

It is unclear in the guide whether the advice to register research plans or protocols is intended for all types of research or specifically for research involving human participants (specifically stated in section 4.6). The value of publishing a research plan is limited in many types of research and it is unclear where these plans would be registered, other than for clinical trials and other human research studies. Developing guidance and training on developing and publishing research plans is also challenging as many types of research do not require these documents.

9. Consistent advice for institutions and researchers about supporting openly accessible research outputs and communicating widely.

The guide mentions the institution’s responsibility to “support researchers to ensure their research outputs are openly accessible in an institutional or other online repository, or on a publisher’s website” (section 3.2). There is no corresponding explicit responsibility for researchers to consider where they publish their research, such as checking whether a journal is open access or at least if it provides access to articles after an embargo period. Consistent advice should be included in the responsibilities outlined for both researchers and research institutions.

Advice should also be included regarding open access standards and compliance with “funders’ requirements”. Not all funders have a publication dissemination policy and many projects have multiple funders and this is not addressed in the current draft.

The responsibility to consider the points listed in section 4.8 should be shared between researchers and research institutions rather than being the sole responsibility of the researcher. To translate research findings into forms that are understandable for the broader community often involves working with communications staff at the institution need to simplify the presentation of results. In doing so it must be recognised that responsibility for the messages coming from the research does not lie exclusively with the researcher.