

## DISCOVERY & INNOVATION UNIT PROCEDURE

### RESEARCH AUTHORSHIP AND OUTPUTS PROCEDURE

#### Staff this document applies to:

- All Austin Health staff including honoraries
- All visitors involved in research associated with or supported by Austin Health, including fellows, scholars and students

#### Related Austin Health policies, procedures or guidelines:

- [Patient Safety and clinical excellence framework](#)
- [Research Policy](#)
- [Research Misconduct Procedure](#)

#### Key points:

##### This Procedure covers the following Authorship Topics:

- Part A - Authorship agreements
- Part B - Attribution of authorship
- Part C - Institutional responsibilities - training and education
- Part D- Researcher responsibilities
- Part E- Responsibilities of collaborating & coordinating authors
- Part F - Institutional affiliation & acknowledgments
- Part G - Depositing research outputs into Austin Health & affiliated university/medical research institute repositories
- Part H - Publications arising from publicly funded research
- Part I - Author disputes and allegations of research misconduct
- Part J - Resolution of authorship disputes
- Appendix A - Authorship Agreement Form

#### Scope

This Procedure states the requirements for the attribution and management of research authorship in line with criteria set out in the [Australian Code for the Responsible Conduct of Research \(2018\)](#) (the Code) and supporting [Authorship Guide](#) and [Publication and dissemination of research guide](#).

## Austin Health is committed to:

1. Ensuring that researchers appropriately and fairly attribute authorship to outputs.
2. Supporting researchers to ensure their research outputs meet international Open Access expectations that research outputs are F.A.I.R. (Findable, Accessible, Interoperable and Reusable), taking account of any ethical or legal restrictions relating to copyright, intellectual property and the appropriate handling of confidential or other sensitive information.
3. Providing an Institutional Repository for the deposit of Open Access materials (publications, data and educational resources), and ensuring compliance with the Open Access deposit requirements of publicly funded research.
4. Seeking to minimise disputes about authorship and helping resolve them if they arise.

## Purpose

### The purpose of this Procedure is to:

5. Set-out principles and processes that will lead to early, open, and honest communication which guards against authorship problems.
6. Establish procedures to ensure Austin Health researchers meet the relevant principles outlined by the Code:
  - a. **Principle 4**, 'Fairness in the treatment of others', which requires researchers to 'give credit, including authorship where appropriate, to those who have contributed to the research.'
  - b. **Principle 6**, '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', which requires researchers to credit the contributions of Indigenous people and knowledge.
  - c. **Principle 7**, 'Accountability for the development, undertaking and reporting of research', which requires that the consequences and outcomes of research are considered prior to its communication.
7. Clarify the principles of attributing authorship for research outputs.
8. Ensure that researchers appropriately and consistently attribute authorship for all research outputs.
9. Ensure that publication and dissemination of traditional and non-traditional research outputs and non-refereed publications (e.g. blogs and social media posts), as well as dissemination undertaken as part of applications for research grants and any other forms of dissemination consider any ethical or legal restrictions relating to intellectual property and the appropriate handling of confidential or other sensitive information prior to dissemination of research outputs.
10. Establish the Austin Health's position regarding the dissemination of research. Austin Health recognises the benefit to the wider community from the dissemination of research findings and encourages publications and underlying or supporting data resulting from research activities to be disseminated as broadly as possible and at the earliest opportunity. This Procedure outlines Austin Health's requirements in the publication and dissemination of research outputs and educational resources, including a commitment to the principles of Open Access.
11. Provide a mechanism for raising concerns, for the fair and timely resolution of disputes about authorship and for authorship disputes involving:
  - a. Power imbalances between researchers
  - b. Researchers who are unwilling to accept authorship and/or accountability for their contribution, obstruct progress of a research project or output, or fail to cooperate with co-authors
  - c. Researchers from multiple institutions
  - d. Communication with co-authors at regular intervals to maintain the authorship conversations and agreements.
12. Ensure that researchers appropriately affiliate research outputs to Austin Health.

## Part A - Authorship agreements

Establishment of authorship agreements helps to promote transparent and frequent communication around expectations and changes to authorship. The following outlines best practice for promoting open discussion and documentation:

1. All researchers should discuss authorship at an early stage in the research, as well as throughout the research project. Where there is more than one author, an authorship agreement should be in place before the commencement of writing up each research paper. An authorship agreement does not need to be a formal legal document. It can be in the form of emails, a transcript of an online discussion or other similar evidence that can be recognised as an agreement.

At a minimum, the following information should be specified in the evidence pertaining to authorship:

- a. identification of those who will be recognised as the authors of the research output as per the criteria for authorship attribution as detailed in this Procedure
  - b. description of the contribution that each author has made (or will make) to the research output as defined by this Procedure
  - c. an indication of the order in which the authors appear. The agreed order of authors should be consistent with any applicable disciplinary norms and publication requirements
  - d. identification of at least one corresponding author who is responsible for communication with the publisher and managing communication between the co-authors.
2. All authors of all research outputs will confirm authorship and order of authorship by providing written acknowledgement of authorship to the nominated author (see Part E) prior to submission or public dissemination of the research output.
3. Records of agreement must include:
    - a. Order of authors' names in the authorship list on the research output as agreed by all authors
    - b. Evidence of discussions (e.g. emails) of authorship considerations from all authors
    - c. Written evidence of agreement of authorship from all authors. Written evidence can be obtained by email or by completion and signing of the Authorship Agreement Form (appended to this Procedure)
    - d. Written evidence of final approval of submission of the research output for publication or release from each author and that all authors agree that they are responsible for their contributions to the content of the research output
    - e. Agreement that all authors have met the criteria for authorship attribution as detailed in this Procedure
    - f. Approval from all authors that the manuscript or research output will be submitted for publication
    - g. Record of any agreed changes to the authorship of a research output
    - h. Provision of appropriate information by all authors about their institutional affiliations according to this Procedure
    - i. Written consent from all individuals being acknowledged by name. Emailed advice regarding consent is acceptable.
  4. Austin Health authors will retain a copy of all documentation used for assigning and/or acknowledging authorship for their own records.
  5. Austin Health staff who are nominated to manage communication about the research output must maintain documentation for all authors and acknowledged contributors (see Part E) or the Authorship Agreement Form (see **Appendix A**).
  6. It is the responsibility of the coordinating author to maintain records of the authorship agreement from conception to publication.

7. Where the coordinating author is not from the same institution as other listed authors, authors are encouraged to keep their own records. As a project evolves, it is important to continue to discuss authorship, especially if new people become involved in the research and make a significant intellectual or scholarly contribution.
8. The coordinating author must also document if some researchers originally involved in the design and conception do not have any ongoing involvement in the project and what the agreed authorship arrangements are for future outputs related to the research.

## Part B - Attribution of authorship

### Attribution of authorship is based on the following requirements:

9. For a person to claim, demand, or accept authorship without having made a significant intellectual or scholarly contribution is a breach of the Code. Similarly, it is a breach of the Code for a person to offer or attribute authorship to someone who has not made a significant intellectual or scholarly contribution.
10. Authorship must be based on a substantial scholarly or intellectual contribution (which is not necessarily quantitatively large) to the research output and authors must be able and willing to take responsibility for the final approval of the version to be published and agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. An individual author is directly responsible for the accuracy and integrity of their contribution to the output. Authors should have confidence in the accuracy and integrity of the contributions of their co-authors.
11. The minimum authorship contribution threshold differs between some journals, disciplines and institutions. For this reason, the minimum authorship conventions must include clause 13 above and at least two of the following criteria:
  - a. Conception and design of the project or output
  - b. Acquisition of research data where the acquisition has required significant intellectual, judgement, planning, design, or input
  - c. Contribution of knowledge, where justified, including Indigenous knowledge
  - d. Analysis or interpretation of research data
  - e. Drafting significant parts of the research output or critically revising, reviewing, and translating it so as to contribute to its interpretation.
12. For matters in which the journals or discipline require a higher minimum threshold, these requirements take precedence over this Procedure.
13. Authorship cannot be attributed solely based on:
  - a. The position or profession of an individual, such as their role as the author's supervisor or Head of Unit/Department/School/Division ('gift authorship').
  - b. The provision of funding, data, materials, infrastructure or access to equipment
  - c. The provision of routine technical support, technical advice or technical assistance
  - d. Providing general supervision of the research team
  - e. Supervision of students engaged in research
  - f. Whether the contribution was paid for or voluntary
  - g. Offering 'guest authorship' to an individual who has not made a significant intellectual or scholarly contribution to elevate the esteem of the research.
14. Researchers must offer authorship to all people who meet the criteria set out above.
15. A person who qualifies as an author must not be included or excluded without reference to authorship evidence as outlined in this Procedure.

16. For research output related to research with Aboriginal and Torres Strait Islander Peoples and communities, researchers must ensure agreed arrangements are in place as per [AIATSIS Guidelines for Ethical Research in Australian Indigenous Studies 2012 and Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders 2018](#).
17. Information obtained from Indigenous peoples should be acknowledged in any research outputs.
18. Involvement of individuals in the interpretation of the results and the preparation of any publications (including whether they should be co-authors) must be agreed and all who reasonably qualify must be given the opportunity to do so.
19. Clear provisions must be made relating to joint sign-off prior to publication of the research results.
20. Identification and agreement over individuals involved in the research who should be acknowledged (as distinct from authorship) in any publication must be addressed.
21. Where an output has more than one author, one researcher should be appointed as coordinating author and act as the corresponding author with responsibility for managing communication and record keeping. The coordinating author must record and maintain written documentation of authorship agreements in accordance with this Procedure.

### Part C – Institutional responsibilities - training and education

22. Training and Education is the responsibility of the Discovery & Innovation Unit. Researchers must also engage with online training provided by their affiliated University and/or Medical Research Institute regarding their responsibilities under the Research Code, including authorship. Evidence of successful completion of online training must be submitted as evidence in line with mandatory research training.

### Part D - Researcher responsibilities

#### Researcher responsibilities are as follows:

23. Consider whether there are any restrictions on dissemination due to sensitivities of the data, including confidentiality or privacy requirements.
24. Take steps to protect any commercially valuable intellectual property, including IP covered under the [Austin Health's Intellectual Property Policy](#) and any third-party agreements.
25. Notify Austin Health if their work constitutes dual use research (research that is intended to provide a clear benefit, but which could easily be misapplied to do harm) of concern and certify that they have adhered to Federal export controls regulations.
26. The corresponding author has primary responsibility for ensuring that all contributors to the research output are properly recognised regardless of their position or any changes in their position or role.
27. All authors should:
  - a. Alert the corresponding author to any author or contributor who may have been inadvertently omitted
  - b. Take all reasonable steps to ensure that disseminated findings are accurate and properly reported. If a researcher becomes aware of misleading or inaccurate statements in or about their research findings, they must attempt to correct the record as soon as possible
  - c. Formalise authorship arrangements per Part A of this Procedure
  - d. Acknowledge contribution other than authorship, for example contributions from individuals providing technical support and/or research infrastructure
  - e. Acknowledge all sources of financial and in-kind support for the research and include any relevant grant numbers in applicable publications
  - f. Obtain permission from named contributors before acknowledging them
  - g. Take into account any ethical or legal restrictions relating to intellectual property and the appropriate handling of confidential or other sensitive information

- h. Identify any potential conflicts of interest.

## Part E - Responsibilities of collaborating and coordinating authors

### Responsibilities of authors is as follows:

28. Where there is more than one author of a research output, collaborating authors should agree on authorship details early in the collaboration process and must do so prior to submission of the output for publication or other form of public dissemination. The coordinating author is usually the corresponding author for any peer reviewed scientific journals. This arrangement may not be applicable for other types of research outputs.
29. Collaborating authors will nominate an author to manage all communication about the research output. The coordinating author will:
  - a. Ensure that authorship has been offered to all individuals, including students, who meet the authorship criteria stipulated in this Procedure and that all individuals who reasonably qualify have been given the opportunity to meet the criteria
  - b. Manage and retain all correspondence between co-authors relating to authorship confirmation and the order of authorship, including taking relevant evidence pertaining to authorship agreements to any new institution
  - c. Confirm that all authors approve of the manuscript or other research output that will be submitted for publication
  - d. Manage communication about the research output with the publisher/venue/facilitator
  - e. Consider any ethical or legal restrictions relating to intellectual property and the appropriate handling of confidential or other sensitive information prior to dissemination of research outputs
  - f. Communicate their findings to the widest appropriate audience in forms that are accessible to that audience, including research end-users, such as governments, industry, not-for-profit organisations, consumers and the general public
  - g. Disclose relevant interests and manage conflicts of interests. This responsibility includes fully disclosing relevant interests upon submission of publications, and consideration of appropriate management of potential conflicts of interest.
30. If the coordinating author is based at another institution, co-authors affiliated with Austin Health should designate one Austin Health co-author as an Austin Health responsible author who will ensure, to the best of their ability, that the coordinating author fulfils the above responsibilities.
31. Inclusion of authors who are deceased or who cannot be contacted can proceed only if they fulfil the requirements for authorship and if there are no grounds to believe that the person would have objected to being included as an author. If an author is deceased, this should be noted in the publication.

## Part F – Institutional affiliation & acknowledgements

It is important that all institutional affiliations and acknowledgements are accurately attributed prior to publication. This should involve checking with each institutional affiliate that they are in agreement with the outlined affiliation and/or acknowledgement. The following points outline the expectations of how to assign affiliations:

32. If the coordinating author is based at another institution, co-authors affiliated with Austin Health should designate one Austin Health co-author as an Austin Health responsible author who will ensure, to the best of their ability, that the coordinating author fulfils the above responsibilities.
33. When Austin Health is acting as sponsor for the research, and will be using resources from the institution, such as patients and/or patient data or biospecimens, then all public documents, and scientific outputs should list Austin Health as the first institution.
34. When Austin Health is acting as sponsor and the co-ordinating/principal investigator has a joint appointment, then all affiliations should be spelled out in full in any public documents.

35. Under the Australian Responsible Code of Conduct for Research, R26, when a research partner, or external party is using Austin Health for a single site study, it will acknowledge Austin Health under its acknowledgements. This requirement also applies for basic laboratory outputs using Austin Health Bioresources Facility.
36. When a research partner or external party is acting as sponsor for the trial, the research will be counted exclusively towards the external party's research portfolio.
37. When Austin Health is acting as sponsor for the trial, the research will be counted exclusively towards the Austin Health research portfolio.

#### Part G - Depositing research outputs into Austin Health & affiliated university/medical research institute repositories

Depositing research outputs ensures that all affiliate organisations can keep track of research outputs. This helps with external research assessment initiatives such as the Excellent in Research for Australia (ERA) and Institutional Annual Reports. It also helps with the display on researcher profiles for Academic Performance Standard reviews.

38. Subject to any conditions imposed by a publisher, Austin Health researchers should deposit their accepted manuscripts into the Austin Health library repository. Austin Health encourages selecting a fully open access journal for publication.
39. If an Austin Health researcher has more than one affiliation, they should also deposit their research outputs in accordance with their affiliated institution requirements, in addition to Austin Health's requirements.
40. The form of research outputs that can be submitted to the Austin Health Library repository and the procedures for submission can be found on the Austin Health Library website.
41. The Austin Health Library will provide appropriate access controls to submitted publications in the repository.

#### Part H - Publications arising from publicly funded research

Funding agreements outline the expectations of open access, metadata and secondary use of data. These funding requirements must be adhered to. Examples of how to manage publicly funded research is outlined below:

42. Researchers with funded research publications must abide by the open access policies of the funder; Examples of funders are, but not limited to, NHMRC/MRFF.
43. The publication metadata and corresponding NHMRC/MRFF grant identification number must also be deposited into the institutional repository even if they have already been made freely available.
44. The researcher is responsible for supplying NHMRC/MRFF grant identification numbers for each deposited research output.

#### Part I - Authorship disputes and allegations of research misconduct

45. An authorship dispute does not constitute an allegation of research misconduct unless it is alleged that there has been an intentional and reckless breach of this Procedure and the Australian Code for the Responsible Conduct of Research (2018).
46. **Research misconduct pertaining to authorship can include any of the following deliberate actions:**
  - a. Misleading ascription of authorship such as inappropriate omission or inclusion of authors
  - b. Accepting credit or authorship on a research output where the researcher does not meet the criteria for authorship
  - c. Failing to attribute authorship where a researcher meets the criteria for authorship or was not appropriately afforded an opportunity to fulfil the criteria
  - d. Attributing authorship to a researcher without their consent

- e. Publishing a research output without the final approval of the attributed authors
  - f. Failing to comply with an authorship agreement
  - g. Making a false claim about authorship in a grant application
  - h. Submitting to the institutional repository works that are defamatory, misleading or deceptive, or breach a state or federal law or regulation, or offend the rights of any third party.
47. Authors who wish to make an allegation of research misconduct in relation to the authorship dispute will follow [Austin Health's Research Misconduct Procedure](#).
48. Authorship disputes not involving an allegation of research misconduct will follow the dispute resolution procedure outlined in Part J below.

## Part J - Resolution of authorship disputes

Authorship disputes should be managed in a timely fashion. The following outlines the processes to undertake when a dispute arises.

49. If a dispute arises between co-authors over the inclusion, exclusion or order of potential authors, authors will first attempt to resolve the dispute and reach an agreement through direct dialogue with each other.
50. Where the dispute cannot be resolved and it involves co-authors from other institutions, the dispute should be managed by the institution of the author nominated to manage communication about the research output or as agreed by the co-authors.
51. When an Austin Health staff member is listed as the coordinating author, and they cannot resolve a dispute through mediation, then advice should be sought from the Discovery & Innovation Unit or a Research Integrity Advisor (or appropriate delegate with research experience) who has experience in the discipline where the dispute has arisen.
52. If the dispute cannot be resolved informally, to ensure timely dispute resolution, the Operations Director, Discovery & Innovation Unit (or delegate), will undertake the following steps:
- a. Within four weeks of receiving a request, contact all co-authors and put in writing a request for evidence pertaining to the dispute
  - b. Require co-authors to submit all evidence pertaining to the dispute within two weeks from the date of the letter. Evidence can include:
    - (i) a copy of the documentation used for agreeing and acknowledging authorship
    - (ii) copies of any key documentation to show how each of the authors have met the criteria for authorship attribution as detailed in this Procedure and have given final approval of the version to be published
    - (iii) a list of all authors believed to be valid authors, and why
    - (iv) a list of all individuals believed to have contributed to the paper and who should be fully acknowledged, and why
  - c. Within four weeks of receiving evidence, convene a panel which includes the Clinical Director of Research and at least one discipline expert as required
  - d. Contact co-authors to attend a mediation session with the panel. Co-authors will be invited to bring a support person
  - e. Within two weeks after the panel have convened, a letter will be sent to co-authors notifying them of the panel's decision
  - f. If co-authors wish to appeal the decision of the panel, they can do so within four weeks of receiving the letter.

53. Possible outcomes may include:
  - a. Removing individuals who were deemed not to have met the authorship criteria as set out in this Procedure and acknowledging their contributions, if appropriate
  - b. Including all individuals who were deemed to have met the authorship criteria as articulated in this Procedure
  - c. Revising the order of authorship on the publication
  - d. Implementing or revising an authorship agreement as per this Procedure prior to the dissemination of the research output.
54. Appeals are to be sent to the Operations Director, Discovery & Innovation Unit, who will then send the reasons for appeal to the Panel and Clinical Director of Research (or delegate).
55. Within four weeks of receiving the appeal, the Clinical Director of Research (or delegate) will provide a decision as to whether there are grounds for appeal or not, and if so, will attempt to resolve the dispute by agreement.
56. In making a resolution, the Clinical Director of Research (or delegate) will review the relevant material, seek advice from an independent person or panel with expertise in the area (as required), and decide.
57. Any review should consider:
  - a. If there is a power imbalance between the researchers, for example, a dispute between student and supervisor
  - b. If researcher/s are unwilling to accept authorship and/or accountability for their contribution, obstruct progress of a research project or output or fail to cooperate with co-authors
  - c. If researcher/s are from multiple institutions.
58. The research output may only be published when all valid authors agree on authorship of the publication.
59. Where a dispute occurs between a higher degree student and a supervisor of their research project, the Clinical Director of Research will inform the host institution of the higher degree student.
60. Where an individual has concerns about the authorship of an existing publication, the individual should refer the dispute in writing to the Clinical Director of Research.
61. The Clinical Director of Research will consider the matter and may determine to proceed under the procedures outlined above or to invoke the relevant Research Misconduct Procedure.

**Appendix A- Authorship Agreement form**

Researchers must offer authorship to all people who meet the criteria set in this Procedure.

A person who qualifies as an author must not be included or excluded without recording authorship evidence.

**Date Authorship Agreement was last updated:**

**Title of proposed research output:**

**Corresponding/designated author:**

**Proposed authors and order of authors for this publication**

*(Add rows as required)*

	Name	Affiliation
Author 1		
Author 2		
Author 3		
Author 4		

**Details of substantive intellectual contribution or proposed contribution**

*(Add rows as required)*

Author 1	
Author 2	
Author 3	
Author 4	

**List of individuals who will be recognised through acknowledgement in the research output**


**Confirmation of agreement with listed authors and the order of authorship**

*(Add rows as required)*

Author 1	Signed	Date
	Name	
Author 2	Signed	Date
	Name	
Author 3	Signed	Date
	Name	
Author 4	Signed	Date
	Name	

#### Document author/contributors:

Author: Heidi Gaulke, Operations Director, Discovery & Innovation Unit

Contributor(s): James Best, Clinical Director of Research, Discovery & Innovation Unit

#### Legislation/references/supporting documents:

- [NHMRC Australian Code for the Responsible Conduct of Research \(2018\)](#)
- [NHMRC Authorship Guide](#)
- [NHMRC Publication and dissemination of research guide](#)
- [NHMRC Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders 2018:](#)
- [AIATSIS Guidelines for Ethical Research in Australian Indigenous Studies 2012](#)

#### Endorsed by:

Clinical Director of Research

#### Document Owner /Person Responsible for Document:

Heidi Gaulke, Operations Director, Discovery & Innovation Unit