We would like to elaborate on the recent editorial by Hush and Herbert (2009). It provides an articulate overview of recommended strategies to prevent research fraud with particular reference to the Australian Code for the Responsible Conduct of Research (2007).

First, we draw attention to the relatively new Research Standard 2.5 embedded within the ACHS EQuIP 4 Accreditation program. This Standard is relevant to most private and public healthcare facilities in Australia – given that the ACHS program is the most widespread healthcare accreditation program in this country (Braithwaite et al. 2006) – and thus is relevant for most hospital physiotherapy departments. The Standard exists to protect all parties involved in research as well as to promote healthcare research. Whilst a hospital’s research ethics committee provides a form of virtual research governance (directing researchers to many documents to assist interpretation of effective research governance), the onus has been largely on the individual researcher to implement research governance as they understand it. Now, the EQuIP Standard requires that the researcher’s facility takes an active role in research governance, ensuring that anyone involved in research provides tangible evidence of their governance processes and outputs.

This brings us to the second point of this communication. How can the healthcare facility facilitate researcher compliance with the Standard (or, equally, compliance with the Australian Code)? We echo the recommendations highlighted in the Editorial intended to keep the researcher on the straight and narrow, and in our respective roles in our healthcare facilities, we have used them to endorse and implement a practical approach to assist local researchers and clinicians to meet the Research Standard. One arm of the approach is the convening of an interactive Research Development Committee. This committee has multidisciplinary membership with various levels of research and quality improvement acumen. It functions to provide practical guidance about managing and undertaking research as well as to provide feedback to clinicians about their research proposals presented at Committee meetings. It is mandatory that all protocols are presented, preferably prior to an ethics submission, however, the Committee allows flexibility with the timing of the presentation as this provides greater latitude for more experienced researchers who may not require supplemental scientific assessment of the protocol prior to ethics review. In such instances, the primary purpose of the interaction is for the researchers to articulate the means by which risk to the organisation and patients, and protocol violations will be minimised. Another arm of the approach is the development of a Practical Research Governance Checklist (see eAddendum). The checklist is a practical translation of the 2007 Code, purposefully orientating the user to what will suffice as evidence in the event of a spontaneous or planned research audit. A third arm is the creation of a Research Registry serving, amongst other things, to inform all within the facility of what research is being conducted.

Scientific fraud may occur wittingly and unwittingly by the initiated and uninitiated. We hope our ‘Research Governance 101’ approach prevents both.

Justine M Naylor¹ and Anthony Schembri²
¹SSWAHS, ²Fairfield Hospital, Australia

eAddendum: Practical Research Governance Checklist available at ajp.physiotherapy.asn.au

References


Website