



## Publications and Authorship

### 1. Purpose

Torres and Cape Hospital and Health Service (TCHHS) is committed to excellence and integrity by ensuring publications and presentations are disseminated responsibly, ethically, and accurately. Publication and dissemination of project findings is an important part of advancing healthcare, improving service delivery and health outcomes.

The purpose of this procedure is to support the responsible communication and dissemination of the outcomes of research and quality improvement activities undertaken within TCHHS facilities or otherwise utilising TCHHS patients, data, materials, or resources.

This procedure describes the principles, processes and approvals required for publications and presentations when:

- Utilising data or information from TCHHS patients, materials, or resources, and / or
- Employees are representing TCHHS (using TCHHS affiliation or project is conducted by a TCHHS employee whilst engaged in their role as a TCHHS employee).

### 2. Scope

Applies to all:

- TCHHS permanent, temporary, and casual employees
- Visiting medical officers, visiting services, other partners, contractors, consultants, students, trainees, and volunteers

This procedure relates to:

- Any TCHHS information which is shared outside of Queensland Health, such as: written publications (journals, books, or book chapters), presentations (written, oral or videos) including abstract submissions, posters, web-based publications, news, and media announcements, and those submitted as part of a course of study.

This procedure excludes:

- Literature reviews

### 3. Process

TCHHS upholds and adheres to the National Health and Medical Research Council (NHMRC) Australian Code for the Responsible Conduct of Research 2018 ('the Code'), the Publication and dissemination of research guide, Authorship guide and Peer review guide and the Australian Research Council (ARC) Open Access Policy in relation to its research activities and its obligation to promote responsible publication and dissemination of project outcomes to other researchers both nationally and internationally and the wider community. The following sections outline the principles and approval process for publications and presentations:

**Section 3.1 – Principles and values**

**Section 3.2 – Publication responsibilities**

**Section 3.3 – Authorship**

**Section 3.4 – Obtaining approval.**

#### 3.1 Principles and values

All communication and dissemination of the outcomes of research and quality improvement activities must be undertaken in accordance the principles set out in the *Australian Code for the Responsible Conduct of Research 2018*:

- **Principle 1** - 'Honesty in the development, undertaking and reporting of research', which requires that researchers 'present information truthfully and accurately in proposing, conducting and reporting research' and 'give credit, including authorship where appropriate, to those who have contributed to the research'.
- **Principle 2**, 'Rigour in the development, undertaking and reporting of research', which requires that research be characterised by attention to detail and robust methodology and that researchers avoid or acknowledge biases.
- **Principle 3** - 'Transparency in declaring interests and reporting research methodology, data, and findings', which requires researchers to 'share and communicate research methodology, data and findings openly, responsibly and accurately' and 'disclose and manage conflicts of interest'.
- **Principle 4** - 'Fairness in the treatment of others', which requires that the work of others is appropriately referenced and cited.
- **Principle 6**, 'Recognition of the rights of Aboriginal and Torres Strait Islander people', which requires that researchers 'report to Aboriginal and Torres Strait Islander peoples on the outcomes of research in which they have engaged' and credit the contributions of Indigenous people and knowledge.
- **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.

### 3.2 Publication responsibilities

- a) Ensure that results are disseminated and communicated accurately and as broadly as possible, whether favourable or unfavourable, in ways that permit scrutiny and contribute to public knowledge and understanding. If an author / contributor becomes aware of inaccurate or misleading information in a publication, they must take steps to correct that information as soon as possible.
- b) Ensure that conclusions are justified by the results and any limitations are appropriately acknowledged.
- c) Appropriately acknowledge the work and contribution of others, ensuring necessary permissions have been obtained for the use or reproduction of the work of others.
- d) Be aware of and comply with any confidentiality or other limitations on the dissemination of certain data or information.
- e) Appropriately declare any actual, perceived, or potential conflicts of interest as relevant to the publication or presentation.
- f) Ensure appropriate agreements or other arrangements are in place prior to publication, as necessary to appropriately protect Intellectual Property rights of TCHHS, employees or researchers and sponsors of the project.
- g) Comply with this procedure as well as any contractual obligations and approval processes prior to the submission of a publication.
- h) Ensure TCHHS, partner institutions and funding sources of the project are acknowledged in any publications.

### 3.3 Authorship

All individuals named as authors should sufficiently satisfy authorship criteria and should be able to take public responsibility for the work, having full confidence in the accuracy and integrity of the work of other authors. According to the NHMRC Authorship Guide, an author is an individual who:

- Has made a significant intellectual or scholarly contribution to the project and its output, and
- Agrees to be listed as an author.

The minimum threshold for authorship is that a significant intellectual or scholarly contribution must include one and should include a combination of two or more of the following:

- Conception and design of the project or output
- Acquisition of research data where the acquisition has required significant intellectual judgement, planning, design, or input.
- Contribution of knowledge, where justified, including Indigenous knowledge
- Analysis or interpretation of research data
- Drafting significant parts of the research output or critically revising it so as to contribute to its interpretation.

Generally, the following are not considered significant intellectual or scholarly contributions justifying a claim of authorship on their own:

- A director, supervisor, group head or other person in a position of leadership; or
- Provision of funding, data, materials, infrastructure or access to equipment, access to a patient population or database; or
- Provision of routine support, advice, or assistance, including of a technical or administrative basis.

Authorship must not be attributed where an individual has not made a significant intellectual or scholarly contribution to the research.

Appropriate author affiliation is important for internal and external analysis of publication data, which may impact receipt of academic or financial recognition. Each author's institutional affiliation must be identified in the research output to:

- Recognise institutional support and investment in research; and
- Ensure the research output contributes to relevant measures of the institution's research performance.

All authors must record their institutional affiliation with TCHHS on any publications where they undertook the project as part of their employment or other form of engagement with TCHHS. The TCHHS affiliation is to reference the employees clinical service, department, or organisational unit, for example:

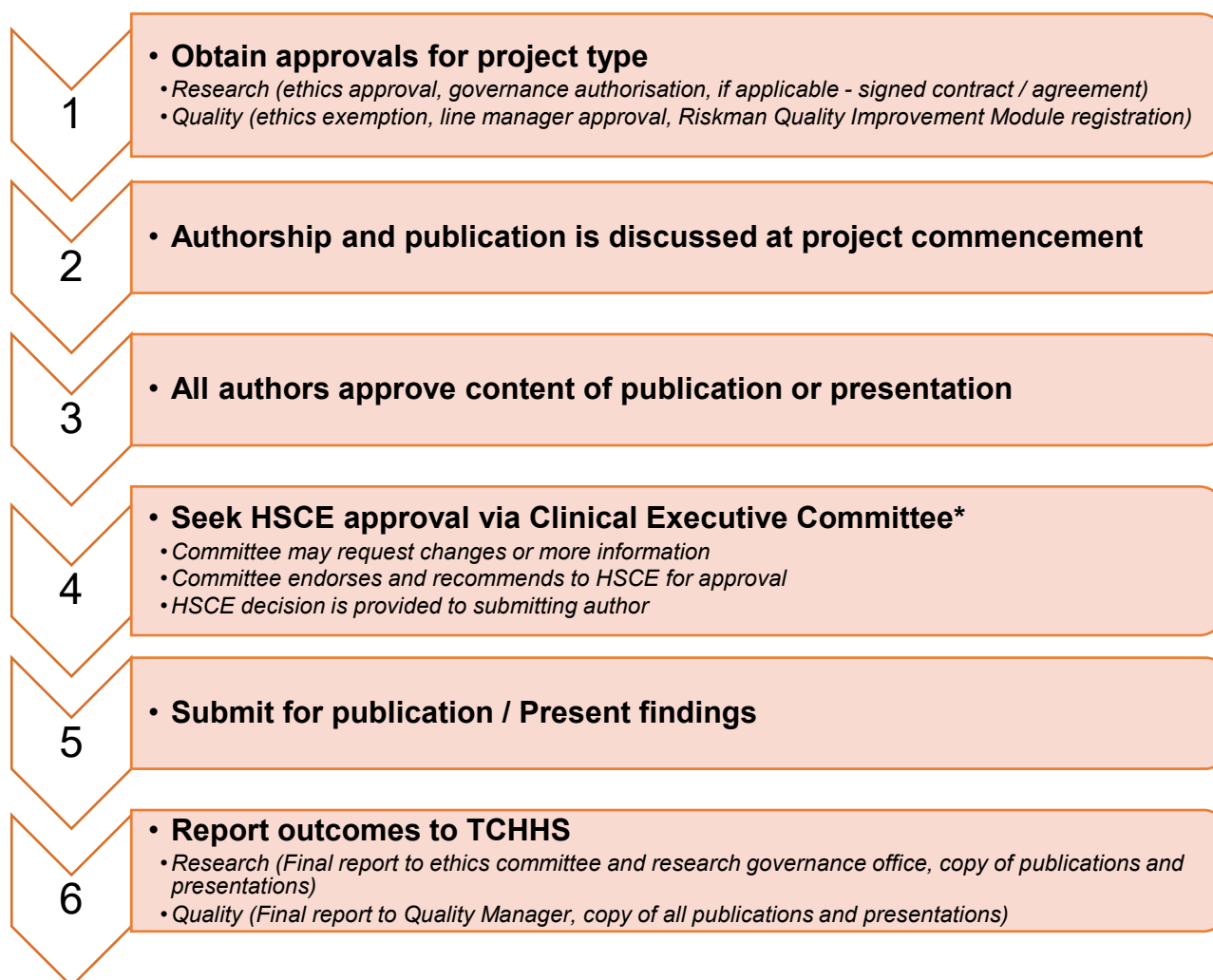
*Public Health, Thursday Island Hospital, Torres and Cape Hospital and Health Service*

An individual or organisation that does not meet the criteria for authorship but has contributed to the research should be named in the acknowledgements section of a publication. For example, those who have contributed facilities, materials, technical skills, technical writing assistance or funding would qualify for mention in the acknowledgements section.

### 3.4 Obtaining approval

The following flowchart summarises the process to obtain approval from TCHHS to publish or present project outcomes. This process applies to all authors, and corresponding authors.

Employees are encouraged to notify the TCHHS [Research Governance Officer](#) of any proposed publications and to seek any guidance and support through the publications process as required.



\*Abstract submissions to conferences require Line Manager endorsement and can be submitted via Clinical Executive Committee or directly to the HSCE office for approval depending on the conference / forum submission deadline.

## 4. Responsibilities

Position	Responsibility
Health Service Chief Executive	Oversight of compliance with this procedure. Review the content of presentations or publications and the recommendation of the Clinical Executive Committee and makes a final decision on approving a submission.
Executive Directors	Promote responsible communication and dissemination of project findings in accordance with the Code and in an environment of honesty, integrity, accuracy, and responsibility.
Clinical Executive Committee (Executive Clinical Leads)	Review the content of presentations or publications for potential risks regarding sharing TCHHS information assessed against the TCHHS Risk Management Framework (reputation, regulatory, financial, clinical). Reviewing members may request changes to moderate risk, however they cannot censor or restrict the publication. Committee makes a recommendation to HSCE for review and decision.

Position	Responsibility
Line Managers	Line Managers are to be aware of activities being conducted in their teams and promote responsible communication and dissemination of project findings in accordance with the Code and in an environment of honesty, integrity, accuracy, and responsibility.
HHS employees	Conduct projects and publish results and findings in accordance with the Code.
Research Governance Officer	Support the communication of research findings to the wider community by assisting researchers in relation to publication opportunities and arrangements. Ensure appropriate agreements or other arrangements are in place prior to publication, as necessary to appropriately protect Intellectual Property rights of TCHHS, researchers and sponsors of the research.
Quality Manager	Support the communication of quality improvement findings to the wider community by assisting employees in relation to publication opportunities and arrangements.

## 5. Supporting documents

### 5.1 Legislation / standard/s

- *Copyright Act 1968 (Qld)*
- [Research management policy - Implementation standard for research governance](#)

### 5.2 Other procedures, process flows and guidelines

- National Health and Medical Research Council and Universities Australia, [Australian code for the responsible conduct of research](#), 2018
- National Health and Medical Research Council, [National Statement on ethical conduct in human research](#), 2007 (updated 2015)
- National Health and Medical Research Council, [Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders](#), 2018
- [Process for review and approval of clinical audit / quality assurance \(QA\) projects](#), CHI Office of Health and Medical Research, April 2011
- National Health and Medical Research Council, [Authorship: A guide supporting the Australian Code for the responsible conduct of research](#), 2019
- National Health and Medical Research Council, [Publication and dissemination of research](#), 2020
- National Health and Medical Research Council, [Open access policy](#), 2018

## 6. Definition of terms

Term	Definition / explanation / details	Source
Australian Code for the Responsible Conduct of Research ( <i>the Code</i> )	This guides institutions and researchers in responsible research practices and promotes integrity in research.	
Conflict of Interest (COI)	A conflict of interest exists in a situation where an independent observer might reasonably conclude that the professional actions of a person are or may be unduly influenced by other interests. This refers to a financial or non-financial interest which may be a perceived, potential, or actual conflict of interest.	
Open Access	Refers to the availability of research outputs via the internet, such that any user can find, freely access, read, download, copy, distribute, print, search, link, crawl, mine and otherwise use and reuse the research outputs both manually and using automated tools. Any use or reuse is subject to full and proper attribution, and usually will have an appropriate licence, such as any of the options available through the Creative Commons suite of licences and should not infringe any copyrights to third-party material included in the research output.	Children's Health Queensland
Quality Assurance / Improvement Activity (QA)	A clinical governance activity that is a requirement of the compulsory <i>National Safety and Quality Health Service Standards</i> and an associated <i>Australian Health Service and Quality Accreditation (AHSSQA)</i> Scheme. This includes patient satisfaction surveys, surveillance and monitoring and clinical audits. If there are research elements, then it will be reviewed as research activities requiring ethics approval and research authorisation	<a href="https://www.safetyandquality.gov.au/sites/default/files/2019-04/National-Safety-and-Quality-Health-Service-Standards-second-edition.pdf">https://www.safetyandquality.gov.au/sites/default/files/2019-04/National-Safety-and-Quality-Health-Service-Standards-second-edition.pdf</a>
Research Governance Authorisation	Authorisation issued by the Health Service Chief Executive, to conduct research at a site. Authorisation is contingent upon the research having received Human Research Ethics Committee (HREC) approval and a satisfactory research governance assessment.	<a href="#">Standard Operating Procedures for Queensland Health Research Governance Officers</a>



## 7. Human Rights Act

This document been assessed and evidenced for compatibility with the [Human Rights Act Qld 2019](#).

<a href="#">HRA Compatibility Assessment Form A</a>	Completed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<a href="#">HRA Compatibility Assessment Form B</a> (if required)	Completed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - not required
<a href="#">HRA Compatibility Assessment Form C</a> (if required)	Completed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - not required

## 8. Consultation

- Executive Director of Medical Services
- Research Governance Committee
- Clinical Executive Committee
- Quality Manager

## 9. Approval governance pathway

### 9.1 Document author

The following officer is the author of this procedure:

- Research Governance Officer

### 9.2 Document custodian

The following officer will have responsibility for implementation of this procedure:

- Executive Director Medical Services

### 9.3 Endorsing committee

The following committee will have responsibility for implementation of this procedure:

- Clinical Executive Committee

### 9.4 Approving officer

The following officer has approved this document

- Executive Director Medical Services (EDMS)

Signed: 29/08/2024



## 10. Effective dates

Schedule	Dates
Approval date	29/08/2024
Effective from	29/08/2024
Next date of review	29/08/2026
Superseded procedure	Version 1.0

## 11. Version control

Version	Date	Prepared by	Comments
1.0	20/02/2024	Research Governance Officer	Approved by EDMS
2.0	29/08/2024	Research Governance Officer	Approved by EDMS

## 12. Evaluation strategy

Strategy	Evaluation
Risk	Consequence rating - Moderate Likelihood rating - Unlikely Overall risk rating - Low
Evaluation strategy	System process review by Research Governance Committee
Frequency	Twelve (12) months post implementation and thereafter minimum two (2) years.
Evaluation responsibility	Research Governance Officer

### 13. Document communication and implementation plan

Action	Responsible position
Identify the target group: <ul style="list-style-type: none"> <li>All Torres and Cape Hospital and Health Service employees</li> </ul>	EDMS Research Governance Officer
Provide a timeline for communication and implementation milestones: <ul style="list-style-type: none"> <li>Update of versions</li> <li>Annually</li> </ul>	Research Governance Officer
Identify method of communication <ul style="list-style-type: none"> <li>HSCE Broadcast news</li> <li>Research Internet and Intranet sites</li> <li>Face to face training professional development meeting</li> <li>Continued advice by telephone and email</li> </ul>	EDMS Research Governance Officer
List education and training available to support implementation: <ul style="list-style-type: none"> <li>Research Internet and Intranet sites</li> </ul>	Research Governance Officer
Identify frequency of communication: <ul style="list-style-type: none"> <li>As required</li> </ul>	Research Governance Officer