

Procedure

Metro North- wide

Effective from: Nov 2017
Review due by: Nov 2020

Research: Honorary Appointments, Research Students and Visitors

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Background

Metro North Hospital and Health Service (Metro North HHS) regularly receives requests to accept individuals who are not employed by the HHS into Metro North HHS facilities for the purpose of contributing to research activities. Such requests may include:

- Individuals engaged on an honorary basis from other hospitals, academic institutions or organisations; or
- Research students enrolled in universities; or
- Individuals invited as a visitor.

In the interests of patient safety, facilities have an obligation to ensure that all persons engaged within Metro North HHS for research activities comply with relevant Metro North HHS policies, work place health and safety and patient confidentiality requirements.

Accordingly, it is a requirement that individuals who are not employed by Metro North HHS, but are engaged in an honorary appointment, as a research student or as a visitor be subject to certain terms and conditions during any engagement within Metro North HHS facilities for the purposes of research.

Purpose and Intent

The purpose of this procedure is to support the engagement of honorary research appointees, research students and visitors at Metro North HHS facilities for the purposes of research by providing a standardised process to determine and apply the appropriate clinical governance, induction, mandatory training and supervision requirements.

Scope and Target Audience

This procedure applies to all Metro North HHS staff (permanent, temporary and casual) who engage, supervise and interact with honorary research appointees, research students and visitors.

This procedure also applies to those honorary research appointees, research students and visitors.

Principles

All honorary appointees, research students and visitors engaged by Metro North HHS for the purposes of research are required to:

- adhere to the [National Code of Conduct of Health Care Workers \(Queensland\)](#); and
- be aware of, and abide by relevant policies and procedures of both Metro North HHS and any collaborating institutions, including expectations for ethical and responsible behaviour; and
- undertake relevant credentialing, orientation, mandatory training and supervision requirements, as determined by the scope of engagement; and
- demonstrate evidence of professional Indemnity/Public Liability insurance, Work Cover or workers' compensation insurance/personal accident and illness insurance, and confidentiality and protection of privileged information using the appropriate agreements or contracts, either with their sponsoring institution or otherwise personally; and
- ensure relevant contracts and/or agreements are signed by all parties before the commencement of any engagement for the purpose of research.

Compliance with this procedure is mandatory.

Procedure

Credentialing and scope of clinical practice

Prior to commencement, the requirement for credentialing and scope of clinical practice must first be determined by the relevant profession specific delegate, as per the Metro North [Policy: Credentialing and Defining Scope of Clinical Practice for Nursing, Midwifery, Allied Health and Medical Personnel](#).

Where it is determined that an individual will require credentialing or defined scope of clinical practice for the purposes of research, the credentialing process and subsequent appointment will be carried out in line with the relevant profession-specific procedures listed below, and must be referred to the relevant Metro North HHS credentialing department (Medical Services, Nursing and Midwifery Services, and Allied Health Services).

Allied Health Services

[Procedure for Allied Health credentialing and defined scope of clinical practice](#)

- Refer to: *Section 5. Procedure for credentialing and defining scope of clinical practice for external allied health practitioners wishing to practice in MNHHS facilities*

Nursing & Midwifery

[Credentialing and Defining Scope of Clinical Practice for Nurses/Midwives](#)

- Refer to: [Roles/Positions requiring Credentialing and Defined Scope of Clinical Practice](#)

Medicine & Dentistry

[Credentialing and Defining Scope of Clinical Practice for Medical Practitioners and Dentists in Metro North Hospital and Health Service](#)

- Refer to: *Section 2 Scope [Section 2.2: Exemptions - 2.2.5 Practitioners undertaking research and teaching]*

Where it is determined by the appropriate delegate that an individual will not require credentialing or defined scope of clinical practice for the purposes of research, this decision should be documented and the relevant appointment, orientation, mandatory training and supervision processes carried out in line with this procedure.

Honorary Appointees

Please refer to [Appendix 1 – Flowchart: Honorary research appointments](#)

For the purposes of this procedure, honorary appointees:

- are those individuals engaged by Metro North HHS on a non-remunerated basis for the purposes of research;
- may be employed (remunerated) by a university, research institute, other hospital and health service, or other private or non-government organisation; and
- may include, but are not limited to, research assistants, associates, fellows, clinical/research coordinators and similar positions.

Prior to Commencement

All honorary appointees* are to meet the minimum requirements for recruitment and selection as specified in HR Policy B1 to be appointed as non-remunerated employees.

At a minimum, honorary appointees will provide the following for approval by the profession-specific Facility Executive Director or nominated delegate:

- Resume/CV
- Referee report (2)
- General criminal history consent form
- Copy of employee identification (including at least one form of photo ID)
- Evidence of Vaccine Preventable Disease (VPD) compliance (as required)
- Registration or membership with the relevant National Board or Professional Association (as required)

Please refer to the [New Employee Appointment Paperwork Checklist](#) for further guidance.

Those individuals employed by Metro North HHS, who are concurrently engaged in honorary research activities, are already subject to the rigorous verification processes that occur at the point of employment with Queensland Health, and do not require the above commencement documentation.

Project-Specific Honorary Appointments

Where the honorary appointment relates to a specific research project, it is the responsibility of the relevant Principal Investigator (PI) to ensure appropriate research governance approvals are in place:

- Human Research Ethics Committee (HREC) approval letter
- Site-Specific Assessment (SSA) approval letter
- Research Collaboration Agreement (RCA)

The facility/service Research Governance Officer (RGO) can provide advice on selecting, and provide the appropriate agreement.

Fixed-Term Honorary Appointments

Where the honorary appointment relates to a body of work or research activity not linked to a specific research project, a Visitors Agreement, or other contract will be required. The facility/service RGO can provide advice on selecting, and provide the appropriate agreement.

The PI is responsible for ensuring that the appropriate approvals are in place before a honorary appointee contributes to any research projects in Metro North HHS.

Upon Appointment and Commencement

At a minimum, honorary appointees will receive written advice of their engagement with the Metro North HHS, upon recommendation and approval of the relevant profession-specific facility Executive Director. The written advice will outline:

- Position title (e.g. Honorary Research Fellow, Research Student)
- Location/s (facility/service)
- Period of engagement (commencement & end dates)
- Terms & conditions of engagement (including scope of practice or activities)
- Governance (professional and operational reporting structures)

The relevant profession-specific facility Executive Director or nominated delegate/office will be responsible for ensuring governance and management of honorary research appointees.

Please refer to [Orientation and Mandatory Training](#) and [Supervision](#) for further details.

Research Students

Please refer to [Appendix 2 – Flowchart: Research students](#)

A research student is an individual enrolled in a course of study with a recognised research, teaching or academic education institution and may include:

- Students enrolled in a research honours degree, research masters or doctoral program, or any substantial postgraduate research project or dissertation with a University.
- Volunteer medical, nursing or allied health services students gaining research experience.

For the purposes of this procedure, a research student does not include:

- Individuals undertaking clinical placement/experience, supervised clinical practice or other programs of study not specific to research. Those individuals should refer to the relevant profession-specific procedures and may be covered under the Student Placement Deed.

Prior to Commencement

All research students coming onsite to a Metro North HHS facility to perform duties related to a research project are to provide the following for approval by the profession-specific facility Executive Director or nominated delegate:

- Resume/CV
- Criminal history consent form
- Copy of student identification (including one form of photo ID)
- Evidence of VPD compliance (as required)
- Visitors Agreement

All research students coming onsite to a Metro North facility for the purposes of research must complete a Visitors Agreement prior to commencement. Please contact the RGO at the relevant facility for the agreement, and refer to the [Appendix 2 – Flowchart: Research students](#) for further guidance.

Those individuals employed by Metro North HHS, who are concurrently engaged in research or higher degree studies, are already subject to the rigorous verification processes that occur at the point of employment with Queensland Health, and do not require commencement documentation.

Student Clinical Placements and Research

The Queensland Health Student Placement Deed is the overarching legal agreement between the Department, on behalf of all HHSs, and each Education Provider regarding student clinical placements. The student placement schedule is a legal requirement of the Student Placement Deed and is the operational document that must be completed between an Education Provider and Metro North HHS. Further information on the Queensland Health Student Placement Deed and Schedule can be found on the [Queensland Health Clinical Placements](#) website.

The Student Placement Deed defines a placement as *clinical or other health education, other than placement for the purposes of conducting research*. Whilst conducting supervised health education activities on placement, students may complete research, as whole or part of their student placement. All courses or modules of study that incorporate clinical or health education activities undertaken by students within the HHS that fall under the definition of clinical placement, including research conducted as a component of a clinical placement, must be listed within the schedule.

Where a student meets the requirements of the Student Placement Deed, a Visitors Agreement will not normally be required. The Principal Investigator (PI) is responsible for ensuring all relevant research approvals are in place prior to a student commencing research activities.

Upon Appointment and Commencement

At a minimum, research students will receive written advice of their engagement with the Metro North HHS, upon recommendation and approval of the relevant profession-specific facility Executive Director. The written advice will outline:

- Position title (e.g. Honorary Research Fellow, Research Student)
- Location/s (facility/service)
- Period of engagement (commencement & end dates)
- Terms & conditions of engagement (including scope of clinical practice)
- Governance (professional and operational reporting structures)

The relevant profession-specific facility Executive Director or nominated delegate/office will be responsible for ensuring governance and management of research students.

Please refer to [Orientation and Mandatory Training](#) and [Supervision](#) for further details.

Visitors

Where a short-term visitor to Metro North HHS for the purposes of research will expect to enter a clinical area(s), the clinical department/service/supervisor hosting the visitor should ensure compliance with the [Metro North HHS Procedure: Organisational visits to MNHHS clinical areas by external persons](#).

Orientation & Mandatory Training

All honorary appointees, research students and visitors new to Metro North HHS must receive an appropriate orientation program upon their commencement, relative to their scope of engagement.

The program is to be facilitated by the clinical department(s) or profession(s) most aligned to the field of research or appointment. The program must, at a minimum, provide information about:

- any relevant legislative requirements or government guidelines to which Metro North HHS is subject;
- relevant Metro North HHS policies and procedures, including this procedure, the Queensland Health Code of Conduct, research ethics policies and privacy requirements;
- all workplace health and safety and environmental protection requirements relevant to the research to be undertaken; and
- the personal responsibilities of honorary appointees, research students and visitors conducting research in or with Metro North HHS facilities.

The relevant facility profession-specific manager or appropriate delegate is responsible for ensuring the relevant orientation and mandatory training requirements are met prior to and upon commencement.

Supervision

Each new honorary research appointee or research student placed in a Metro North HHS facility must be paired with a nominated responsible and appropriately qualified Metro North HHS staff member for supervision. Supervisors must:

- provide advice and guidance on good research practice according to Metro North HHS and any collaborating Institution guidelines;

- ensure, as far as possible, that research data obtained by an individual under their supervision is valid;
- ensure that the approving HREC and RGO are informed, where required, of the involvement of the individual working on specific approved projects, to allow relevant approvals to be expanded (where appropriate); and,
- where supervising a research student, act in accordance with the collaborating University's policies on supervision of research higher degree students.

The profession-specific manager or supervisor is responsible for ensuring the relevant supervisory requirements are met.

Legislation and other authority

Industrial Relations Act 1999 (Qld)

Public Service Act 2008 (Qld)

Public Sector Ethics Act 1994 (Qld)

Work Health and Safety Act 2011 (Qld)

[National Statement on Ethical Conduct in Human Research 2007](#)

[Australian Code for the Responsible Conduct of Research 2007](#)

Related Documents

[POLICY: Credentialing and Defining Scope of Clinical Practice for Nursing, Midwifery, Allied Health and Medical Personnel](#)

[Organisational visits to MNHHS clinical areas by external persons](#)

[PROCEDURE: Procedure for Allied Health credentialing and defining scope of clinical practice](#)

[PROCEDURE: Credentialing and Defining Scope of Clinical Practice for Nurses/Midwives](#)

[PROCEDURE: Credentialing and Defining Scope of Clinical Practice for Medical Practitioners and Dentists in Metro North Hospital and Health Service](#)

Policy (POL: 001) Research Policy

Procedure (PROC: 001) Research: Monitoring

Procedure (PROC: 002) Research: Financial Management

Procedure (PROC: 003) Research: Conflict of Interest

Procedure (PROC: 004) Research: Intellectual Property

Procedure (PROC: 005) Research: Authorship

Procedure (PROC: 006) Research: Responsible Reporting

Procedure (PROC: 007) Research: Honorary Appointments, Research Students and Visitors

Procedure (PROC: 008) Research: Partnership and Collaboration

Procedure (PROC: 009) Research: Gender Equity

Procedure (PROC: 012) Research: Complaints and breaches of the Code

Metro North HHS Research Strategy 2017-2022

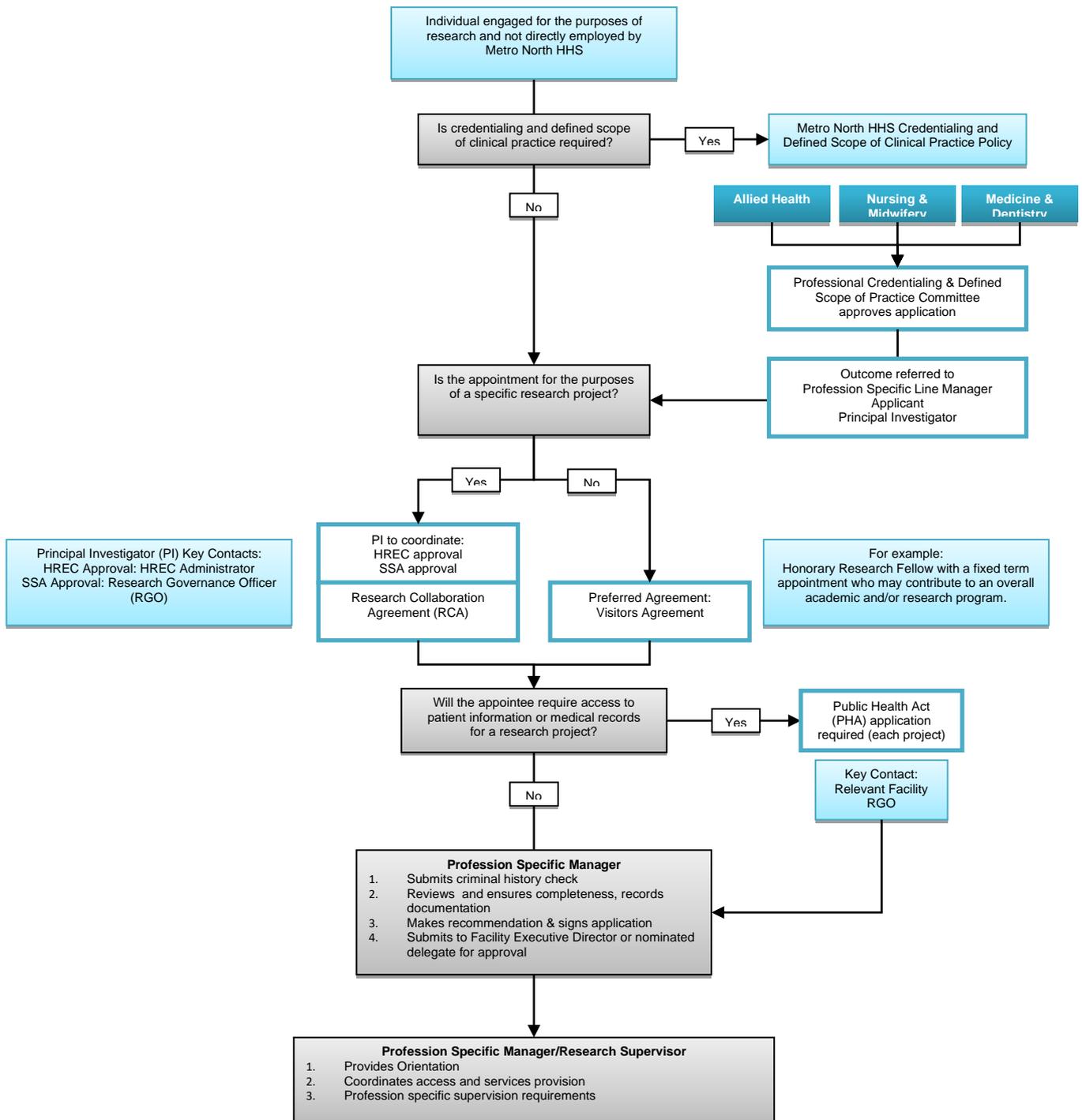
Relevant Standards

Australian Commission on Safety and Quality in Health Care - National Safety and Quality Health Care Standards Second Edition

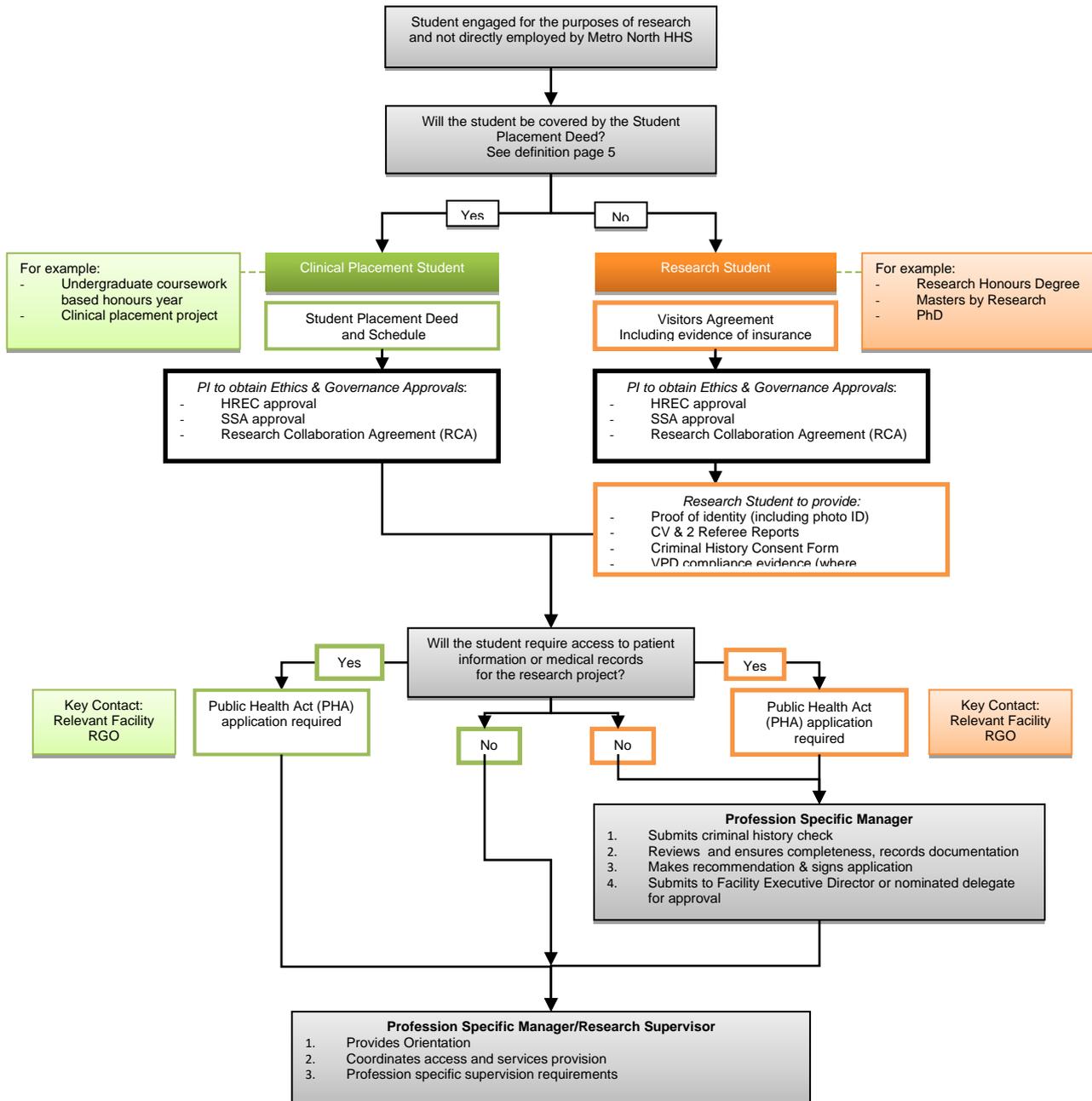


Standard 1 – Clinical Governance

Appendix 1 – Flowchart: Honorary research appointments



Appendix 2 – Flowchart: Research Students



Appendix 3 – Definition of Terms

Term	Definition
Code, the	The Australian Code for the Responsible Conduct of Research (2007) institutions and researchers in responsible research practices and promotes integrity in research. It shows how to manage breaches of the Code and allegations of research misconduct, how to manage research data and materials, how to publish and disseminate research findings, including proper attribution of authorship, how to conduct effective peer review and how to manage conflicts of interest.
Confidential Information	Confidential Information means any information that— (a) is about a person who is receiving or has received a public sector health service; and (b) could identify the person. <i>Hospital and Health Boards Act (2011)</i>
Coordinating Principal Investigator (CPI)	The Investigator responsible for coordinating a multi-centre research study, and the submission and communication of all subsequent requests and notifications to the site PIs and Reviewing HREC. The CPI and their team are responsible for coordinating the HREC applications and correspondence throughout a multi-centre study, on behalf of the Accepting PIs for which the CPI is responsible. For single site studies the terms Coordinating Principal Investigator, Coordinating Principal Researcher, Site Principal Investigator and Principal Investigator are all synonymous.
Ethics	The concepts of right and wrong, justice and injustice, virtue and vice, good and bad, and activities to which these concepts apply.
Honorary Appointment	An individual who is engaged on a non-remunerated basis and is not an employee of Metro North HHS. Honorary appointees may be employed (remunerated) or engaged by a university, research institute, another hospital and health service, private or non-government organisation for the purposes of research. Honorary appointees may be engaged in roles including, but not limited to, research assistants, associates, fellows, clinical/research coordinators and similar positions. Honorary appointments do not include persons who are engaged because of their enrolment as a Student.
Human Research Ethics Committee (HREC)	Human Research Ethics Committees (HRECs) review research proposals that involve humans or their tissue or data. HRECs are established by organisations, which register their HREC with the NHMRC. It may also be referred to as the Reviewing HREC in multi-centre research studies. A Certified HREC has had its processes assessed and certified under the National Health and Medical Research Council (NHMRC) National Certification Scheme. NHMRC certification lasts for three years.

Term	Definition
Metro North HHS	Metro North Hospital and Health Service
National Statement, the	The National Statement on Ethical Conduct in Human Research (2007) is guidance document developed by the NHMRC, the Australian Research Council and the Australian Vice-Chancellors' Committee to provide guidelines for researchers, HRECs and others conducting ethical review of research. It also states institutions' responsibilities for the quality, safety and ethical acceptability of research that they sponsor or permit to be carried out under their auspices. http://www.nhmrc.gov.au/guidelines/publications/e72
Patient	A person who is a subject of research or whose data is collected, used or disclosed in the course of research.
Principal Investigator (PI)	<p>The nominated delegate with primary responsibility and accountability for a research project.</p> <ul style="list-style-type: none"> • For multi-centre studies the PI may be known as the Accepting PI if they do not have CPI responsibilities. • For single site studies the terms Coordinating Principal Investigator, Coordinating Principal Researcher, Site Principal Investigator and Principal Investigator are used interchangeably. <p>See also Coordinating Principal Investigator (CPI)</p>
Research	<p>The original investigation undertaken to gain knowledge, understanding and insight.</p> <p>The creation of new knowledge and/or the use of existing knowledge in a new and creative way so as to generate new concepts, methodologies, inventions and understandings.</p> <p>This could include synthesis and analysis of previous research to the extent that it is new and creative.</p>
Research Collaboration Agreement (RCA)	<p>An agreement made between Metro North Hospital and Health Service and another entity for the purpose of determining those party's roles in Collaboration on Research.</p> <p>For clarity, this definition does not include an employment agreement with an employee of Metro North Hospital and Health Service</p>
Research Governance	The process by which an RGO assesses the suitability of study to take place within their institution / HHS and recommends authorisation to the HHS CE. Once authorised, the study may commence at that institution / HHS. Also referred to as Site Authorisation.
Research Governance Officer (RGO)	<p>The Office(r) or coordinated function within an institution / HHS whose responsibilities are:</p> <ul style="list-style-type: none"> • assessing the site-specific aspects of ethically approved research applications; • making recommendations to the HHS CE or delegate as to

Term	Definition
	<p>whether a research study should be granted authorisation at that site; and</p> <ul style="list-style-type: none"> • monitoring authorised research at the site to ensure it meets appropriate standards.
Research Student	<p>An individual enrolled in a course of study with a recognised research or teaching institution and may include:</p> <ul style="list-style-type: none"> • Students enrolled in honours, research masters or doctoral program, or any substantial postgraduate research project or dissertation with a University. • Volunteer medical, nursing or allied health students gaining research experience.
Researcher	<p>Person or persons who conducts research, including academics, research trainees, Honours and Higher Degree Research students and professional staff.</p>
Site-Specific Assessment (SSA) Form	<p>The SSA Form is a tool to assist RGOs in the research governance process to document the level of support and suitability of a research study to be conducted at a site, irrespective of whether that study is multi-centre or single site.</p>
Supervisor	<p>An individual responsible for the supervision of research students.</p>
Visitor	<p>An individual who is not employed by Metro North HHS and who is invited to attend a clinical facility within Metro North HHS for the purposes of research.</p>

Document History

Custodian	Executive Director, Research Metro North HHS
Risk rating	Low
Compliance evaluation and audit	Annual report to Executive Director, Research documenting total number of Honorary Appointments, Research Students and visitors by professional discipline.
Replaces Document/s	New document
Document replaced	Nil
Key stakeholders	Executive Director, Operations Executive Directors, Clinical Directorates HREC Chair & Coordinator, RBWH & TPCH Research Governance Officers Director, Research (Clinical Directorates) Executive Director (Metro North): Clinical Services, Medical Services, Nursing and Midwifery Services, Allied Health Chief Finance Officer (Financial Control, Information Technology, Legal, Human Resources, Communications, Engagement)
Marketing Strategy	Marketing through MNHHS Research website, newsletter and regular email to all line managers. Notification through Safety and Quality Units to key stakeholders.
Key words	Research, honorary appointment, student, visitor

AUTHORISATION

Signature

Date

Executive Director Research, Metro North HHS

A signed version is retained by MNHHS Policy and Procedure, Clinical Governance, Safety, Quality and Risk