



Dear <<First Name>>,

Not you? Or we made a mistake? Send us an email to [ResearchEthicsMonthly@ahrecs.com](mailto:ResearchEthicsMonthly@ahrecs.com) to let us know. We extrapolated your name (where possible) from the email address where this edition was sent. If you didn't receive this email directly, the salutation is probably of the first recipient.

Please consider subscribing yourself [at this link](#), because it is incredibly affirming and would be greatly appreciated. Subscribing is free, easy and keeps our in-house internet elf happy ("Gary stop zooming around the office in your wheelchair and stop bringing to work your Baby Yoda and a digital countdown to The Mandalorian s2).

More information about the Research Ethics Monthly can be found on the [blog pages](#).

If you want to find out what Gary is up to in the disability sector, watch this six-minute video - <https://youtu.be/YSi8Xs157g0>. He is launching an NDIS service to help people who are living with a disability to establish their own work-from-home business.

The Research Ethics Monthly is possible thanks to the generous support of our [institutional](#) and [individual patrons](#). If you enjoy the monthly dose of human research ethics and research integrity **please consider becoming a patron**. It's not a lot of money, but makes a huge difference to us.



A checklist to assist a supervisor to check a candidate's research ethics review application

*"Regulations don't solve things. Supervision solves things"*

Wilbur Ross 2015

Dr Gary Allen, Prof. Colin Thomson AM and Prof. Mark Israel  
AHRECS Senior Consultants

HDR supervisors should, and often do, play an important role in the formulation of a candidate's research ethics review application. If you talk to an experienced and busy research ethics committee member, they will tell you they've seen too many applications where there wasn't any indication the supervisor even saw the application prior to its submission.

Many institutions consider the supervisor to be the lead investigator for HDR candidate research. Even those that don't usually will expect the supervisor to be a key adviser and mentor for the candidate's passage through the research ethics review process.

A supervisor not taking an active role in a candidate's review application can reflect a worrying attitude: "I don't have time to know about research ethics in detail. The candidate should submit what they have, the experts on the committee can tell them what they need to fix and how they want it changed."

Such thinking is irresponsible and concerning at numerous levels, not least because research ethics is a fundamental component of the quality design of research.

Being able to think and write about ethical challenges is an essential component of the research training of new researchers.

Read more

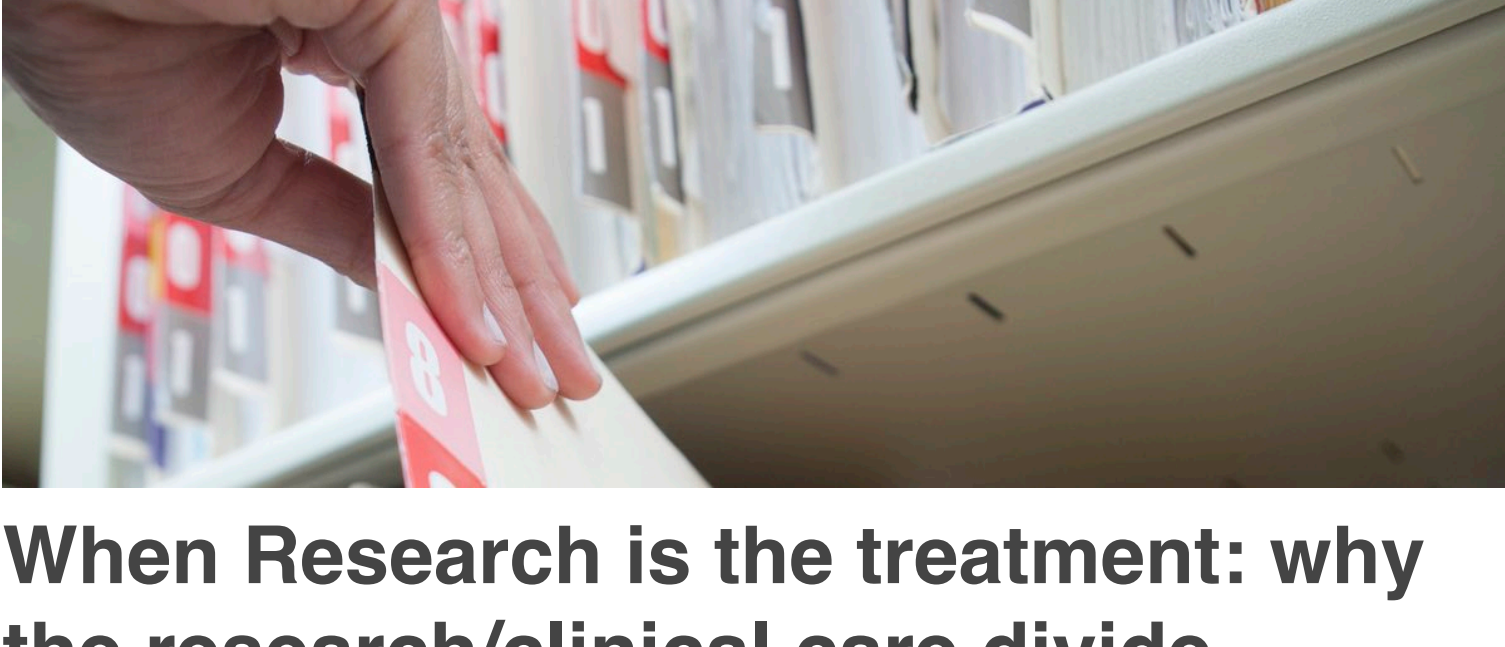
Web site overhaul

We recently instructed our web developers (who are based in NJC, which is a scary part of the world to be living at the moment) to commence a complete overhaul of the site's backend and to reskin it. This week we reviewed and approved the new approach. It looks amazing! The site will load much faster and will work much better when accessed via a smartphone. The AHRECS site is huge, so we're not quite sure of the delivery timeframe. We have shared the new design with our <https://www.ahrecs.vip> and <https://www.patreon.com/ahrecs> subscribers. [enquiry@ahrecs.com](mailto:enquiry@ahrecs.com).

If you have any requests/suggestions, please send them to [enquiry@ahrecs.com](mailto:enquiry@ahrecs.com).

Site search

You may have noticed we have been re-engineering the functionality for the site. We are far happier with its functionality, but it still needs one final step: A visitor being able to export search results for manipulation by another program. We will let you know once that work is done.



When Research is the treatment: why the research/clinical care divide doesn't always work

Nik Zepf  
AHRECS Consultant

Health services are often operated by people who strive to improve the way they deliver care. In the public imagination improvements arise from 'breakthroughs' such as the discovery of new disease mechanisms and drugs or devices to address these. However, it is not just novel treatments that lead to better outcomes. Sadly, it is not widely recognised that eliminating sub-optimal practices or variations in healthcare practices play a major role in improving clinical outcomes. Indeed, I don't recall a headline announcing an increase in operational efficiency in any health service as this is hardly exciting news regardless of its value. Funders of healthcare are interested though, and in a report entitled [Exploring HealthCare Variation in Australia: Analyses resulting from an OECD Study](#), published by the Australian Commission on Safety and Quality in Health Care in 2014, the authors stated that:

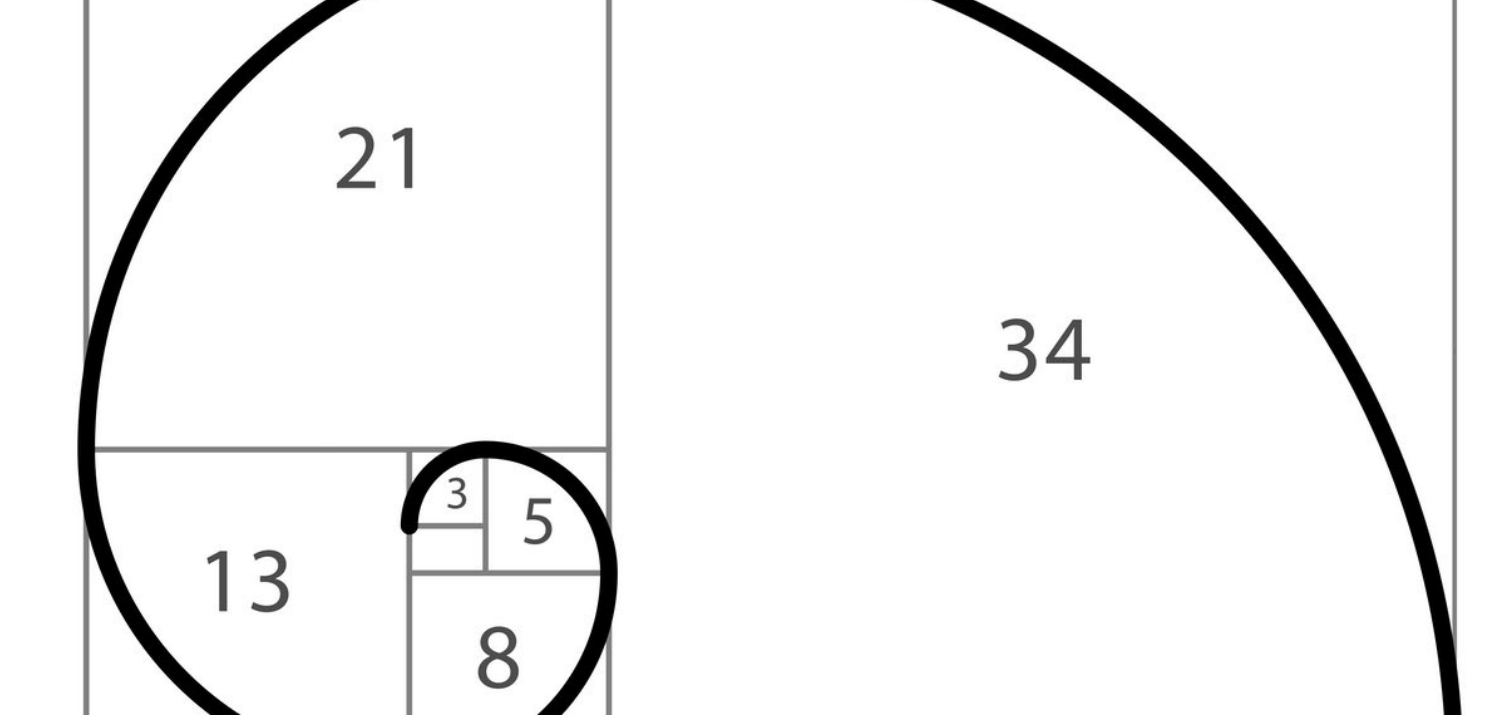
Unwarranted variation may also mean that scarce health resources are not being put to best use. As countries face increasing pressure on health budgets, there is growing interest in reducing unwarranted variation in order to improve equity of access to appropriate services, the health outcomes of populations, and the value derived from investment in health care.

All consumers of health care should therefore be interested in this and support those working toward improving health services. Unfortunately doing this work is difficult and often unrewarding. The ethical imperative to do this work is also often thwarted by the 'ethics' and governance framework that too often encumbers those doing it (Clay-Williams, 2018 #516). It is also largely left to the NHMRC to fund Health Services Research (HSR) and the Comparative Effectiveness Research (CER) studies that generate evidence to reduce wasteful practice. In contrast, very little funding from health services themselves go to these activities despite them being the direct beneficiaries of the research. (1) Importantly, those engaged in HSR and CER are becoming an increasingly larger proportion of the total medical research endeavour in Australia, and by classification constituted almost one third of NHMRC competitive funding in 2019 (2). This is despite the fact that the studies undertaken often take several years to complete and therefore the number of publications is smaller than for life sciences. For HSR, publication is rarely in the 'higher impact' journals, whereas for some CER trials the outcomes are so profound that they are of international significance and will be published in widely read international journals. Pleasingly this suggests that the criteria for assessment do not necessarily disadvantage such research in terms of competitiveness for funding, but also reflects the fact that clinical trial funding from the NHMRC supports a great deal of CER studies.

Read more

Friday Afternoon Funnies

We have been going through our Friday afternoon funnies since 2016 and started loading them onto a dedicated page on LinkedIn: <https://www.linkedin.com/showcase/friday-afternoon-funnies>. Our hope is that we'll load a few on a day until we've caught up. Sometimes we don't know what's more disturbing, Don Mayne's sense of humour or Gary's. Scratch that, we know exactly which one worries us more.



How we interpret the words 'proportional review'

Dr Gary Allen  
AHRECS Senior Consultant

Over the last decade, AHRECS has worked with institutions of various types, size and maturity. The project brief often refers to fixing or implementing proportional review. When you drill down, the work item will generally owe its origins to calls from researchers, the research ethics review body, the research office and the institution's executive. They might all use the words proportional review or perhaps expedited review, but are they really talking about the same thing?

A casual glance at the NHMRC's annual activity report shows many institutions are conducting reviews outside their HREC. So why are researchers still calling for change?

While cases like the [Racist bus driver](#), [Laughing at the Disabled](#) and the [Sexual health survey](#) cases do raise questions about the (mis)use of triggers for review outside an HREC, there remains an apparent tension between the meanings that different stake-holders have of proportional review.

Read more

While you are here...

Did you enjoy this edition? Would you like to support the work we do? If so, please consider helping us cover the cost of matters such as hosting the Research Ethics Monthly and other web development by becoming an AHRECS Patron.

In addition to the warm glow from supporting our work, you will be subscribed for monthly updates of useful material (such as resources for use in your local workshops).

**INSTITUTION**  
Subscriptions for institutions cost \$350/year. A tax invoice will be provided. Payments can be made by credit card over the phone, EFT or via PayPal. To become a patron email [patron@ahrecs.vip](mailto:patron@ahrecs.vip).

**INDIVIDUAL**  
Subscriptions start at USD1/month and USD15/month gives you access to all materials. See <https://www.patreon.com/ahrecs>

A few profiled items from the subscribers' area:

1. [Diversity in consent strategies](#) - A Human Research Ethics discussion activity
2. [Urgent rather than late](#) - A Human Research Ethics commentary
3. [Right to withdrawal](#) - A Human Research Ethics discussion activity
4. [Authorship](#) - A Research Integrity talk by Prof. Mark Israel
5. [Consent: Who are they written for?](#) - A Human Research Ethics discussion activity
6. [Public need and private pardon](#) - A Research Integrity discussion activity - A Research Integrity discussion activity
7. [Consent and partially completed surveys](#) - A Human Research Ethics resource
8. [When words matter](#) - A Human Research Ethics commentary
9. [Who passes along the message?](#) - A Human Research Ethics discussion activity
10. [New member of a research ethics committee resource sheets](#)
- I. [The Meaning of Membership](#) - NMRECRS#01
- II. [The categories of membership and their responsibilities](#) - NMRECRS#02
- III. [Preparing for your first meeting](#) - NMRECRS#03
- IV. [Human research ethics](#) - NMRECRS#04

Please join us in saying a big thank you to our new Gold Patrons:

- ANROWS
- Barwon Health
- Bendigo Health
- CanTeen
- Central Queensland University
- James Cook University
- The Internal Ethics Review Panel of the Department of Employment, Skills, Small and Family Business (Commonwealth)
- Torrens University
- University of Melbourne
- The University of Sydney Ethics Office
- University of Wollongong Ethics Unit

By their generosity they keep Research Ethics Monthly free and ad free

Things You May Have Missed...

Our Resource Library

01. [Waste in COVID-19 research](#) - Editorial
02. [Plagiarism detection: Perils and pitfalls](#) - Editorial
03. (France) [He Was a Science Star. Then He Promoted a Questionable Cure for Covid-19](#) - New York Times Magazine
04. [Transatlantic editorial: Institutional investigations of ethically flawed reports in cardiothoracic surgery journals](#) - Paper
05. [How to manage a multi-author megapaper](#) - Nature Index
06. (Australia) [Calls for Australian Defence Force chloroquine COVID-19 drug trial to be halted](#) - ABC News
07. (UK) [Dishonesty and research misconduct within the medical profession](#) - Paper
08. [Medical science faces the post-truth era](#) - Paper
09. [Kinder publishing practices should become the new normal](#) - Times Higher Education
10. [The ethics of authorship and preparation of research publications](#) - World Aquaculture Society
11. [Testing of Support Tools for Plagiarism Detection](#) - Paper
12. (China) [Chinese state censorship of COVID-19 research represents a looming crisis for academic publishers](#) - London School of Economics Impact Blog
13. [Pseudoscience and COVID-19 — we've had enough already](#) - Nature
14. [Data retention scheme is being abused exactly as critics predicted](#) - Crickey
15. [Vulnerability in human research](#) - Paper

There were more than 42 more great items in the last 50 days. Follow us on social media to get an alert when new items are added ([LinkedIn](#) | [Twitter](#) | [Facebook](#))

Our Blog

1. [Why autism research needs more input from autistic people](#)
2. [AHRECS and COVID-19](#)
3. [COVID-19, human research and human research ethics review](#)
4. [Towards a code of conduct for ethical post-disaster research](#)
5. [Can I use your answers anyway?](#)
6. [Towards a code of conduct for ethical post-disaster research](#)
7. [Working flexibly through the Coronavirus: Continuing professional development in research integrity or human research ethics?](#)
8. [Research ethics review during a time of pandemic](#)
9. [Endometriosis, women's health and the 'hysteria myth'](#)
10. [Plain English communications and the PICP — and beyond](#)



Do you know someone who hasn't subscribed yet to the Research Ethics Monthly? Please encourage them to subscribe now and help us grow this community.



Got an idea for a post or a suggestion for a guest? Send an email to [gary@ahrecs.com](mailto:gary@ahrecs.com)



Do you have a view, feedback or some constructive criticism on this or other posts? Every item link comment box so you can have your say and continue the conversation.



Copyright © 2020 Australian Human Research Ethics Consultancy Services (AHRECS). All rights reserved.

We hate spam and definitely don't want to bother you with unwanted emails. You can update your preferences or unsubscribe from this list.

This newsletter is authorized by the AHRECS team, click [here](#) for contact and other details. We would never divulge your details to anyone else, including not disclosing you're a subscriber, without your permission.

