Toolbox to implement the ETHNA System

(Ethical Governance of RRI in Innovation and Research in Research Performing Organisations and Research Funding Organisations)

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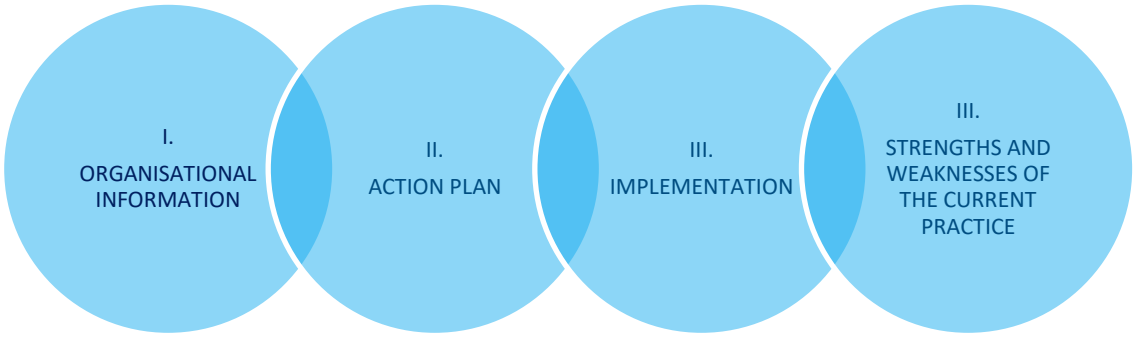
ANNEX 1: GUIDANCE TO CREATE THE ETHNA SYSTEM ACTION PLAN

OBJECTIVE	SCOPE
The purpose of this guide is to help the Research Performance Organisation (RPO) and Research Funding Organisation (RFO) in the process of drafting their own ETHNA System Action Plan.	This guide is aimed at the people responsible for drafting the ETHNA System Action Plan designated by the top management of the organisation.



1. ORGANISATIONAL INFORMATION

TO DO: Fill in the corresponding own data/information in terms of Staff and Structures and Policies at your RPO or RFO's organisations 's organisation.

May be just a couple lines explaining why the relevant concepts are essential and very important if it should be a correspondence between the name position body and the dimension or key related.

Relevant Concepts: Dimensions of Responsible Innovation	Relevant Concepts: RRI Keys
❖ Anticipation, ❖ Inclusion, ❖ Reflexivity, ❖ Responsiveness	❖ Integrity, ❖ Gender, ❖ Public Engagement, ❖ Open Access

An example of the TEMPLATE to be completed will be:

STAFF	Name and position	Dimension (s) and key (s) related.
Researchers with RRI expertise or knowledge (indicate the RRI dimension or key related)		
Administrative or support R&I with RRI expertise or knowledge (indicate the RRI dimension or key related)		
STRUCTURES AND POLICIES		**Dimension (s) and key (s) related**
Services or units providing support for RRI (indicate the RRI dimension or key related)	Ex. Gender Unit focus on research and innovation perspective Ex. Data Protection officer Ex. Deontological committee Ex. Database of experts in ethics issues for evaluation of programmes.	Gender equality Open Access Reflexivity and integrity Reflexivity, integrity.
Statements and policies	Ex. Members of ALLEA and users of “The European Code of Conduct for Research Integrity" Ex. An Organisational Ethics Code of Conduct.	Integrity
Ongoing activities, action plans, or strategies in R&I and related with RRI.	Ex. Data Management Plan Ex. Gender Equality Plan Ex. Training programme for junior researchers in RRI	

Commissions or committees related to R&I and RRI.	Ex. Bioethics committee	

2. ACTION PLAN

TO DO: Identify the weaknesses or strengths between your organisation and the ETHNA System through a GAP-Analysis. And in response to it define a list of all Proposed ACTIONS to be undertaken by the organisation for the implementation of the ETHNA System.

NOTE:

- The Action Plan **is encouraged to be published and easily accessible on the website** of the organisation.
- The Action Plan **should include the necessary actions** for the implementation of the ETHNA System **according to the level of commitment** chosen by the organisation.
- The Action Plan should allow for the evaluation of the organisational progress and performance with the ETHNA System after a three-year period.

STEP II.1: Identify **the weaknesses or strengths** between your organisation and the ETHNA System through a GAP-Analysis.

Identify those gaps based on the Progress Indicators in reference to each one of the blocks:

( ) RRI Office(r) // ( ) CEGP // ( ) Ethics Committee on R&I // ( ) Ethics Line // ( ) Internal and External Communication Plan.

(See following section III for more detailed information on how to proceed together with Annex 2 in relation to Progress Indicators, pag….)

STEP II.2: Please fill in a **list of all Proposed ACTIONS to be undertaken** in the ETHNA System by the organisation to address the identified weaknesses or strengths in the GAP-Analysis.

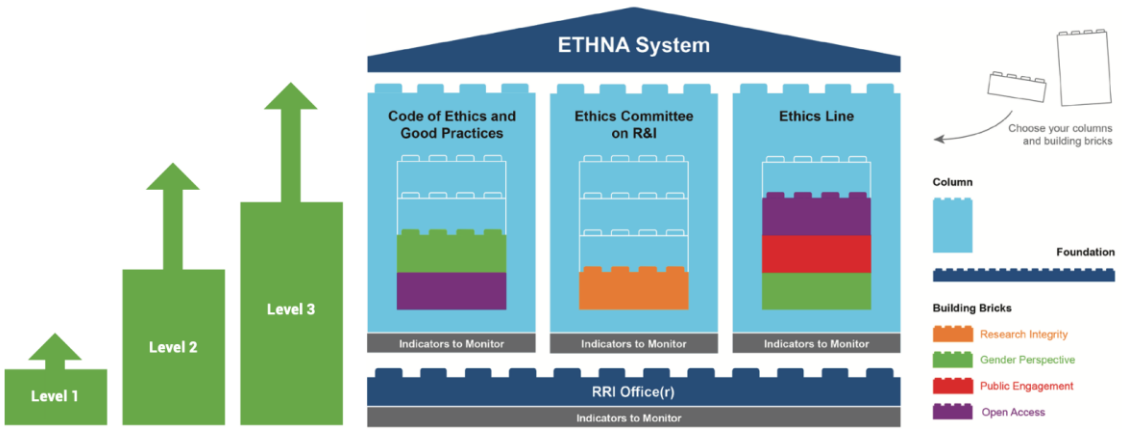
Proposed ACTIONS

	GAP with ETHNA System	Timing (at least by year(s)/ quarter(s)/ semester(s))	Responsible Unit	Progress In-dicator	Performance Indicator
ACTION 1					
ACTION 2					
ACTION 3					
ACTION 4					
ACTION 5					
ACTION 6					
ACTION 7					

NOTE: Add as many actions as needed

3. STRENGTHS AND WEAKNESSES OF THE CURRENT PRACTICE

TO DO: Please provide an overview of the strengths and weaknesses of the current practices under the ethical research and innovation governance structure at your RPO or RFO's organisation.



RRI Office(r)
Strengths and weaknesses (max. 800 words)

Code of Ethics and Good Practices in R&I (CEGP)
Strengths and weaknesses (max. 800 words)

Ethics Committee on R&I
Strengths and weaknesses (max. 800 words)

Ethics Line
Strengths and weaknesses (max. 800 words)

4. IMPLEMENTATION

TO DO: Please provide in detail the aspects of the progress indicators (see Annex. 2).

A general overview of the expected implementation process of the Action Plan:
(max. 1000 words)

How will the RRI Office(r) manage the timely and efficient implementation of the Action Plan?
Detailed description and justification (max. 500 words)

How will the organisation proceed to align their policies and strategies with the ETHNA System? How will the organisation ensure that the ETHNA System is recognised in their research strategy as the overarching R&I policy?
Detailed description and justification (max. 500 words)

How will the organisation ensure that the proposed actions are implemented?
Detailed description and justification (max. 500 words)

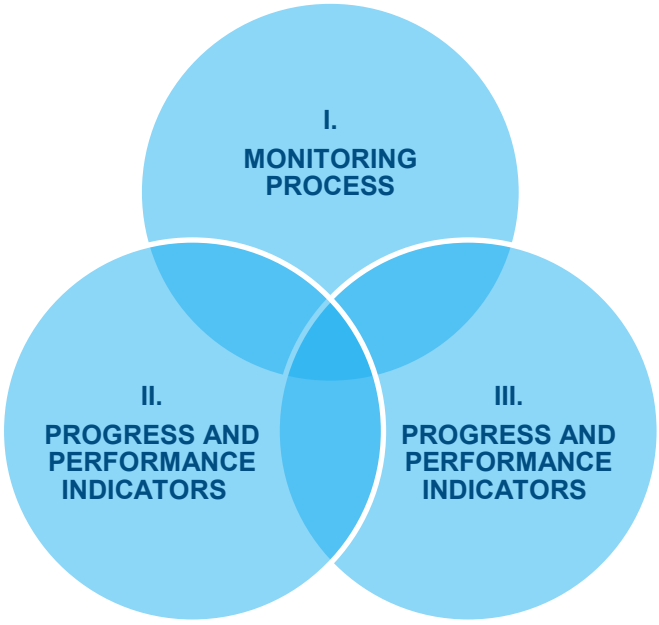
How will the organisation monitor the progress (timeline)?
Detailed description and justification (max. 500 words)

How will the organisation measure progress (indicators) with consideration of the next assessment?
Detailed description and justification (max. 500 words)

Additional remarks or comments about the proposed implementation process:
(max. 1000 words)

ANNEX 2: GUIDANCE TO USE AND CREATE THE MONITORING INDICATORS: PROGRESS AND PERFORMANCE

OBJECTIVE	SCOPE
The objective of this guidance is to help the Research Performance Organisation (RPO) and the Research Funding Organisation (RFO) to define the Progress Indicators and the Performance Indicators that should be used to monitor and promote the improvement of the ETHNA System within the organisation.	This guide is aimed towards the RRI Office(r) and should be related to the Action Plan of the ETHNA System defined by the RPO or RFO's organisations 's organisations.



1. MONITORING PROCESS

The **progress indicators** will be used to check that the RPO or RFO's organisations is consolidating all phases of the process. These **are common for any organisation** that wants to implement the system.

- All actions are *required* in the foundation block.
- Some of the actions are also required in the columns to ensure sufficient efficiency in the implementation.
- However, other actions are only recommended to ensure a commitment to the ethical governance that covers the RRI dimensions and keys.
- Some of the actions may not be applicable to some organisations - in this case the organisation should report why the action is not applicable.

The **performance indicators**:

- Will be **used to show the implementation actions** that have been performed and their effect.
- Will be **fully linked to the *Action Plan***.
- Those performance indicators are merely examples.
- **Each organisation should insert their own adjusted actions** in this table that they believe will best show their achievement of progress.

Below are tables of **progress and performance indicators for each of the foundation and column blocks** that could be configured by the ethical governance R&I system (ETHNA System) in the organisation.

2. PROGRESS AND PERFORMANCE INDICATORS

RRI Office (r)	
Progress Indicators see page 14	Performance Indicators see page 15
Code of Ethics and Good Practices in R&I	
Progress Indicators see page 16	**Performance Indicators** see page 17
Permanent Ethics Committee on R&I	
Progress Indicators see page 18	**Performance Indicators** see page 19
Ad Hoc Ethics Committee on R&I	
Progress Indicators see page 20	**Performance Indicators** see page 21
Ethics Line	
Progress Indicators see page 22	**Performance Indicators** see page 23

RRI Office(r) – Progress Indicators

NOTE: At least one key should be chosen, but if you are at a Level 3 Commitment then all the keys should be covered.

	Progress Actions	Required	Realised	Not applicable
	Has the organisation performed a self-assessment of the preconditions necessary for the implementation of the he ETHNA System?	√		
	Has the organisation taken actions to ensure that all necessary preconditions for the implementation the ETHNA System are met?	√		
	Has the organisation designated an RRI Office(r)?	√		
	Has the organisation established the core duties of RRI Office(r)?	√		
	Has the organisation designed an Action Plan for the implementation of the RRI Office(r)?	√		
	Has the organisation encouraged actions to raise internal awareness concerning the ETHNA System?	√		
	Has the organisation designed and implemented actions to publicise the idea of ethical governance of R&I in line with the ETHNA System?	√		
	Has the organisation generated actions to promote RRI key Integrity?	√		
	Has the organisation generated actions to promote RRI key Gender?	√		
	Has the organisation generated actions to promote RRI key Open Access?	√		
	Has the organisation generated actions to promote RRI key Public Engagement?	√		
	Has the RRI Office(r) been linked to any RPO/RFO governing body (e.g., Office of the Vice Chancellor for Research, Governing Board, Spanish Ministry of Science, the Science Quality Agency, etc.)?	√		
	Has the organisation offered accountability to its stakeholders for the progress and performance of the ETHNA System (e.g., monitoring report, impact report, web dashboard, newsletter, etc.)?	√		

Performance indicators (an example)
RRI Office(r)

Indicator	Number	Type and frequency
Indicate the number, type and frequency of actions you have implemented to generate *internal awareness* of the ETHNA System.		
Indicate the number, type and frequency of actions you have taken to self-assess the preconditions required for implementing the ETHNA System.		
Indicate the number, type and frequency of actions you have taken to meet the preconditions required for implementing the ETHNA System.		
Indicate the number, type and frequency of activities you have carried out to extend the idea of ethical governance of R&I in line with the ETHNA System.		
Indicate the number, type and frequency of proposals, suggestions, queries, complaints, alerts or report received (notifications)		
Indicate the number, type and frequency of actions implemented to tackle the RRI keys: Integrity, Gender, Open Access and Public engagement		
Indicate the number and type of RPO/RFO governing bodies linked to the RRI Office(r) (e.g., Office of the Vice-Rector for Research, Governing Board, Spanish Ministry of Science, Science Quality Agency, etc.), as well as the number of times it has requested their collaboration during the last year.		
Indicate the number and type of RPO/RFO committees and/or services related to RRI with which the RRI Office(r) currently interacts or cooperates (e.g., Data Management Officer, Gender Unit, Professional Ethics Committee, Research Bioethics Committee, etc.), as well as the number of times it has requested their collaboration during the last year.		
Indicate the number and type of communication actions that the RRI Office(r) has carried out during the last year with the aim of being accountable to stakeholders for the progress and impact of the ETHNA System (e.g., monitoring report, impact report, web dashboard, newsletter, etc.).		
Indicate the number, type and frequency of actions taken to make the RPO's/RFO's commitment to the ETHNA System explicit (Level 1, Level 2 or Level 3).		

Code of Ethics and Good Practices in R&I – Progress Indicators

NOTE: At least one key should be chosen, but if you are at a Level 3 Commitment then all the keys should be covered.

	Progress Actions	Required	Realised	Not applicable
	Has the organisation appointed a working group to adapt the proposed CECP of the ETHNA System?	√		
	Has the working group, to adapt the ETHNA System's proposed CEGP, begin its duties?	√		
	Has the organisation established the goals, actions, and responsibilities of members of the working group to adapt the ETHNA System's proposed CEGP?	√		
	Has the organisation established the relevant aspects to be included in the adapted CEGP considering the RPO's/RFO's research, innovation, and/or funding activity?	√		
	Has the organisation decided if the CEGP will cover Integrity aspects?			
	Has the organisation decided if the CEGP will cover Gender?			
	Has the organisation decided if the CEGP will cover Open Access aspects?			
	Has the organisation decided if the CEGP will cover Public Engagement aspects?			
	Has the organisation launched a participatory process with RPO/RFO stakeholders to discuss the first draft of their CEGP?	√		
	Has the organisation compiled and composed a second draft of the CEGP reflecting the relevant aspects from the participatory process with stakeholders?	√		
	Has the latest CEGP based on the ETHNA System been commented on and approved by senior management?	√		
	Has the organisation encouraged actions to raise internal awareness concerning the Code of Ethics and Good Practices?	√		
	Has the organisation encouraged actions to raise external awareness concerning the Code of Ethics and Good Practices?			
	Has the organisation established an updating process?			
	Has the organisation established a professional and/or organisational compliance monitoring process?			
	Has the organisation offered accountability to its stakeholders for the progress and performance of the CEGP (e.g., monitoring report, impact report, web dashboard, newsletter, etc.)?			

Performance indicators (an example)
Code of Ethics and Good Practices in R&I

Indicator	Number	Type and frequency
Indicate the number, type, and frequency of actions implemented to generate internal awareness of the contents of the CEGP and its benefits.		
Indicate the number, type, and frequency of actions implemented during the past year to generate external awareness of the contents of the CEGP.		
Indicate the number, type, and frequency of actions implemented during the last year to train RPO/RFO professionals in the contents of the CEGP.		
Indicate the number, type, and frequency of actions implemented during the last year to improve and/or update the contents of the CEGP.		
Indicate the number, type, and frequency of actions implemented during the last year to monitor the level of compliance by professionals and by the organisation with the CEGP values, principles, and behaviours.		
Indicate the number, type, and frequency of notifications received regarding complaints, warnings, and/or reports of possible non-compliance with the CEGP.		
Indicate the number, type, and frequency of notifications received concerning suggestions for improvement and/or proposed behaviours or procedures that could be included as good practices in the contents of the CEGP.		
Indicate the number, type, and frequency of actions implemented to tackle the RRI keys: Integrity, Gender, Open Access, and Public Engagement.		
Indicate the number and type of CEGP improvement actions implemented during the last year (focus groups with RPO/RFO stakeholders, satisfaction surveys, collection of R&I good practice proposals, etc.), as well as the frequency that it has requested collaboration during the last year.		
Indicate the number and type of internal and/or external committees and/or services related to RRI with which the CEGP is linked (e.g., Ethics Committee on R&I, Data Management Officer, Gender Unit, Professional Ethics Committee, Research Bioethics Committee, etc.), as well as the frequency that it has requested collaboration during the last year.		

Permanent Ethics Committee on R&I – Progress Indicators

NOTE: At least one key should be chosen, but if you are at a Level 3 Commitment then all the keys should be covered.

	Progress Actions	Required	Realised	Not applicable
	Has the organisation taken an explicit decision that the Ethics Committee on R&I will be permanent?	√		
	Has the organisation established the composition of the Permanent Ethics Committee on R&I?	√		
	Has the organisation clearly set out the basic functions of the Permanent Ethics Committee on R&I?	√		
	Has an Action Protocol been developed as a guide for the operation of the Permanent Ethics Committee on R&I?	√		
	Has the organisation elaborated an Action Plan to implement the Permanent Ethics Committee on R&I?			
	Has the organisation held a first meeting to constitute the Permanent Ethics Committee on R&I?			
	Has the organisation designed and implemented actions to promote the Code of Ethics and Good Practices in R&I or, if they do not have one, the international guidelines on RRI?			
	Has the organisation performed actions aimed to train the members of the Permanent Ethics Committee on R&I to discuss and resolve conflicts related to RRI?			
	Has the Ethics Committee covered aspects on RRI key Research Integrity?			
	Has the Ethics Committee covered aspects on RRI key Gender Perspective?			
	Has the Ethics Committee covered aspects on RRI key Open Access?			
	Has the Ethics Committee covered aspects on RRI key Public Engagement?			
	Has the organisation established and implemented actions to issue reports and make recommendations on principles related to R&I that involve ethics and professional ethics?			
	Has the organisation designed and implemented actions to monitor and control the safeguards required for ethical and responsible R&I?			
	Has the Ethics Committee on R&I been linked to any RPO/RFO governing body (e.g., Office of the Vice-Rector for Research, Management Board, Ministry of Science, Science Quality Agency, etc.)?			
	Has the organisation offered accountability to its stakeholders for the progress and performance of the Permanent Ethics Committee on R&I (e.g., monitoring report, impact report, web dashboard, newsletter, etc.)?			

Performance indicators (an example)
Permanent Ethics Committee on R&I

Indicator	Number	Type and frequency
Indicate the number, type, and frequency of actions the organisation has taken to promote the Code of Ethics and Best Practices in R&I or, if they do not have one, the RRI international guidelines.		
Indicate the number, type, and frequency of actions implemented to tackle the RRI keys: Integrity, Gender, Open Access, and Public Engagement.		
Indicate the number, type, and frequency of meetings (ordinary, extraordinary, ad hoc, etc.) held by the Ethics Committee on R&I during the last calendar year.		
Indicate the number and type of actions aimed at reflecting, reporting, and making recommendations on principles related to R&I ethics and professional ethics.		
Indicate the number, type, and frequency of issues discussed and addressed at meetings for the Standing Committee on R&I during the last year.		
Indicate the number, type, and frequency of decision reports (suggestions, complaints, warnings, etc.) issued by the Ethics Committee on R&I during the last year.		
Indicate the number and type of RPO/RFO governing bodies linked to the Permanent Ethics Committee on R&I (e.g., Office of the Vice-Rector for Research, Governing Board, Spanish Ministry of Science, Science Quality Agency, etc.), as well as the frequency that it has requested collaboration during the last year.		
Indicate the number and type of RPO/RFO committees or departments with which the Permanent Ethics Committee on R&I currently interacts or cooperates (e.g., Data Management Officer, Gender Unit, Professional Ethics Committee, Research Bioethics Committee, etc.), as well as the frequency that it has requested collaboration during the last year.		
Indicate the number, type, and frequency of communication actions aimed to report to the RPO/RFO stakeholders on the progress and performance of the Permanent Ethics Committee on R&I (e.g., monitoring report, impact report, web dashboard, newsletter, etc.).		

Ad Hoc Ethics Committee on R&I – Progress Indicators

NOTE: At least one key should be chosen, but if you are at a Level 3 Commitment then all the keys should be covered.

	Progress Actions	Required	Realised	Not applicable
	Has the organisation taken an explicit that the Ethics Committee on R&I will be ad hoc?	√		
	Has the organisation clearly set out the basic functions of the ad hoc Ethics Committee on R&I and the person responsible for it?	√		
	Has an action protocol been developed as a guide for the operation of the ad hoc Ethics Committee on R&I?	√		
	Has the organisation developed a database of experts to provide members for the ad hoc Ethics Committee on R&I or to advise it every time it meets?	√		
	Has the Ethics Committee covered aspects on RRI key Research Integrity?			
	Has the Ethics Committee covered aspects on RRI key Gender perspective?			
	Has the Ethics Committee covered aspects on RRI key Open Access?			
	Has the Ethics Committee covered aspects on RRI key Public Engagement?			
	Has the organisation designed and implemented actions to promote the Code of Ethics and Good Practices in R&I or, if they do not have one, the international guidelines on RRI, among the experts making up the database for the ad hoc Ethics Committee on R&I?			
	Has the organisation created a guide to inform the experts that appear in the database for the Ad Hoc Ethics Committee on R&I when discussing and resolving conflicts related to RRI?			
	Has the ad hoc Ethics Committee on R&I been linked to any RPO/RFO governing body (e.g., Office of the Vice-Rector for Research, Management Board, Ministry of Science, Science Quality Agency, etc.)?			
	Has the organisation offered accountability to its stakeholders for the progress and performance of the ad hoc Ethics Committee on R&I (e.g., monitoring report, impact report, web dashboard, newsletter, etc.)?			

Performance indicators (an example)
Ad Hoc Ethics Committee on R&I

Indicator	Number	Type and frequency
Indicate the number, type, and frequency of actions the organisation has taken to publicise the Code of Ethics and Best Practices in R&I or, if they do not have one, the RRI international guidelines.		
Indicate the number, type, and frequency of actions that have been performed during the last year to guide the experts and advisers who have participated in the Ad Hoc Ethics Committee on R&I in the deliberation and conflict resolution processes.		
Indicate the number, type, and frequency of issue discussed and addressed at the meetings of the Ad Hoc Committee on R&I during the last calendar year.		
Indicate the number, type, and frequency of decision reports (suggestions, complaints, warnings, etc.) issued by the Ad Hoc Ethics Committee on R&I during the last year.		
Indicate the number, type, and frequency of actions implemented to tackle the RRI keys: Integrity, Gender, Open Access, and Public Engagement.		
Indicate the number and type of RPO/RFO governing bodies linked to the Ad Hoc Ethics Committee on R&I (e.g., Office of the Vice-Rector for Research, Governing Board, Spanish Ministry of Science, Science Quality Agency, etc.), as well as the frequency that it has requested collaboration during the last year.		
Indicate the number and type of RPO/RFO committees or departments with which the Ad Hoc Ethics Committee on R&I has cooperated during the past year (e.g., Data Management Officer, Gender Unit, Professional Ethics Committee, Research Bioethics Committee, etc.), as well as the frequency that it has requested their collaboration during the last year.		
Indicate the number, type, and frequency of communication actions aimed to report to the RPO/RFO stakeholders on the progress and performance of the Ad Hoc Ethics Committee on R&I (e.g., monitoring report, impact report, web dashboard, newsletter, etc.).		

Ethics Line – Progress Indicators

NOTE: At least one key should be chosen, but if you are at a Level 3 Commitment then all the keys should be covered.

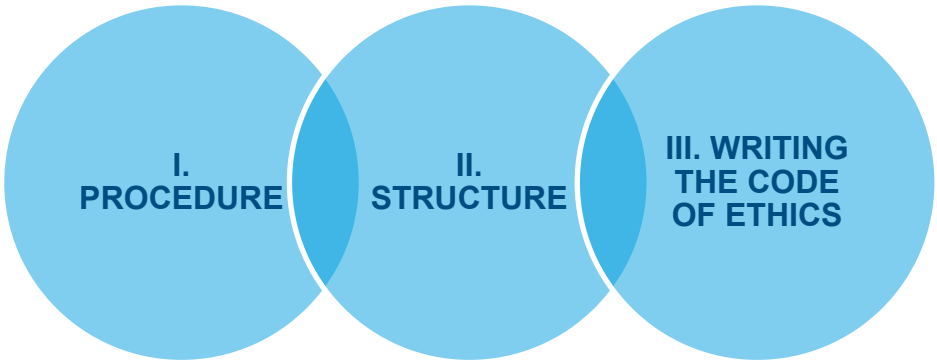
	Progress Actions	Required	Realised	Not applicable
	Has the organisation designated a person responsible for the Ethics Line?	√		
	Has the organisation designated and made explicit the group of experts or body/bodies responsible for to managing and resolving notifications received via the Ethics Line (e.g., Permanent or Ad Hoc Ethics Committee, RRI Office(r), etc.)?	√		
	Has the organisation defined and made explicit the communication channels of the Ethics Line (e-mail, telephone, online form, app, etc.)?	√		
	Has the organisation defined and made explicit the type of notifications that can be made via the Ethics Line (e.g., suggestions, proposals, queries, complaints, alerts, and/or reports)?	√		
	Has the organisation defined and made explicit the way in which the information is collected and managed through the Ethics Line (e.g., confidentially, anonymously, or publicly)?	√		
	Has the organisation defined and made explicit the way in which the information collected and managed through the Ethics Line is archived?	√		
	Has the organisation defined and made explicit the basic functions of the Ethics Line?	√		
	Has the organisation draw up an action protocol as an operating guide for receiving and managing notifications via the Ethics Line (phases, timing, prevention, correction, promotion and dissemination of actions, investigation processes, or complaint notifications, etc.)?	√		
	Has the Ethics Line covered the RRI key Research Integrity?			
	Has the Ethics Line covered the RRI key Gender Perspective?			
	Has the Ethics Line covered the RRI key Open Access?			
	Has the Ethics Line covered key Public Engagement?			
	Has the organisation designed and implemented a process to monitor the proper operation of the Ethics Line?	√		
	Has the organisation performed communication actions aimed to improve knowledge and the use of the Ethics Line by the internal and/or external stakeholders of the RPO/RFO?	√		
	Has the organisation offered accountability to its stakeholders for the progress and performance of the Ethics Line (e.g., monitoring report, impact report, web dashboard, newsletter, etc.)?	√		

Performance indicators (an example)
Ethics Line

Indicator	Number	Type and frequency
Indicate the number, type, and frequency of communication channels by the Ethics Line (e-mail, telephone, online form, app, etc.).		
Indicate the number, type, and frequency of actions implemented to tackle the RRI keys: Integrity, Gender, Open Access, and Public Engagement.		
Indicate the number, type, and recurrence of notifications that can be made via the Ethics Line (suggestions, proposals, queries, complaints, warnings, and reports).		
Indicate the number, type, and frequency of notifications the Ethics Line has received in the last year.		
Indicate the number, type, and frequency of acknowledgements of receipts sent in the last year.		
Indicate the number, type, and frequency of reports the Ethics Line has made in the last year.		
Indicate the number, type, and frequency of investigation procedures for notifications of complaints, warnings, or reports that have been carried out in the last year.		
Indicate the number, type, and frequency of notifications satisfactorily resolved.		
Indicate the number, type, and frequency of notifications that have remained unresolved in the last year.		
Indicate the number, type, and frequency of complaints, warnings, and reports received concerning reprisals against people who have used the Ethics Line.		
Indicate the number and type of RPO/RFO committees or departments with which the Ethics Line has cooperated during the past year (e.g., Data Management Officer, Gender Unit, Professional Ethics Committee, Research Bioethics Committee, etc.), as well as the frequency that it has requested collaboration during the last year.		
Indicate the number, type, and frequency of communication actions aimed to report to the RPO/RFO stakeholders on the progress and performance of the Ethics Line (e.g., monitoring report, impact report, web dashboard, newsletter, etc.).		

ANNEX 3. GUIDANCE TO CREATE THE CODE OF ETHICS AND GOOD PRACTICES IN R&I (CEGP)

OBJECTIVE	SCOPE
The purpose of this guide is to help the Research Performance Organisation (RPO) and Research Funding Organisation (RFO) in the process of adapting or creating a Code of Ethics and Good Practices in R&I (CEGP).	This guide is aimed at the people responsible for drafting the Code of Ethics and Good Practices R&I and its implementation. ➢ It should help to make the best decisions in performance research and innovation (RPO's activity). ➢ It should also help to develop the calls and assessment of programmes or projects (RFO's).



1. PROCEDURE

(This document does not purport to be an exhaustive analysis of all the existing resources. It does include excerpts from guides and examples to illustrate the process as much as possible).

The **process of adapting or creating** the CEGP in an organisation committed to the system and coordinated by the RRI Office can be performed using **different tools and methodologies such as:**

- **Prior consultation with members of the organisation.**
  - This can be useful to learn researchers' perceptions, their knowledge, and their expectations in different areas of RRI in advance.
  - This may facilitate a much more horizontal and bottom-up approach to the writing process.
  - This can be carried out through different channels. For example, a **survey** of all the researchers in an organisation or through **discussion groups** with these members.

- **Development of a** Guidance Document for the drafting process of the CEGP**:**

This Guidance Document is expected to follow these steps:

FIRST STEP	**Adapt or create a draft of the Code of Ethics and Good Practices in R&I** to the RPO or RFO's organisations 's organisations based on the level of commitment already accepted by the organisation.
SECOND STEP	**Create an R&I risk map** with possible situations of research misconduct for the RPO or RFO's organisations 's organisations as well as a selection of aspects that should be included in the Code of Ethics and Good Practices in R&I with consideration of the activity(ies) of the organisation.
THIRD STEP	Prepare the first draft following the section 3. Writing the CEGP (see **page 26**).
FOURTH STEP	Develop **a process of discussion and feedback among the different stakeholders** identified as relevant in the previous phases of the system (RRI Office).
FIFTH STEP	Prepare a **second draft**.
SIXTH STEP	Receive **feedback and approval by the competent authorities** of the Code of Ethics and Good Practices in R&I.

NOTE:

- There is no single "right" way of carrying out the process, although it is advisable to do it **with participation**.
- It is important that the Code of Ethics **is not** imposed from the **top down**.
- The ETHNA System suggests be carried out by the working group (see page 14 of the Guide).
- It is important that **different groups of stakeholders** cooperate and participate in the Code of Ethics.
- The development process for the Code of Ethics **can serve to generate an RRI culture** (especially when this process is realised in a participatory manner).
- It is important to consult or consider the existence of **international guides that include key information, instructions, policies or regulations on different aspects of RRI** that could be very useful for those responsible for their own Code of Ethics.

2. STRUCTURE

- The structure may take **different forms depending on how each organisation** adapts the CEGP to their nature and policies in the different areas of RRI.

It is important to **include the following ASPECTS:**

- **Definition of commitments** in the different areas of RRI: Integrity, Gender, Open Access, and Public Engagement.
- **Details of best practice commitments and responsibilities** at both the professional and organisational level (i.e., what can be expected from the organisation and what can be expected from the researcher).
- **Inclusion of the procedure for creating, monitoring, and updating the code**.

Remember this is **a "living" document** that can be adapted and improved over time.

3. WRITING THE CEGP

This section provides guidance for organisations to draft their own CGGP.

TO DO: Writing the CEGP depending on the final **CEGP structure agreed (see table on the right for options)**.

Code of Ethics and Good Practices in R&I

STRUCTURE

Code of Ethics and Good Practices in R&I could include the following sections:

A. Open letter from the organisation
B. The organisation's principles and values in R&I
C. Professional and organisational good practices in terms of:
    a. Research Integrity;
    b. Gender Perspective;
    c. Open Access;
    d. Public Engagement.
D. Viable method to monitor and enforce compliance with the Code of Ethics and Good Practices in R&I

Follow the structure

An open letter from the organisation

It allows the Code of Ethics to be contextualised, as well as provide an initial approach to the commitment of the organisation.

Even though the content can vary**, it is recommended that:**

- The letter should **not be too long and the language should be easily comprehensible.**
- It **may include a demonstration of commitment from the top management** and the whole organisation to the principles, values, and practices in the Code of Ethics.
- ➢ **Link to the vision, mission, and strategic plans of the organisation**, as well as their articles of association and code of ethics, if it has them.
- ➢ **Reflect the participatory procedure followed** in the drafting process.
- ➢ **Encourage the whole organisation** to be aware of the CEGP, follow it, improve it, and uphold compliance with it, to generate an ethical and responsible culture.

NOTE: Do mention the ETHNA guide as well as other international guidelines and recommendations in the case that they have been helpful to the drafting of the Code of Ethics and Good Practices in R&I in the organisation.

The organisation's principles and/or values in R&I

It includes the principles and values that guide R&I activity, are then shaped into good practices that are expected to be followed by both the researchers and organisations.

It is recommended that:

- ➢ The actions of the CEGP is expected to be expressed using language of principle or values**.**
- ➢ It is relevant to link the Code of Ethics to other documents and statements from the organisation.
- ➢ It is relevant to link the Code of Ethics to the vision and mission of the organisation.
- ➢ The Code of Ethics should be in line with international guidelines and standards.
- ➢ The organisation includes 4 to 7 principles.

Key sources
The working group can be inspired by the principles formulated by several scientific communities or academic societies.

- IEEE Code of Conduct. These principles and values have been drawn from: the European Code of Conduct for Research Integrity (2017);
- The European Charter and Code for Researchers (2005);
- UNESCO Recommendation on Science and Scientific Researchers (2017);
- The Netherlands Code of Conduct for Research Integrity (2018).
- Research Integrity Practices in Science Europe Member Organisations (2016)

International Guidelines & Examples of Principles & Values

(See below a Set of Boxes that include references for international guidelines as well as provide examples that have already been developed).

- ➢ The aim is to provide clear visualisation of the type of content that can be included in a code.
- ➢ It is important for each organisation to set out their principles, values, good practices in line with their disciplines.

Examples of principles and/or values in R&I	Example of Principles: The European Code of Conduct for Research Integrity (2017)
❖ Accountability ❖ Exhaustiveness ❖ Freedom ❖ Honesty ❖ Impartiality ❖ Independence ❖ Recognition ❖ Respect ❖ Responsibility ❖ Thoroughness ❖ Transparency ❖ Veracity ❖ …	**Reliability** in ensuring the quality of research, reflected in the design, the methodology, the analysis and the use of resources. **Honesty** in developing, undertaking, reviewing, reporting, and communicating research in a transparent, fair, full and unbiased way. **Respect** for colleagues, research participants, society, ecosystems, cultural heritage, and the environment. **Accountability** for the research from idea to publication, for its management and organisation, for training, supervision, and mentoring, and for its wider impacts.

Example of Principles

Netherlands Code of Conduct for Research Integrity (2018)

1. **Honesty**: Honesty means, among other things, reporting the research process accurately, taking alternative opinions and counterarguments seriously, being open about margins of uncertainty, refraining from making unfounded claims, refraining from fabricating or falsifying data or sources and refraining from presenting results more favourably or unfavourably than they actually are.

2. **Scrupulousness**: Scrupulousness means, among other things, using methods that are scientific or scholarly and exercising the best possible care in designing, undertaking, reporting, and disseminating research.

3. **Transparency**: Transparency means, among other things, ensuring that it is clear to others what data the research was based on, how the data were obtained, what and how results were achieved and what role was played by external stakeholders. If parts of the research or data are not to be made public, the researcher must provide a good account of why this is not possible. It must be evident, at least to peers, how the research was conducted and what the various phases of the research process were. At the very least, this means that the line of reasoning must be clear and that the steps in the research process must be verifiable.

4. **Independence**: Independence means, among other things, not allowing the choice of method, the assessment of data, the weight attributed to alternative statements or the assessment of others' research or research proposals to be guided by non-scientific or non-scholarly considerations (e.g., those of a commercial or political nature). In this sense, independence also includes impartiality. Independence is required at all times in the design, conduct and reporting of research, although not necessarily in the choice of research topic and research question.

5. **Responsibility**: Responsibility means, among other things, acknowledging the fact that a researcher does not operate in isolation and hence taking into consideration – within reasonable limits – the legitimate interests of the researcher of human and animal test subjects, as well as those of commissioning parties, funding bodies and the environment. Responsibility also means conducting research that is scientifically and/or societally relevant.

Principles can be regarded as 'virtues' of a good researcher, guiding them towards the right choices in all kinds of circumstances. The most important of these are specified in chapter 3, in the form of standards. By their very nature, however, principles are less subject to change than the standards they give rise to, which sometimes need to be adapted or extended as research practices change. All such revisions must remain true to the principles underlying them.

Principles are also guiding factors in cases not covered by the standards described in chapter 3. In such cases, even if an action is in conflict with a principle, as long as it violates none of the standards itemised in chapter 3 nor any additional standard established by a discipline or organisation, then sanctions as mentioned in chapter 5 will not be imposed.

Principles may sometimes clash. On occasion, for example, responsibility towards a commissioning party or the need to safeguard public security restricts the extent to which a researcher can be transparent. In such cases, it will be necessary to determine which principles should be given priority. Where possible and necessary, these considerations have already been taken into account in drafting the standards listed in chapter 3.

Example of Values and basic principles

Code of Good Practice in Research. Autonomous University of Barcelona (2020)

Freedom

The principle of freedom refers to both the choice and the conduct of research. However, this freedom is limited by the ethical principles contained in the aforementioned UAB Statutes, in the corresponding agreements and international declarations, and in the legal precepts applicable to each case, which are referred to at the end of this Code.

Honesty

Researchers must be honest in their research activities and also towards those of other researchers and the organisation itself. This applies to all research work, including initial formulation of hypotheses, methodological design, data analysis, publication of results, acknowledgement of contributions from other researchers and arrangements for review and assessment.

Researchers must clearly, unequivocally, and explicitly acknowledge collaboration and contributions, both direct and indirect, from colleagues.
Researchers must respect industrial or intellectual property rights and must not engage in plagiarism or self-plagiarism or manipulate results.

Rigour

Researchers' honesty itself implies rigour when conducting their own research. Researchers must therefore carry out an accurate process of discovery and interpretation. This requires a detailed revision of results obtained before these are published and, should major errors be detected after publication, these must be rectified publicly and explicitly as soon as possible.

Conflicts of interest

Conflicts of interest are present in all facets of human activity: appearing whenever a criterion applied to a primary interest (for example, knowledge of a subject area, selection of persons, or appraisal of research work) could be unduly influenced by a secondary interest (for example, financial gain or heightened status for the researcher or direct associates).
It is not intrinsically unethical to be in a situation of conflict of interest: what is needed is to recognise the situation and manage it appropriately. Therefore, researchers must pay considerable attention to possible conflicts of interest that they might incur. If any are detected, they should be avoided or else made public and addressed appropriately in accordance with the policies of contracting bodies, evaluation bodies or publishers.

Responsibility

As members of the UAB, researchers must ensure that their research is carried out in conformity with the principles expressed in the UAB Statutes, and with the terms and conditions set by the funding entity or agreed between the UAB and funding bodies. This includes ensuring the following.

- The research follows both economic and environmental sustainability criteria.
- The research is conducted as set out in the original proposal submitted to the funding entity, unless amendments have been agreed upon.
- The funding is used only for the objectives established, unless authorisation is obtained for other uses
- Reports reflect the work done exactly and are submitted on time.
- Conditions on publication, authorship and intellectual property are met.

Researchers must appropriately and responsibly report to the Research Commission any known case of malpractice that violates these principles.

Professional and organisational good practices in terms of:

Integrity

Research integrity is a difficult concept to define precisely, but it is undoubtedly an essential objective in promoting RRI.

- Defines their commitments and expectations of the researchers.

Key sources

- **ALLEA. The European Code of Conduct for Research Integrity**;
- **Good practice in research: authorship – UKRIO** (2017);
- **Committee on Publications Ethics - COPE**;
- **Council of Science Editors**;
- **International Committee of Medical Journal Editors (ICMJE)**;
- **Taxonomy CRediT**.

NOTE: It would be relevant to develop the good practices and the professional ethics taking into consideration the different disciplines existing at your organisation and their specificities. **SARTORI guideline** is a very useful tool to fulfil this objective.

At the organisational level

It is encouraged to promote integrity. This can be done with a policy that promotes a specific research environment.

The organisation may consider the **INCLUSION of certain ASPECTS** such as:

- Promote awareness and ensure a prevailing culture of research integrity
- Define competent bodies and procedures for the identification, handling, and management of scientific misconducts
- Demonstrate leadership by providing clear policies and procedures on good research practice and the transparent and proper handling of violations (e.g., regarding research integrity, gender perspective, open access, or public engagement)
- Support proper infrastructure for the management and protection of data and research materials in all their forms (encompassing qualitative and quantitative data, protocols, processes, other research artefacts, and associated metadata) that are necessary for reproducibility, traceability, and accountability
- Reward open and reproducible practices in hiring, promotion, or funding of researchers
- Ensure that researchers have or receive rigorous training in research design, methodology, and analysis. To decide the training and supervision process concerning the values, principles, and behaviours included in the CEGP. It could be implemented through:
    - The establishment of a plan for trainings about the CEGP for all members of the organisation.
    - Allow senior researchers, research leaders, and supervisors to mentor their team members
        - Offer specific guidance and training to properly develop, sign, and structure their research activity and to foster a culture of research integrity.

Regarding the content of the CEGP, it is important to **include a description of good practices in research** in diverse matters, such as:

- authorship;
- collaborative working;

- research procedures;
- publication and dissemination;
- curriculum vitae description;
- review in scientific publications;
- monitoring and training;
- conflicts of interests; and
- use and acknowledgement of financial resources.

Various **aspects often generate conflicts** in integrity investigation processes. It is suggested to implement the following actions:

- define who is the author and then decide the order of their names in the work;
- comply with the expectations of an objective review process;
- include honest disclosure of conflicts of interest.

At the individual level: defining good practices in authorship

TO DO: When drafting the code, it is essential to know the concerns of the researchers in the organisation.

It can be extremely useful to follow international guidelines as part of the code drafting process.

The CEGP development working group can suggest their own **Authorship Integrity Guidelines**, for example, as follows:

Identifying authors

TO DO: Consider anyone who makes a clear and active contribution to research as an author.

NOTE: Authors must meet four conditions:

- Made a substantial contribution to the creative process
- Critically reviewed the publications or made contributions
- Able to present their personal contribution in detail
- Accept, in writing, the final draft of the original manuscripts to be processed for registration or publication

The digital profile of the researcher

TO DO: Create a digital profile on the main identification platforms involved in their area of research and use the same name on these platforms and in publications.

Order of authors

TO DO: There are different customs and practices in different areas. It is encouraged to consider some of the following ones recognised as best practices.

- When there are different levels of contribution to authorship:
    - The first author is the one who has made the greatest effort in the research or publication and in the preparation of the first draft.
    - The rest of the authors can follow according to their degree of contribution and involvement, an order depending on their importance, or alphabetical order.
- If all the authors have made the same effort in a publication, then alphabetical order will be used. It should state that all authors have made the same contributions.

Authorship of reports

TO DO: Authorship of data collection, sampling, analysis, or reports performed by third parties should be acknowledged in the acknowledgements section.

Such participation does not necessarily justify authorship. It is advisable to establish a communication and authorship plan for research and innovations in advance.

Correcting errors and public retraction

TO DO: When an error is detected that alters the value of the published results, the authors should publish a correction in the same journal or medium as soon as possible.

Example on authorship and conflict of interest in a University

The University of Sheffield' s Policy on Good Research & Innovation Practices

Decisions about authorship (e.g., the criteria for deciding who can be named as an author and the author sequence) and about acknowledgement (i.e., people who have contributed but who do not fulfil the authorship criteria) normally result from a process of ongoing communication, reflection and/or revision as the project evolves over its duration.

The University trusts its researchers, as in all other matters, to remain professional and reasonable when communicating on this subject; the goal being to ensure that all individuals who fulfil authorship criteria are named as authors and all other contributors are acknowledged.

Open discussion with colleagues and collaborators at an early stage is advised to avoid problems arising later on.

Minimal acceptable practices in authorship and acknowledgement which the University expects to be followed:

(…) v. Authorship should be restricted to individuals who have made a substantial intellectual contribution to the research, meaning to all of the following:

- conception and design, and/or collection and/or analysis and interpretation of research data; AND
- drafting the research output (e.g., article, paper, book) or revising it critically for important intellectual
- content; AND
- final approval of the version of the research output to be published; AND
- agreement to be accountable for all aspects of the research output, ensuring that questions related to the accuracy or integrity of any part of the research output are appropriately investigated and resolved. (Securing research funding, providing space, collecting research data, or managing or supervising researchers involved in the project do not by themselves justify authorship).

[This is the definition of authorship criteria used by the International Committee of Medical Journal Editors (ICMJE), which many journals have adopted. Where individual researchers use different authorship criteria to the above, following the norms of their research disciplines, they should be able to clearly explain and robustly justify their criteria to others outside their own disciplines.]".

Example of Good Practice Guidelines to be followed to avoid conflicts of interest

The University of Sheffield' s Policy on Good Research & Innovation Practices

An individual researcher may undertake a range of activities in addition to research and teaching. Researchers have external links with, and provide expert advice to, the private sector, public sector, voluntary organisations and local communities, are involved in collaborations, may be peer reviewers, journal editors, be involved in spin-out companies, and may also be engaged in other activities in a personal capacity not related to their contract of employment with the University. Such activities extend the University's reach and influence nationally and internationally. Researchers need to remain aware, however, of any real or potential conflicts of interest that may arise from undertaking a wide range of activities.
It is expected that the primary responsibility, interest and loyalty of the University's researchers will rest with the University, and that their primary commitment of time and intellectual energies should be to the University's activities; otherwise, a conflict of commitment arises.
Conflicts of interest should not adversely influence professional judgement. A conflict of interest can be real or reasonably be perceived by the wider public to be real (i.e., real or potential). A conflict of interest is real when the researcher has interests in the outcome of the project that may lead to a personal advantage (or benefit a member of the researcher's family and/or friends) and which might, therefore, compromise the integrity of the R&I project. Personal advantage can be financial and/or non-financial (e.g., the outcome of the project may promote or appear to promote a researcher's personal and/or ideological beliefs).
It is acceptable to have a conflict(s) of interest so long as the researcher is transparent about its existence and, where appropriate, takes steps actively to manage the conflict(s) of interest effectively in order that it does not compromise the integrity of the project.
It is expected that researchers will undertake, and be seen to undertake, research in an impartial, independent manner, irrespective of who is funding the research.

Minimal acceptable practices in handling conflicts of interest that the University expects to be followed:

1. Recognise all real or potential conflicts of interest that could compromise the trustworthiness of their work (i.e., real and/or which other people could reasonably perceive to be conflicts of interest) and take steps transparently to disclose the conflicts of interest. Practical steps a researcher might take: declaring conflict(s) of interest by listing them on a webpage that has been set up about the project; when evaluating a potential conflict of interest, consider how it might be perceived by the wider public (would others trust the researcher's judgement if they knew s/he was in this situation?);
2. Real or potential conflicts of interest must be reported immediately to the Head of Department or Director of Finance, whichever is more appropriate;
3. If a conflict of interest is of a type and severity that poses a risk of fatally compromising the integrity of the research, the researcher should not proceed with the research;
4. Openly declare and justify all real or potential conflicts of interest at all stages in the project and, particularly, at the following key stages:
    a. In research funding applications;
    b. Where applicable, in research ethics applications and research governance applications;
    c. Where applicable, when seeking to recruit participants (i.e., as part of the process of seeking consent);
    d. Where feasible, when communicating with the public about research;
    e. In research publications;
    f. During commercialisation;
    g. Where applicable, when undertaking peer review.

Example of a guideline on authorship

International Committee of Medical Journal Editors

The ICMJE recommends that authorship be based on the following four criteria:

1. Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
2. Drafting the work or revising it critically for important intellectual content; AND
3. Final approval of the version to be published; AND
4. Agreement 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. In addition to being accountable for the parts of the work he or she has done, an author should be able to identify which co-authors are responsible for specific other parts of the work. In addition, authors should have confidence in the integrity of the contributions of their co-authors.
   All those designated as authors should meet all four criteria for authorship, and all who meet the four criteria should be identified as authors. Those who do not meet all four criteria should be acknowledged—see Section II.A.3 below. These authorship criteria are intended to reserve the status of authorship for those who deserve credit and can take responsibility for the work. The criteria are not intended for use as a means to disqualify colleagues from authorship who otherwise meet authorship criteria by denying them the opportunity to meet criterion #s 2 or 3.
   Therefore, all individuals who meet the first criterion should have the opportunity to participate in the review, drafting, and final approval of the manuscript.
5. In most situations a declaration of a conflict of interest, with a brief written record of that declaration, will suffice. However, sometimes agreement will be needed on how real or potential conflicts of interest can be actively managed.
   Practical steps a researcher might take:
   - modifying the project's plan;
   - severing relationships that create real or potential conflicts of interest;
   - declaring a conflict(s) of interest in a meeting if the researcher believes there is an issue under discussion where the researcher has, or might reasonably be perceived to have, a conflict of interest (and not taking part in the discussion);
   - resolving not to act as a particular person's supervisor;
   - divesting or placing in trust certain financial interests; declaring an interest to a sponsor or third party;
   - standing aside from any involvement in a particular project.
6. All researchers should disclose and justify real or potential conflicts of interest in line with the University's Financial Regulations;
7. The University's Policy Statement 'Personal relationships and conflicts of interest in the workplace' should be consulted.

Misconduct in research and publication

TO DO: The CEGP is expected to include information on misconduct in research and publication alongside commitments to good integrity practices.

It is advisable to consult an international guide and to check how other universities or research centres include this type of description.

Several **aspects are recommended** for this section:

- It is advisable to specify the research misconducts that are most important for your organisation, depending on the type of research being done.
- There is the possibility to rank research misconduct depending on the seriousness with which your organisation considers them (some organisation do this). Your organisation may also choose to detail the consequences incurred in any of these research misconduct here.
- Again, there are many guides that explain and detail the significance of each bad practice. These instruments can serve as a reference for those drafting the code.

Particular **attention is encouraged to be paid to certain research misconduct**, such as:

- Most frequent ones:
    - Fabrication
    - Falsification
    - Plagiarism

- Additional ones:
    - False authorship (ghost-writing or paid-for writing)
    - Duplicate publication or self-plagiarism
    - Fraudulent review
    - Breach of personal data protection regulations
    - Abuse of power towards research staff in inferior positions
    - Avoidance of conflicts of interest

Example of misconduct in research and publication

The European Code of Conduct for Research Integrity

Research misconduct is traditionally defined as fabrication, falsification, or plagiarism (the so-called FFP categorisation) in proposing, performing, or reviewing research, or in reporting research results:

- Fabrication is making up results and recording them as if they were real.
- Falsification is manipulating research materials, equipment or processes or changing, omitting or suppressing data or results without justification.
- Plagiarism is using other people's work and ideas without giving proper credit to the original source, thus violating the rights of the original author(s) to their intellectual outputs.

These three forms of violation are considered particularly serious since they distort the

research record. There are further violations of good research practice that damage the integrity of the research process or of researchers. In addition to direct violations of the good research practices set out in this Code of Conduct, examples of other unacceptable practices include, but are not confined to:

- Manipulating authorship or denigrating the role of other researchers in publications.
- Re-publishing substantive parts of one's own earlier publications, including translations, without duly acknowledging or citing the original ('self-plagiarism').
- Citing selectively to enhance own findings or to please editors, reviewers or colleagues.
- Withholding research results
- Allowing funders/sponsors to jeopardise independence in the research process or reporting of results so as to introduce or promulgate bias.
- Expanding unnecessarily the bibliography of a study.
- Accusing a researcher of misconduct or other violations in a malicious way.
- Misrepresenting research achievements.
- Exaggerating the importance and practical applicability of findings.
- Delaying or inappropriately hampering the work of other researchers.
- Misusing seniority to encourage violations of research integrity.
- Ignoring putative violations of research integrity by others or covering up inappropriate responses to misconduct or other violations by organisations.
- Establishing or supporting journals that undermine the quality control of research ('predatory journals')

Example of misconduct in research and publication

OECD (2008) Best Practices for Ensuring Scientific Integrity and Preventing Misconduct.

Core "Research Misconduct" **F**abrication of data **F**alsification of data **P**lagiarism FFP normally includes: Selectively excluding data from analysis Misinterpreting data to obtain desired results (including inappropriate use of statistical methods) Doctoring images in publications Producing false data or results under pressure from a sponsor	Research practice misconduct Using inappropriate (e.g., harmful or dangerous) research methods Poor research design Experimental, analytical, computational errors Violation of human subject protocols Abuse of laboratory animals
Data-related misconduct Not preserving primary data Bad data management, storage Withholding data from the scientific community NB: The above applies to physical research materials as well	Publication-related misconduct Claiming undeserved authorship Denying authorship to contributors Artificially proliferating publications ("salami-slicing") Failure to correct the publication record
Personal misconduct Inappropriate personal behaviour, harassment Inadequate leadership, mentoring, counselling of students Insensitivity to social or cultural norms	Financial, and other misconduct Peer review abuse e.g., non-disclosure of conflict of interest, unfairly holding up a rival's publication Misrepresenting credentials or publication record Misuse of research funds for unauthorised purchases or for personal gain Making an unsubstantiated or malicious misconduct allegation

Example of misconduct in research and publication related to University

The University of Sheffield

The following are practices that the University defines as unacceptable practices in publication and authorship (full details are in the University's Good Research & Innovation Practices policy - Annex 2).

Gift, guest or honorary authors - naming as authors those who took little or no part in the research in order to improve the chances research will be published or to increase the perceived status of a publication or to enhance an individual's career development; also, including individuals as authors (e.g., as lead author or co-author) without their agreement or permission to be named as authors.

Ghost authorship - not naming as authors those who did take part in the research.

Salami slicing – undisclosed duplication of publication - breaking a publication down into least publishable units so as to be able to present a larger number of published titles.

Plagiarism - general misappropriation or use of others' ideas, IP or work (written or otherwise), and submitting them as your own without acknowledgement or permission), including double submission /self-plagiarism - resubmitting previously submitted work on one or more occasions (without proper acknowledgement); and collusion - where two or more people work together to produce a piece of work, all or part of which is then submitted by each of them as their own individual work.

Misrepresentation of data (e.g., knowingly presenting a flawed interpretation of data).

Improper conduct in peer review of research proposals or results (including manuscripts submitted for publication) (e.g., failure to disclose conflicts of interest; inadequate disclosure of limited competence; misappropriation of the content of material; rejecting a paper in order to suppress a contrary opinion; and breach of confidentiality or abuse of material provided in confidence/taking undue or calculated advantage of knowledge obtained during the peer review process).

Gender perspective

TO DO: Promote the gender perspective **at the organisational level** and **at a researcher and individual level.** In terms of any policies the organisation may have to promote equality as well as promote potential good professional practices among the members.

At the organisational level

TO DO: Know the commitments of the organisation before drafting the code.

It is encouraged to **answer questions** to reflect on aspects such as:

- **Is there a Gender Equality Plan** to reduce the vertical and horizontal segregation of women in some areas of research and innovation?
- How will this **plan be implemented** and assessed?
- How will the **results or improvements be reported** to members?

Choose to promote different aspects of equality on these issues, such as:

(This is not an exhaustive list, just open options)

- **Encourage the equal participation of men and women in research teams** at all levels (include quotas if necessary)
- **Create working conditions and culture that allow men and women** to have equally fulfilling careers
- Ensure **open and impartial selection procedures** in selection and recruitment:
    - use mixed selection panels;
    - train panel members on gender bias;
    - advertise open posts widely;
    - explicitly encourage women to apply; and
    - accommodate atypical career patterns.
- **Reward gender-sensitive research and innovation** in the configuration of teams when applying for funding
- Recognise **an added value to proposals and results that sufficiently integrate the gender perspective**
- **Include experts who are sensitive to gender balance** in the assessment process of projects or funds to R&I
- Identify good practices and examples of gender equality in R&I and disseminate in the RPO and RFO

Examples of useful International Guides for implementing policies with a gender perspective

Gender Equality in Academia and Research - GEAR tool. 2016

This tool provides universities and research organisations with practical advice, examples, and tools through all stages of organisational change, from setting up a gender equality plan to evaluating its real impact.

Examples of useful practical guidelines for funders to promote gender equality

Key Guidelines for Research Funding Organisations

This includes key gender equality issues to consider when funding research.

At a researcher and individual level (i.e., their responsibilities)

TO DO: Include in the CEGP a series of principles or aspects intended to promote gender equality among researchers.

The **integration of gender perspective** into research and innovation processes can address various **aspects** that affect **both the research process** and the **establishment of work teams,** such as:

In terms of **the research process:**

- Address the realities of women and men at all stages of the research and innovation cycle (design, proposal, research, evaluation, and dissemination)
- Consider gender-specific research to fill knowledge gaps
- Break down data by sex and analyse data in a gender-sensitive way
- Identify possible gender stereotypes, inequalities, and gender biases in the research or innovation project
- Compile a list of references (literature review) for the research with gender-sensitive literature and research projects conducted in the field
- Use gender-sensitive language in the research
- Use gender-sensitive identification for users or beneficiaries

In terms of **the establishment of work teams:**

- Foster the leadership of women researchers in research teams, with a special focus on STEM areas
- Create gender-balanced work teams
- Train researchers in gender-sensitive methodologies

Useful examples of organisations (universities or research centres) that have introduced gender equality programmes and plans

The University of Helsinki Equality and Diversity Plan 2019-2020

This is a good example of the contents, methodology, and results of an equality plan.

This example was collected from the **good practices in equality in academia and research in EIGE's**

The Christine Mohrmann Programme – changing gender (im)balance at Radboud University (NL).

A programme that:

1. stimulates gender balance and diversity through extra attention to recruitment;
2. fosters awareness in order to create a culture of diversity; and
3. supports working conditions that allow for a healthy combination of family life and an academic career.

It has been defined by the **European RRI practices project** as an example for best practices in promoting equality.

Open access

TO DO: Establish principles that will guide open access at the **organisational** and **professional** level.

Define the open access policies of the organisation as well as good practices in terms of **research results, data management, administration, management of intellectual property rights, and patents**.

At the organisational level:

Define aspects such as the following:

- The open access policy at the organisation
- Programmes that promote and are sensitive to best open access practices

Your organisation should **promote good practices in open access in different aspects** such as:

- Data management and administration
- Storage and preservation
- Results protection management
- Intellectual property, transfer policy, and collaborative and contract research

Your organisation should consider the **promotion of aspects** such as:

- Training in open access resources
- Encourage support for the formulation of a Data Management Plan per project
- Generate data management and administration support structures to:
    - obtain;
    - record;
    - store;
    - safeguard and preserve materials and results (including unpublished works); and
    - hold securely for a reasonable period (e.g., promote the creation of open repositories).
- Ensure access to data is as open as possible, as closed as necessary, and, where appropriate, in line with the FAIR Principles (Findable, Accessible, Interoperable, and Reusable) for data management
- Be transparent about how to access or utilise the data and research materials

Examples of Useful Reference Sources to define the open access policies and principles in the organisation

Budapest Open Access Initiative.

Declaration marking a milestone in the open access movement. It is also useful for the definitions it provides and its guidelines and recommendations.

Fair Open Access Alliance (FAIR).

Offers guidelines to transform academic publication conventions and return control of the publication process to the academic community.

Guidelines to the Rules on Open Access to Scientific Publications and Open Access to Research Data in Horizon 2020.

These guidelines explain the rules on open access to scientific peer reviewed publications and research data that beneficiaries have to follow in projects funded or co-funded under Horizon 2020.

Open Access Policy Guidelines and Template for Funding Agencies.

It follows the UNESCO open access guidelines, the 2012 recommendations of the European Commission and the requirements of the Horizon 2020 programme to provide a set of best practices in open access for funding agencies.

Plan S - Making full and immediate Open Access a reality.

An initiative that attempts to promote the open access status of academic publications resulting from research finances with public subsidies.

Commission of the European Communities (2008). **Commission Recommendation on the management of intellectual property in knowledge transfer activities and Code of Practice for universities and other public research organisations**.

At the individual level

It is important that the code also includes recommendations that researchers can make on an individual basis to promote open access. There are different aspects and recommendations that can be included in the code regarding, for example:

- The use of institutional repositories (and the deposit of papers in their author's Original Manuscript (AOM) version)
- Recommendations on open data
- Recommendations on the type of journals in which to publish (and which are aligned with open access).
- Recommendations on how to disseminate the research through various channels.

NOTE:

Be aware that open access (and its different paths) is not always understood by researchers.

It is a complex and changing field that is subject to various negotiation processes with the publishing sector.

The working group drafting the CEGP should be aware that the policies have been changing for some time.

Public funding programmes often include mandatory clauses on the open dissemination of funded research. It is recommended that the code should include commitments as simply and explicitly as possible.

Again, there are several resources that can be very useful in developing these sections.

Examples for Open Access

Principles for Open Access to Research Outputs at the University of Melbourne

This is an interesting declaration since it includes the description of 1) commitment to open access 2) responsibilities of the researchers and 3) responsibilities of University of Melbourne.

Position of University of Melbourne

The University of Melbourne is committed to disseminating its research as widely as possible to improve the public good by accelerating the pace of discovery, encouraging innovation, enriching education, and stimulating the economy.

Research outputs from public funding should be shared in a timely and accessible manner to foster social, economic, cultural, and environmental benefits.

The University supports the deposit of research outputs to repositories as a means of openly disseminating research, reflecting the investment in repository infrastructure in Australia and worldwide.

The University recognises that the level of engagement with open access practices will vary according to disciplinary behaviours and norms and may be determined by a variety of factors.

The University recognises that open access will not be appropriate in all circumstances, for example where disclosure obligations or restrictions apply under Intellectual Property Policy MPF1320 or under a research contract with a collaborator or funder.

Responsibilities of researchers

Researchers are expected by the University to deposit the post-peer review and corrected version of their published research (the Author's Accepted Manuscript) in the Organisational Repository or an accredited subject repository within three months of publication. Deposited work can be embargoed to meet publisher requirements on making the work accessible. The University will provide guidance to determine any publisher policies related to access to the work.

The University expects the bibliographic details of data (metadata) underpinning published research to be shared in an accredited repository, as appropriate and where required by funding mandates.

The sharing of research data is supported by the University, while taking into consideration regulatory responsibilities, ethical, legal, cultural, and other guidelines.

While the University recognises there are challenges associated with making non-traditional research outputs accessible due to the variety of forms these can take and issues such as copyright, we both acknowledge and value the breadth in types of research outputs and remain committed to making non-traditional research outputs as open and discoverable as possible and practical. Those researchers interested in exploring options for making these types of outputs accessible will be supported by the University.

Researchers are encouraged by the University to share research outputs such as preprints, software, protocols, and others as appropriate through disciplinary infrastructure.

Researchers are encouraged by the University to share non-published research outputs (grey literature) through the Organisational Repository.

Responsibilities of University of Melbourne

The University will provide guidance and systems for researchers who are bound by the requirements of their funding agreements to make research outputs open access through the deposit of works to the Organisational Repository, including requirements to manage their research data.

The University will work with its research community to implement or provide the infrastructure and associated support that will be necessary to increase openness.

Public engagement

TO DO: the code can define commitments (or responsibilities) at both organisational and professional levels. It is important that the code clearly reflects the commitments the organisation have to this element of the RRI.

At the organisational level

Your organisation may choose to promote public engagement in areas such as:

- Encourage the **use of public engagement methodologies** through funding and innovation schemes.
- Prepare a **networking policy with key stakeholders in the R&I activity** to facilitate the researchers' public engagement.
- **Create and update a map of the internal and external stakeholders in R&I activities**, to be used by the R&I researchers to identify the stakeholders of their own projects.

At the professional level

a series of initiatives can also be promoted to foster public engagement such as:

- Design a research and innovation plan that includes the perspective of the stakeholders who will be users or beneficiaries of the research or innovation at all stages of the research cycle.
    - "Vulnerable" groups should particularly be encouraged to voice their opinions
- Specify the methods to be used to promote stakeholder involvement in the different research or innovation processes.
- Generate an open dialogue with the different stakeholders to consider their perspectives.
- Explain the limitations of stakeholder engagement (e.g., openly communicate the outcome and impact of the stakeholders' input and be realistic about capacities).

Key resources and examples

***NOTE**: This is an area where less number of available documents and guides (compared to previous sections)*

RRI Tools on public engagement

It offers clear recommendations on questions such as 1). How to foster multi-stakeholder engagement and 2) How to set up a participatory research agenda. It also has examples that have fostered public engagement.

Horizon 2020 Public Engagement and responsible research and innovation

This is useful source of information in the sense it introduces the concept and importance of the topic of public engagement. It includes as well some important links on the topic.

The University Of Sheffield. Policy On Good Research And Innovation Practices

Researchers have a responsibility to communicate with and inform the public about their research, subject to any applicable conditions (for example set by a research funder, a research ethics committee, or a confidentiality agreement with a company); this includes informing the public about

negative research results, where the R&I activity has been undertaken to accepted standards of practice. In some area of research (for example some types of health-care research) it is necessary to involve the public in, as well as inform the public about, the research.

Minimal acceptable practices in public engagement and demonstrating public benefit that the University expects to be followed:

i. Before communicating with the public researchers should attempt to assess the implications of their research for the public (should there be any implications this should guide the timing of, and methods for, communicating research);
ii. Where research is considered to have public benefit, before communicating research to the public researchers may need to, depending on the research, notify relevant regulatory bodies;
iii. Researchers should pause before making their research openly available online or disseminating research in other ways before independent peer review has taken place, as damage could be done if the research results are found, post-peer review, to be unreliable (however the release of research data before peer review may be appropriate for public engagement);
iv. Research results must be checked for their integrity before they are communicated (statistical limitations of results should be made clear);
v. When communicating, researchers must do so honestly, accurately and without bias, distortion, exaggeration, or knowingly misleading the public;
vi. Researchers should not allow others to mislead the public about their research and, should this happen, should correct the misleading information publicly;
vii. Where relevant, researchers should be alert to how their research results may be used by other individuals and organisations;
viii. Researchers are expected to be aware of the limits of their own professional expertise. When involved in public discussions, for example about the importance and potential application of research results, researchers are expected to communicate within areas of their professional expertise and, if necessary, to clarify when they are speaking as professionals from when they are speaking in a personal capacity as private individuals. If researchers clarify the limitations of their professional expertise, when communicating research to the public, the public is better able to judge the degree to which the research results have public benefit;
ix. Researchers should aim to explain their research in ways that are clearly understood by non-specialists; this may include how the research was developed and explanations of different forms of research evidence, as this will further improve public understanding and enable the public to participate in meaningful communication;
x. If feasible, the work of all contributors and collaborators should be properly acknowledged;
xi. If applicable, potential or real conflicts of interest should be declared. Higher practices in public engagement and demonstrating public benefit, which the University's researchers should aspire to.
xii. Researchers should seek to encourage, and participate in, debate about the issues that their research may raise for society, paying proper consideration to the aspirations and concerns of others. As members of the research profession, researchers need to be careful in what they say as professionals, as their contributions to public debate may influence public opinion.

How to monitor and enforce compliance with the Code

The final section of the code contains information about the drafting process, the methodology, the initiatives for its publicising, the compliance and monitoring processes, and the national and international framework.

The process of the code redaction

TO DO: Briefly explain the process and methodologies used to define the Code of Ethics and Good Practices in R&I.

Example

"…This Code of Ethics and Good Practices in R&I has been developed based on a proposal made by the ETHNA System Project [URL]. Other international reference guides have also provided essential inspiration for this document. The following are worth mentioning. It has also been useful to consult the structure developed in other organisations such as (give examples))."

Dissemination, training, and updating processes

TO DO: Describe the process of dissemination, training, and updating the Code of Ethics and Good Practices in R&I.

Example

Example: "…This code will be posted on the website so all stakeholders are aware of it and can access it easily. In addition, a publicity and training campaign will be carried out for all personnel and it will be incorporated into the training plans for new personnel. Code of Ethics and Good Practices in R&I will be subject to review under a procedure initiated by the RRI Office whenever necessary".

Notifications for improvements or alerts

TO DO: Describe the notification process for any improvement or alert (complaint, grievance) related to the content of this code.

Example

"The principles, values, and good practices require a monitoring process to ensure that good practices are followed and disseminated and that research misconduct are avoided. The procedure for this monitoring will be carried out by (the organisation will have to choose an option depending on the tools they implement):

- communication to the RRI Office(r) using the following e-mail address (xxxx) and/or telephone number (xxxx);
- communication via the Ethics Line for complaints, suggestions and grievances to be processed by the RRI Office(r)."

Monitoring system: Checking compliance

TO DO: Describe the compliance checking process.

Example

“Use the progress and performance monitoring indicators provided in the ETHNA System Guide.”

Reference to national and international frameworks

TO DO: Report the national and international regulations that have been used in the drafting of the CEGP.

Example: Universitat Jaume I – Spain

Spanish Law

The Science, Technology and Innovation Act 14/2011, of 1 June, 2011

[Experiments on humans]

- Biomedical Research Act 14/2007, of 3 July, 2007;
- Assisted Human Reproduction Techniques Act 14/2006, of 26 May, 2006;
- Royal Decree 65/2006, of 30 January, 2006, establishing requirements for the import and export of biological samples;
- ...

➢ [Use of animals in experimentation]

- Care of Animals in Farming, Transport, Experimentation and Slaughter Act 32/2007, of 7 November, 2007;
- Royal Decree 65/2006, of 30 January, 2006, establishing requirements for the import and export of biological samples;
- Royal Decree 1201/2005, of 10 October, 2005, on the protection of animals used for experimental and other scientific purposes
- ...

[Protection of researchers]

- Act 7/2007 of 12 April, 2007 on the Basic Statute of Public Employees;
- Act 54/2003, of 12 December, 2003, on the reform of the regulatory framework for the prevention of occupational risks;
- Waste Act 10/1998, of 21 April, 1998;
- ...

➢ [Environmental protection]

- National Heritage and Biodiversity Act 42/2007, of 13 December, 2007;
- Nursery Seed and Phylogenetic Resource Act 30/2006, of 26 July, 2006;
- Royal Decree 178/2004, of 31 January, 2004, approving the general regulations for the development and implementation of Act 9/2003, of 25 April (Correction of errors, BOE 2/18/2004);
- ...

➢ [Data Protection]

- Royal Decree 1720/2007, of 21 December, 2007, approving the Regulations for the development of Act 15/1999, of 13 December;
- Protection of Personal Data Act 15/1999, of 13 December, 1999.

➢ [Other]

- Spanish Constitution of 1978;
- Public Authorities Legal System and Common Administrative Procedure Act 30/1992, of 26 November, 1992;
- Effective Equality of Women and Men Act 3/2007, of 22 March, 2007;
- ...

- Spanish Statements and Declarations
  - Spanish National Council for Scientific Research (2015) National statement on scientific integrity https://www.csic.es/sites/www.csic.es/files/Declaracio_n%20Nacional%20Integridad%20Cienti_fica%20definitiva_0.pdf [Accessed 10/03/2021];
  - Commitment of Spanish Universities to Open Science https://www.crue.org/wp-content/uploads/2020/02/2019.02.20-Compromisos-CRUE_OPENSCIENCE-VF.pdf [Accessed 10/03/2021];
  - ….
- Internal regulations
  - Statutes of the Universitat Jaume I () [Accessed 10/03/2021];
  - UJI Code of Ethics (2017)
  - …

Example of International Useful References

REGULATION (EU) 2016/679 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation).

All European Academies (2017), **The European Code of Conduct for Research**

Committee on Publication Ethics COPE. Guidelines

European Open Science Code (2017), EOSC Declaration

The European Charter & Code for Researchers (2005)

FAIR Principles (2016)

Open Science Framework

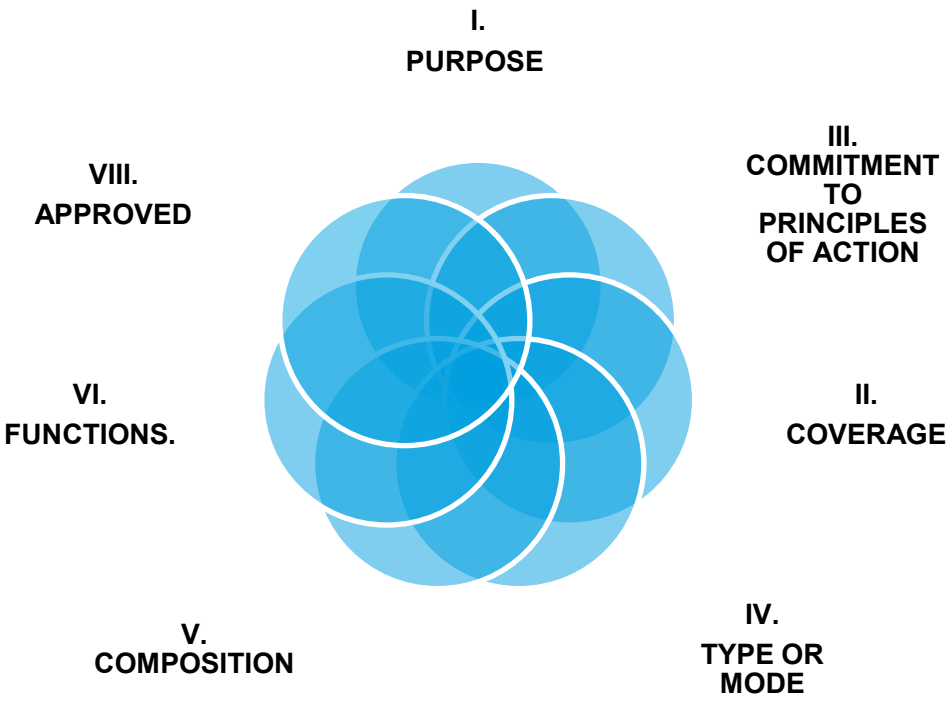
Organisation for Economic Cooperation and Development (OECD) and Global Science Forum (2007). Best Practices for Ensuring Scientific Integrity and Preventing Misconduct [Accessed 10/03/2021];

World Conference on Research Integrity WCRI (2010). Singapore Statement on Research Integrity [Accessed 10/03/2021];

World Conference on Research Integrity (WCRI) (2013). Montreal Statement on Research Integrity in Cross-Boundary Research

ANNEX 4. GUIDANCE TO CREATE THE ETHICS COMMITTEE ON R&I

OBJECTIVE	SCOPE
It is to help the Research Performance Organisation (RPO) and Research Funding Organisation (RFO) in the process of adapting or creating an Ethics Committee on R&I to cover RRI aspects.	This guide is aimed at the people responsible for the design and implementation of the Ethics Committee on R&I. Generally speaking, there are two types of Ethics Committees, permanent and ad hoc. ➢ In RFO's or small RPO's an Ad Hoc Ethics Committee is recommended in order to not create bureaucratic structures.



1. PURPOSE

TO DO: Describe the purpose of the Ethics Committee on Research and Innovation (R&I) and its relationship with the RRI Office(r).

Example. **Case I**	(**Case I: The Research Performance Organisations (RPO) and Research Funding Organisations (RFO) have made a first-level commitment to the ETHNA System**): "…The Ethics Committee on R&I is a space for participation to allow dialogue on the values, behaviours, procedures, and commitments for the Code of Ethics and Good Practices in R&I of the ETHNA System and the development and practical implementation of the four key points (Research Integrity, Gender Perspective, Open Access, and Public Engagement) of Responsible Research and Innovation (RRI), as well as deliberation on notifications of proposals, suggestions, consultations, alerts, complaints, or grievances received by the RRI Office(r) via the Ethics Line…"
Example. **Case II**	**(Case II: The RPO and RFO have made a second-level commitment to the ETHNA System):** Text example. "…The Ethics Committee on R&I is a space for participation in dialogue on the RPO and RFO values, behaviours, procedures, and commitments with respect to international references on ethical and responsible R&I in the four key points (Research Integrity, Gender Perspective, Open Access, and Public Engagement) of RRI, as well as deliberation on notifications of proposals, suggestions, consultations, alerts, complaints, or grievances received by the RRI Office(r)…"

2. SCOPE

TO DO: Indicate the organisations, people, and/or groups the Ethics Committee on R&I is aimed at.

Example	The Ethics Committee on R&I of the ETHNA System carries out its activities in association with the RRI Office(r) and generates spaces within (RPO and RFO) for dialogue and deliberation involving internal and external stakeholders from different fields and roles (the academic world, business, industry, policymakers, and social organisations) to deliberate on the ethical governance of their funding, research, and innovation activity, as well as on socially controversial aspects.

3. COMMITMENT TO PRINCIPLES OF ACTION

TO DO: Establish principles of action in the Ethics Committee on R&I.

Example. **Case I**	"…Members and participants in the activities of the Ethics Committee on R&I commit themselves to the following principles of action with the purpose of promoting: Research Integrity, Gender Perspective, Open Access, and Public Engagement: • Encouraging fair, respectful, mediated agreements: the committee strives to establish communication between the parties involved in conflict situations by encouraging mutually agreed solutions. • Confidentiality: the deliberations and voting results (if any) of the committee will be kept secret. The commitment to confidentiality will be stated and written down when the committee's work begins. This is also intended to protect people from any wrong or unfair accusations. An appropriate balance between transparency and confidentiality must be sought at all times. • Impartiality: any events or projects involving conflict of interest will be avoided. Members will refrain from participating when issues affect them personally or their research/working group. • Fairness: ensuring that all those involved in a case have the opportunity to be heard or to participate in an appropriate way in the handling of the issues raised. • Anonymity: personal data used by the committee, by people who contact the committee, and by those who are affected by the action should remain anonymous. This information will be safeguarded by the organisation's Ethics Officer or Data Management Officer. • Accuracy of information: the committee must ensure the information used to learn about cases is complete and reliable. The Ethics Committee on R&I of the ETHNA System carries out its activities in association with the RRI Office(r) and generates spaces within (RPO and RFO) for dialogue and deliberation involving internal and external stakeholders from different fields and roles (the academic world, business, industry, policymakers, and social organisations) to deliberate on the ethical governance of their funding, research, and innovation activity, as well as on socially controversial aspects.

4. MODEL SELECTION

TO DO: Describe the Ethics Committee on R&I in the ETHNA System for the RPO and RFO.

Several aspects must be considered, such as:

- The RPO and RFO **size, needs, available resources, and level of commitment** to the development and implementation of the ETHNA System.
- The **capacity and relevance of the RRI Office(r)** organised by the RPO and RFO, which is the fundamental pillar and basis of the ETHNA System.

For this reason, the **adoption of one out of two models** for the ETHNA Committee on R&I is suggested:

- **MODEL 1. STANDING COMMITTEE**
- **MODEL 2. AD HOC COMMITTEE**

MODEL 1. **Standing Committee**	**MODEL 2.** **Ad Hoc Committee**
Group of experts and/or stakeholders are established for a specific, but renewable period of time. They meet on a regular basis to discuss and deliberate over how to raise awareness, improve, and update the ETHNA System's Code of Ethics and Good Practices in R&I and the management and resolution of the notifications received by the Ethics Line, if there is one.	**Group of experts and/or stakeholders** established **temporarily to discuss or deliberate over any aspect, proposal, or emerging conflict related to the proper operation of the ETHNA System** and the implementation of the values, behaviours, and procedures of its Code of Ethics and Good Practices, such as the management of alert notifications received by the Ethics Line, if there is one.
Advantages	
Allows continuous work overtime on different aspects where they have competences. **Provides more training for those involved in resolving conflicts concerning ethics and responsibilities linked to the RPO and RFO funding, research, and innovation.**	Offers the possibility for any type of RPO and RFO, regardless of their capacity, size, and importance, to have an Ethics Committee on R&I for at least conflict resolution.
Recommendation for Implementation	
➢ Establish a physical and/or virtual space equipped with the necessary tools for dialogue and deliberation among committee members. ➢ **Generate networking with experts in matters related to RRI dimensions and key issues,** as well as with existing committees within the organisation (e.g., Equality Units, Data Management Officer, Biosafety Committee, Ethics Committees, etc.). ➢ **Diversify networking with other Research Ethics and Innovation Committees at different RPOs and RFOs.**	➢ Generate **a database of experts in different research and innovation subjects** (moral philosophy, law, economics, engineering, physics, medicine, communication, artificial intelligence, etc.) and representatives of the main stakeholder groups (society, the environment, the media, business, etc.). **NOTE:** In this Ad Hoc Committee Model, it would be difficult to have a permanent committee when the volume and relevance of the available resources are scarce or limited as well as when the commitment of the RPO and RFO are limited.

5. COMPOSITION

TO DO: Describe the functions of the members (president, secretary, chairperson, and stakeholders) of the Ethics Committee on R&I depending on the RPO and RFO.

MODEL 1. Standing Committee	MODEL 2. Ad Hoc Committee
These two first steps can be implemented in the same way in both types of committee.	
Step 1	Describe the functions of the members (presidency, secretary, chairperson and stakeholders) of the Ethics Committee on R&I depending on the RPO and RFO.
Step 2	Describe the process of election, process of nomination, the duration, renewal, replacement, and dismissal for the president, secretary, chairperson, and stakeholders of the Ethics Committee on R&I depending on the RPO and RFO.
Example	Role: The chairperson. • Nomination: Can be suggested by the president and accepted by the members of the committee • Duration: 4 years • Renewal: Every 4 years a revision by the committee should be held • Replacement: When the person is going to be absent for a considerable amount of time • Dismissal: Due to failure to fulfil the role or a personal petition from the member, etc.
Example	Role: The chairperson. • Should attend, vote, and participate in the meetings; • Can evaluate the projects; and • Establish relevant contacts with partners or organisations that could be useful for the committee.

MODEL 1. Standing Committee

Step 3 - Confirm what kind of profiles are expected to be at the Ethics Committee, according to the present regulation.

It is advisable to choose the profiles of the people who make up your Ethics Committee depending on the type of research or teaching you are going to carry out.

NOTE:

- The composition of the Ethics Committee should be equal and multidisciplinary.
- The people can be staff from the organisation with an expertise on the issue.
- The examples given below are non-binding suggestions for consideration, except for the RRI Office(r) who is essential.

If an organisation is going to conduct research in specific areas such as a research centre or funder.

- It is essential to consult current legislation at all levels (international, national, regional, and local) about research on humans, animals, Genetically Modified Organisms (GMOs), and Biological Agents (BAs) Regulations.
- It is advisable to choose profiles of people who compose the Ethics Committee of the organisation depending on the type of research or teaching to be conducted.

See below different EXAMPLES IN LINE WITH SPECIFIC AREAS, such as:

Human research ethics committee If the organisation is going to perform research on humans in, at least, one of the following cases: i. Health procedures ii. The collection of biological samples iii. Personal data	
Examples	• An expert in human investigation. (At least in one field in the previously selected case) • An expert in ethics • An expert in law • An expert in data protection • An expert in methodology • A representative from the RPO and RFO Ethics Committee if applicable RRI Office(r) or a representative from the ETHNA Office (whenever possible, this function will be given to the Ethics Manager in the RPO and RFO).
Animal research ethics committee If the organisation is going to experiment with or teach animals.	
Examples	• An expert in animal welfare • An expert in animal investigation and/or the use of animals in education • An expert in ethics • An expert in law • A representative from the RPO and RFO Ethics Committee if applicable RRI Office(r) or a representative from the ETHNA Office (whenever possible, this function will be given to the Ethics Manager in the RPO and RFO).
Ethics committee for research on Genetically Modified Organisms and Biological Agents If the organisation is going to investigate Genetically Modified Organisms and/or Biological Agents.	
Examples	• An expert in preventative measures • An expert in Genetically Modified Organisms and/or an expert in Biological Agents • An expert in ethics • An expert in law • A representative from the RPO and RFO Ethics Committee, if applicable • RRI Office(r) or a representative from the ETHNA Office (whenever possible, this function will be given to the Ethics Manager in the RPO and RFO).

MODEL 2. Ad Hoc Committee

TO DO:

Step 3 Confirm what kind of profiles are expected to be at the Ethics Committee, according to the present regulation.

The organisation should consider three standards: international, national, and local (city, university, and research centre).

When confirming what kind of profiles are expected to be at the Ethics Committee, according to the present regulation. You should consider three standards: international, national and local (city, university and research centre)

NOTE:

- The composition of the Ethics Committee should be equal and multidisciplinary.
- The people can be staff from the organisation with an expertise on the issue.
- The examples given below are non-binding suggestions for consideration, except for the RRI Office(r) who is essential.

EXAMPLE of General / Basic Structure

- An expert in ethics
- An expert in law
- A representative from the RPO and RFO Ethics Committee, if applicable
- RRI Office(r) or a representative from the ETHNA Office (whenever possible, this function will be given to the Ethics Manager in the RPO and RFO).

EXAMPLES IN LINE WITH SPECIFIC AREAS, such as:

If the organisation is going to perform research on humans in, at least one, of those cases:

- Health procedures
- The collection of biological samples
- Personal data

  EXAMPLES

  - An expert in human investigation. (At least in one field in the previously selected case)
  - An expert in data protection
  - An expert in methodology

If the organisation is going to experiment with or teach animals

- An expert in animal welfare
- An expert with expertise in animal investigation and/or the use of animals in education

If the organisation is going to investigate Genetically Modified Organisms and/or Biological Agents

- An expert in preventative measures
- An expert in biosecurity
- An expert in Genetically Modified Organisms and/or an expert in Biological Agents

If the organisation is going to set up an Ethics committee for research on Genetically Modified Organisms and Biological Agents.

- An expert in preventative measures
- An expert in biosecurity
- An expert in Genetically Modified Organisms and/or an expert in Biological Agents

6. OBJECTIVES

TO DO:
Step 4 Describe the objectives to be assigned to the Ethics Committee on R&I in the organisation.
Step 5 Describe the specific aims.

Example of General Objective	The Ethics Committee on R&I is particularly concerned with raising awareness, improving, and updating the ETHNA System's Code of Ethics and Good Practices in R&I and addressing conflict resolution through dialogue and deliberation. The specific functions of the Ethics Committee on R&I include the following:
Example of Aims	In all aspects of developing and applying the objectives, the four key points of the ETHNA System – research integrity, gender perspective, Open Access and public engagement – are taken into account.

The Committee is encouraged to cover the following four objectives:

Objective 1

To promote the Code of Ethics and Good Practices: (a) to promote internal (junior and senior researchers and other staff connected to R&I) and external training on the CEGP; and (b) encourage reflection on aspects that might be controversial or include reflection for situations that may arise.

Objective 2

To assess and advise research staff, and others interested, in the committee's assessment on Research Ethics issues.

Objective 3

To reflect, issue reports, and make recommendations on ethical and deontological principles relating to R&I activity: (a) to advise on the interpretation of the code, international guidelines, as well as controversial issues; (b) to issue reports in the event of legal reports or allegations of research misconduct; (c) to promote and publicise the laws, regulations, and reports published on ethics in R&I; and/or (d) to encourage the revision of the CEGP when there is new evidence or advances in thought about controversial topics.

Objective 4

To monitor and control the guarantees required to perform scientific R&I: (a) to resolve notifications regarding suggestions, warnings, and complaints made via the ethics hotline or other channels established by the RPO and RFO; (b) to implement a procedure for action in the event of scientific or R&I research misconduct; and (c) to act as an arbitration body in conflicts linked to good R&I practices.

NOTE:

- In every aspect of the development and application of the objectives it is important to **consider the four key points of the ETHNA System: Research Integrity, Gender Perspective, Open Access, and Public Engagement**.
- The **RPO and RFO size, needs, available resources, and level of commitment** to the development and implementation of the ETHNA System.
- **The capacity and importance of the RRI Office(r)** organised by the RPO and RFO, which is the foundation for the columns of the ETHNA System.

7. METHODOLOGY

TO DO: Establish the methodology for action in the Ethics Committee on R&I.

It is advisable to include the four key points of the ETHNA System throughout the design and implementation of the methodology.

Meetings

TO DO: Choose the type of meeting that would be more convenient for the organisation.

Consider: the schedule, convene, quorum for celebrations, and meeting minutes.

Elements to Consider

Elements to Consider	Ordinary	Extraordinary	
Type of Committee [Select the type of committee that the organisation is going to create]	Standing	Standing	Ad Hoc
Regularity [Choose the regularity of the Ethics Committee in the organisation]	Once a month.	Whenever necessary.	Once a month.
Schedule [Establish the Schedule of the meetings]	The secretary will present a proposal for the academic year, and it should be approved by the Ethics Committee.	Whenever necessary.	
Quorum for celebrations [Define the number of members that must be at the meetings]	All members of the Ethics Committee should attend. Exceptions: i. The president can delegate their functions occasionally. ii. The secretary can delegate the elaboration of the meeting minutes. iii. The members who have a conflict of interests. iv. The external experts would participate without a vote.	At least half of the committee.	All members of the Ethics Committee should attend. [See exceptions provided under the ordinary standing committee]
Convene [Decide how the organisation is going to call for the meetings.]	The meeting will be addressed by email including the agenda and indicating time, date, place, participants, and absents.		

Meeting minutes [Select how to record the meetings.]	The president and secretary can sign the meeting minutes. It would then be approved by the Committee in the following session.

Decision making

TO DO: Elaborate a process of decision making. It is suggested that the organisation consider the process to apply, process of decision making, and quorum for decisions.

Equally applicable for the Standing Committee and Ad Hoc Committee.

Applying for an evaluation or suggestion. [Choose the channels that would be used to receive the applications.]	Standing Committee. Can apply once a month using the form online. Ad Hoc Committee. It will meet when necessary.
Aspects to evaluate [Agree with the committee on the ethical aspects to be considered for an evaluation. Compliance with Research Integrity, Gender Perspective, Open Access, and Public Engagement should be considered throughout.]	The committee will assess the suitability of the projects regarding the: • Social value and justification of the project • Methodological and scientific suitability • Contribution to the promotion of RRI • Completion of sufficient and necessary documentation
Process of decision making [Describe how the committee is going to make decisions.]	The decisions should be taken with a consensus through a deliberation process. If voting is needed: i. A simple majority could be used (1/3) ii. The chair's casting vote will only be used in the case of a tie
Quorum for decisions [Define who must be present to do an evaluation.]	

Reports

TO DO: Decide the process and tools that the Ethics Committee in the organisation is going to announce. There is no difference between the Standing Committee and Ad Hoc Committee.

Types of report [Conceptualise the type of reports the organisation's committee would deliver. All reports should provide reasons and be substantiated.]	Favourable: the activity meets the assessed parameters; and Favourable pending slight improvements: procedural corrections or inclusion of documentation is required. i. A period of 6 months (standing committee) or 15 days (ad hoc committee) is required for the correction. After this time, it will be understood that the process has expired. i. Approval depends on the changes mentioned above. ii. Reassessment by the committee is not required. The secretary can check that the report complies with the stipulations. Pending corrections: the content needs to be improved. i. A period of 6 months (standing committee) or 15 days (ad hoc committee) is required for the correction. After this time, it will be understood that the process has expired. ii. Approval depends on the changes mentioned above. iii. Reassessment by the committee is required. Unfavourable: issued when there is failure to comply with the established minimum standards at any stage of the research and/or teaching process.
Communicating the decisions [Describe how the Ethics Committee in the organisation is going to communicate their decisions.]	The final decision and report would be submitted at the platform.
Process to make an allegation [Specify how the Ethics Committee in the organisation is going manage allegations from the applicants.]	All applicants can demand a hearing with the Ethics Committee in order to make their case.

Monitoring projects

TO DO: Describe how the Ethics Committee is monitoring the projects depending on the timing.

During the implementation of the project [Establish how the projects are going to be monitored.]	The aim of this activity is to provide the possibility of exposing: Considerable changes from the original research or teaching practice; and The outcomes, in a very long-term activity. **Requirements**: i. This is a volunteer activity. ii. It could be mandatory when there is a specific need. This aspect will be indicated in the issuance of the Ethics Committee. iii. Could be presented with a report or with an audience.
After the implementation of the project [Determine how the investigations should be assessed when the project will be finished.]	The purpose of this activity is to offer the possibility of exposing: • Final conclusions; • Considerable changes in the expected results; and • If the research has generated any publication(s), the same requirements will be followed.
Retrospective evaluation Only if the Ethics Committee in the organisation is focused on animals. [Suggest the main aspects in order to do a retrospective evaluation]	The retrospective evaluation will be carried out based on the mandatory documentation submitted by the user, and will assess the following: • whether the objectives of the project have been achieved; • the harm inflicted on the animals, including the number and species of animals used, and the severity of the procedures; and • any of the elements that may contribute to a better implementation of the replacement, reduction, and refinement requirement. **This assessment would occur when the research or the teaching practice involves animals, and was completed under less restrictive legislation.**

Accountability

TO DO: To ensure the transparency and the path to excellence of the Ethics Committee, the organisation can create mechanisms to favour this task.

Example: To ensure knowledge transfer and transparency, the ethics committee shall communicate the results of their work in the following way:

Reports [Decide how often the committee in the organisation will carry out an evaluation and what it will consider.]	The committee can make annual reports considering: • evaluated applications; • issued reports; • recommendations; and • changes in membership.
Feedback from the research and teaching community [Reflect on how the research community in the organisation can provide feedback and suggestions on the committee's activity.]	**Standing Committee**. Surveys on the committee's activities can be performed throughout the year. **Ad Hoc Committee**. After an assessment has been performed, a survey can be distributed to assess the committee's activity and make suggestions.
Changes in methodology [Agreement on how the Ethics Committee will introduce possible changes to the Standard Operating Procedure.]	• Suggestions for changes to improve performance can be made at any meeting. • The suggestion will be considered and discussed at an extraordinary meeting concentrating on resolving that particular aspect. • The result will be obtained through deliberation. • If consensus is not possible, it will be approved by a vote. A qualified majority (2/3) will apply.

9. APPROVED

TO DO: Specify the RPO or RFO's organisations 's organisation body in charge of approving the Ethics Committee on R&I, its composition, roles, and renewals.

NOTE:

It is recommended that this function be performed by the highest authority for research and innovation in the RPO or RAFO.

Example	The approval of the creation of the Ethics Committee on R&I and its composition, role assignment, and renewal will be the responsibility of the University Vice Rector for Research and Transfer.

10. APPLICABLE RULES

TO DO: Specify the regulatory and prescriptive framework that the Ethics Committee on R&I follows.

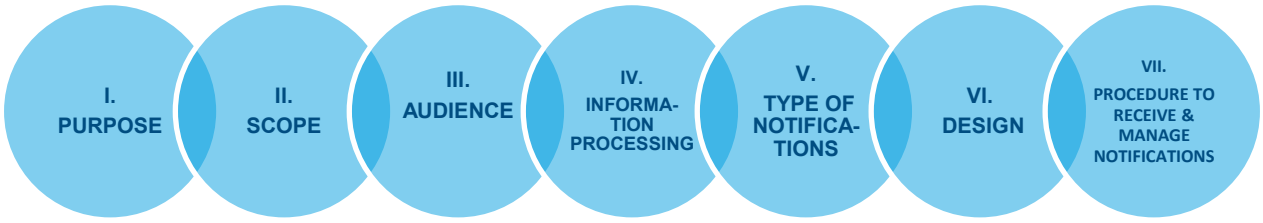
NOTE:

It is recommended that this function be performed by the highest authority for research and innovation in the RPO or RAFO.

Example	The Ethics Committee on R&I follows various standards, guidelines, and codes, such as the Research Centre Code of Ethics and Good Practices in R&I, the Organic Law 3/2018 of 5 December on Personal Data Protection and Guarantee of Digital Rights, the Directive (EU) 2019/1937 of the European Parliament and of the Council of 23 October 2019 on the protection of persons reporting breaches of Union law, etc.

ANNEX 5. GUIDANCE TO CREATE THE ETHICS LINE

OBJECTIVE	SCOPE
• To help in the design of an Ethics Line for the Research Performance Organisation (RPO) and Research Funding Organisation (RFO). • To guide the process of receiving, managing, and resolving notifications.	This guide is aimed at those responsible for the definition and development of the ETHNA System Ethics Line at the RPO and RFO.



1. PURPOSE

TO DO: Describe the purpose of the Ethics Line.

Example of Purpose	"This Ethics Line is intended to collect and manage relevant information on the ethical and responsible operation of the research processes of [RPO / RFO NAME], to promote and disseminate good practices in research and to warn of possible risk situations resulting in research misconduct or detected research misconduct.

2. SCOPE

TO DO: Establish the framework for the application of the Ethics Line.

If the area(s) for the application of the Ethics Line of the RPO / RFO has chosen to develop the Code of Ethics and Good Practices in R&I.

If they have not, it will use the RRI Reference Documents.

Example of Scope	"The Ethics Line has been designed to serve as a communication and participation channel on the procedures and behaviours involved in the research activity of [RPO / RFO NAME] referred to in Code of Ethics and Good Practices in R&I."

3. AUDIENCE

TO DO: Identify the people intended for the Ethics Line.

Example of Audience	"This Ethics Line is aimed at all those involved in and/or affected by the research activity of [RPO / RFO NAME]"

4. INFORMATION PROCESSING

TO DO: Determine whether the treatment of the information collected by the Ethics Line is confidential, anonymous, or public.

Example of Information Processing	"This Ethics Line uses confidential communication channels. The person in charge of the Ethics Line is responsible for ensuring the confidentiality of the process of receiving, managing, and resolving notifications."

5. TYPE OF NOTIFICATIONS

TO DO: Describe the type(s) of notifications (at least one) that those affected by the organisation's research activity will be able to make via the Ethics Line.

It should be explicitly stated in the type of notifications if there is a Code of Ethics, Code of Practice on R&I, and an Ethics Committee in R&I, otherwise the RRI Reference Documents will be mentioned.

Example of Type of Notifications	"This Ethics Line will receive notifications about suggestions for improvement; proposals for good practices; queries and requests for clarification; complaints of disagreement, grievance, or dissatisfaction; and alerts about ethical non-compliance and/or reports about cases of research misconduct with relation to the research activity of [RPO / RFO NAME]." **Suggestions**: Parties involved may use the Ethics Line to make suggestions for improvements concerning the RRI Office(r), the Ethics Line, research policy, or the content of the Code of Ethics and Good Practices. **Proposals**: Parties involved may use the Ethics Line to make proposals for good research practices that serve as an example for everyone involved in research. **Consultations**: Parties involved may use the Ethics Line to request clarification or guidance on the Code of Ethics and Good Practices or the practical application of its contents. **Complaints**: Parties involved may use the Ethics Line to express their disagreement or dissatisfaction with any procedure or behaviour related to the research of a colleague or the organisation.

	Alerts: Parties involved may use the Ethics Line to report any possible present or future breaches of the Code of Ethics and Good Practices or, if there is no such code, any possible research-related behaviour that could jeopardise the proper operation of the organisation or the integrity of their stakeholders. **Complaints**: Parties involved can use the Ethics Line to report cases of malpractice or incorrect behaviour in ethical and responsible research, both those specified in the Code of Ethics and Good Practices and any other practice considered to be contrary to the international reference guidelines on the subject.

6. DESIGN

TO DO: Describe the Ethics Line as well as their relationship and operation.

Channel type

TO DO: Describe whether the communication channel of the Ethics Line is confidential, anonymous, or public.

Example of Channel Type	"This Ethics Line uses confidential and secure communication channels."

Notification tools

TO DO: Describe the reporting and communication tools used by the Ethics Line.

Example of Type of Notifications	Example: "This Ethics Line uses different tools to create, receive, and communicate notifications such as web forms, telephone numbers, and e-mail addresses." **E-mail**: The Ethics Line has an e-mail address [xxxxx@RPO/RFO.es] to send notifications with suggestions, proposals, queries, complaints, alerts, or grievances. This e-mail and its notifications are managed by the RRI Office(r). **Telephone number**: The Ethics Line has a telephone number [+34 626XXXXX] to send notifications with suggestions, proposals, queries, complaints, alerts, or grievances. This telephone number and its notifications are managed by the RRI Office(r). **Form**: The Ethics Line has a form [available on the RPO / RFO website] to send notifications with suggestions, proposals, queries, complaints, alerts, or grievances. This form and the information contained are managed by the RRI Office(r).

Mechanisms to receive and manage notifications

TO DO: Describe the notification management tools used by the Ethics Line.

NOTE:

If the RPO / RFO opted for the second level of implementation and does not have an Ethics Committee on R&I, the receipt and management mechanism will be the responsibility of the RRI Office(r).

If the RPO / RFO opted for the third level of implementation, there are two interrelated mechanisms to receive and manage notifications.

Example of Mechanisms to receive and manage notifications	"Notifications collected via the Ethics Line are received at the RRI Office(r) and managed via the Ethics Committee on R&I" • RRI Office(r) (See Annex 2): [describe the person in charge of the line and their duties] • Ethics Committee on R&I (See Annex 4) [describe its composition and functions]

7. PROCEDURE TO RECEIVE & MANAGE NOTIFICATIONS

TO DO: Describe the process to manage the notifications collected by the Ethics Line.

NOTE:

If the RPO / RFO opted for the second level of implementation and does not have an Ethics Committee on R&I, the receipt and management mechanism will be the responsibility of the RRI Office(r).

If the RPO / RFO opted for the third level of implementation, there are two interrelated mechanisms to receive and manage notifications.

Example	"Notifications from the Ethics Line are first received and managed by the Line Manager in the RRI Office(r), who receives the full information and is responsible for safeguarding the data and ensuring its confidentiality. Then, the members of the Ethics Committee on R&I receive the notification in anonymised form (without the personal data of the person making the notification) and are responsible for dialogue and/or deliberation, as appropriate, with the aim to offer guidance, resolve doubts and conflicts, and/or promote conduct and procedures."

Stages

TO DO: Describe the different stages of the management and resolution procedure for notifications.

Example	**Phase I: Confidentiality** Notifications are managed by the Ethics Line Manager (RRI Office(r)), who received the notification with the personal data of the person who made the notification. The RRI Office(r) is responsible to send an acknowledgement of receipt, register the entry, safeguard the personal data, ensure its confidentiality, control the management process, and file the resolution. If the Ethics Line Manager believes the notification is urgent, they may convene the Ethics Committee on an ad hoc basis. **Phase II: Transparency** The members of the Ethics Committee and the person responsible for the Ethics Line are notified at the same time. However, they receive an anonymised form, i.e., without the personal data of the informant, of the notification. **Phase III: Deliberation and Dialogue** The notifications received via the Ethics Line are presented and discussed at committee meetings (ordinary meetings or those convened ad hoc by the person responsible for the Ethics Line). For notifications such as those related to alerts, complaints and grievances, a process of deliberation and dialogue will begin to seek guidelines for the prevention or resolution of the conflict or grievance. If necessary, the Ethics Committee may open an investigation process to gather information, clarify the facts, and decide on the required action. **Phase IV: Resolution** All received notifications should be resolved within the maximum period of the established time in the action protocol (normally one month) and their resolution should be communicated to the person in charge of the Ethics Line (RRI Office(r)) in a report. This resolution report will be filed by the RRI Office(r) and sent to the informant.

Times

TO DO: Establish times to acknowledge receipt, investigate research misconduct, and present notification resolution reports.

Example	"The time to officially acknowledge the receipt of notifications should not exceed one week. The maximum time for resolutions will be one month from the receipt of the notification, except in those cases where an investigation should be opened. In that case, the maximum time will be three months."

Prevention, correction, promotion, and dissemination of actions

TO DO: Write the possible prevention, correction, promotion, and dissemination actions to be conducted dependent on the type and degree of ethical non-compliance.

Example	"Both the RRI Office(r) and the Ethics Committee on R&I will, as necessary, propose actions to prevent or correct inappropriate conduct or promote and disseminate good practices in ethical and responsible research, such as specific or transversal trainings to prevent, eradicate, or promote behaviours; redesign spaces to promote an appropriate work environment; record good practices or letters of gratitude; and provide recognition for good behaviour or procedure." **Prevention**: Provide specific or cross-departmental trainings, design spaces to promote values and good practices, and implement specific guidelines, etc. **Correction**: Provide specific or cross-departmental trainings, redesign spaces to promote values and good practices, create codes of conduct, review employment records, implement disciplinary penalties, etc. **Promotion**: Establish awareness-raising activities and encouragement actions, etc. **Dissemination of information** on: records, media communication actions, corporate websites, and shared spaces, etc.

Commitment to confidentiality and integrity

TO DO: Describe the commitment to confidentiality and integrity of those involved in receiving notifications and managing the Ethics Line.

Example	“Those involved in receiving, managing, and resolving Ethics Line notifications pledge to maintain data confidentiality and to alert the Ethics Line Manager if they have any kind of personal connection to the people involved and/or if they are affected by the notification in a way that might influence their sound judgement."

Security of informants

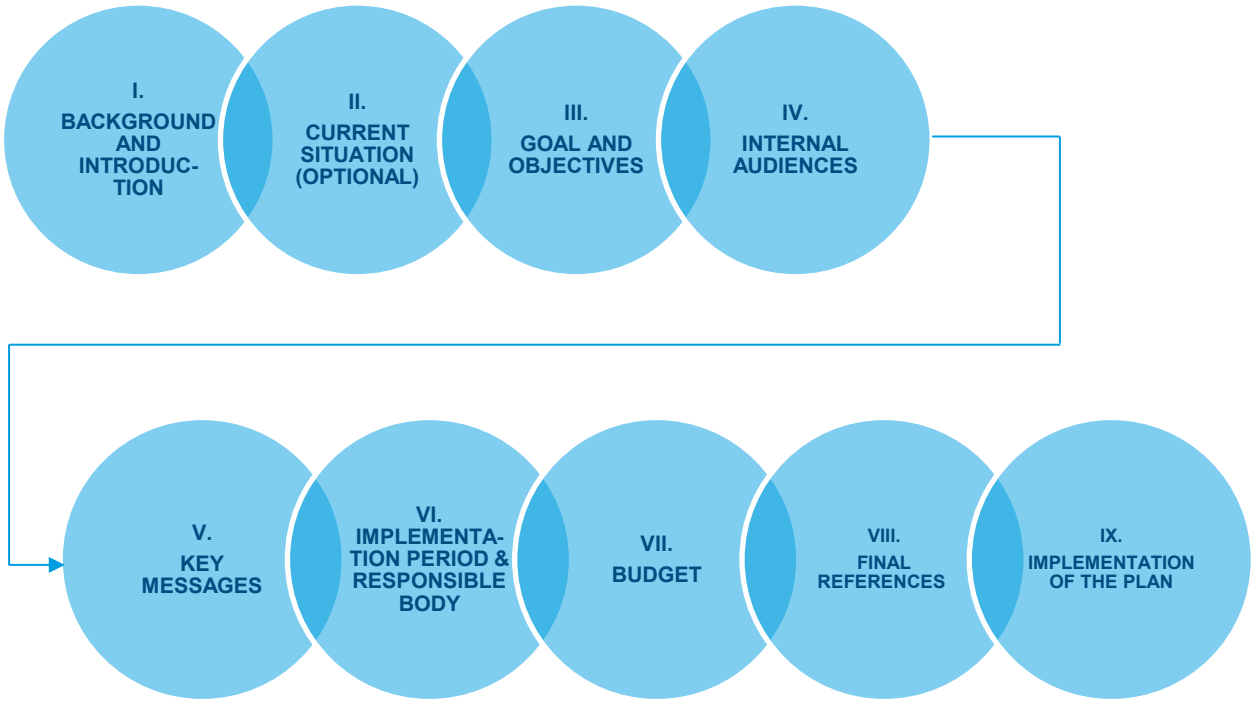
TO DO: Specify the regulatory framework to ensure the protection of those making notifications and the confidentiality of the data collected via the Ethics Line.

It's encouraged to be on the forms and other mechanisms used to make notifications and resolution reports.

Example	"The protection of those who make notifications and the confidentiality of the data collected via the Ethics Line are covered by the Spanish Personal Data Protection and Guarantee of Digital Rights Act 3/2018 of 5 December, 2018, and Directive (EU) 2019/1937 of the European Parliament and of the Council of 23 October 2019 on the protection of persons who report breaches of Union law."

ANNEX 6. GUIDANCE TO CREATE THE EXTERNAL COMMUNICATION PLAN

OBJECTIVE	SCOPE
To guide the design of an External Communication Plan for the Research Performance Organisation (RPO) or Research Funding Organisation (RFO) interested in the implementation of the ETHNA System, as well as mentor its implementation, execution, and evaluation process.	This protocol is aimed at RPO or RFO's organisations' organisation communication managers.



1. BACKGROUND & INTRODUCTION

TO DO: Describe the introduction of the implementation of the ETHNA System at the RPO or RFO´s organisations, as well as the background to external communication in the organisation and the preliminary work that has been performed to develop the External Communication Plan.

Example	"…[RPO / RFO NAME] agreed to adopt the ETHNA system at the [RPO / RFO GOVERNING BODY] meeting held on [DATE]. The objective of the ETHNA system is to implement a procedure to manage Responsible Research and Innovation (RRI) in our organisation, so it is essential that all stakeholders are aware of the incorporation of this working methodology. This External Communication Plan forms part of the communication strategy of [RPO / RFO NAME], contained in [RPO / RFO'S STRATEGIC COMMUNICATION DOC] and, as such, should

	be understood as a specific development to publicise the ETHNA system among our external audiences."

2. CURRENT SITUATION (OPTIONAL)

TO DO: Conduct a situation analysis to describe the strengths, weaknesses, opportunities, and threats associated with the new External Communication Plan.

NOTE: Internal Factors of an organisation are generally classed as strengths and weaknesses, whereas external factors are classified as opportunities and threats.

Strengths:	Weaknesses:
Opportunities:	Threats:

3. GOAL & OBJECTIVES

TO DO: Describe the goal of the External Communication Plan, which is understood as the main purpose of the plan, and to also include a description of the partial objectives to be achieved to facilitate the final goal.

It is encouraged to publicise the organisation's adoption of the ETHNA system to all the organisation's external audiences to guarantee that all external audiences of [RPO / RFO. NAME] are informed.

It is encouraged to promote the participation of the RPO or RFO´s organisation and the organisation's stakeholders in the RRI processes, in accordance with ETHNA system methodology.

Example	"This External Communication Plan is intended to ensure that all stakeholders of [RPO / RFO. NAME] are informed about our organisations adoption of the ETHNA system and that the staff conduct their research and innovation in a responsible manner. To this end, the External Communication Plan has the following objectives."

4. External Audiences

TO DO: Segment the external audiences of the organisation into different groups based on common features.

Examples of external audiences	• Public authorities • Trade unions • User and consumer organisations • Educational environment • Business and industry • Other research centres

5. Key Messages

TO DO: List the key messages that the organisation needs to consistently apply throughout the communications activity.

The organisation is encouraged to adhere to no more than five “umbrella” messages that span the entire partnership, which can then be supplemented with different versions tailored to audiences if necessary.

Examples of key messages	[RPO / RFO. NAME] assumes the principles and values of the ETHNA system as an integral part of their own principles to ensure that RRI is conducted. As part of the affected audience in the research of [RPO / RFO. NAME] I know that I have mechanisms to learn the results of these investigations. As part of the affected audience in the research of [RPO / RFO. NAME], I have mechanisms to participate in the design of this research and to have my expectations considered.

6. Implementation Period & Responsible Body

TO DO: Explain the designed period of time for the communication plan and the body responsible for its implementation.

7. BUDGET

TO DO: Detail the allocated budget to communications. Also explain the budget rules and conditions.

8. FINAL REFERENCES

TO DO: Include information on the date of approval for the document and the body responsible for its implementation.

9. IMPLEMENTATION

Strategy & work plan

TO DO: Establish communication actions to reach different audiences.

Indicate messages, the media and channels, deadlines, budgets, and the person or people responsible.

The organisation should group their communication actions in line with an analysis of the following questions:

- What messages are to be communicated, in accordance with section 5 from the previous group?
- Who is the target audience?
- What media and channels of communication should be used?
- When will the communication of each action occur?

Action	Message	Tools to provide support	Audience	Timing	Cost	People responsible
		External newsletter				
		Website				
		Meetings with stakeholders				
		Posters and graphic communication				
		Letters to affected groups				
		External training programmes				
		Outreach programmes				
		Merchandising				
		Advertising				
		Media relations				
		Events				
		Sponsorship				

Key indicators

TO DO: Ensure that the objectives are linked with Key Performance Indicators (KPIs).

Objectives should be **SMART** (Specific, Measurable, Achievable, Realistic, and Time-bound).

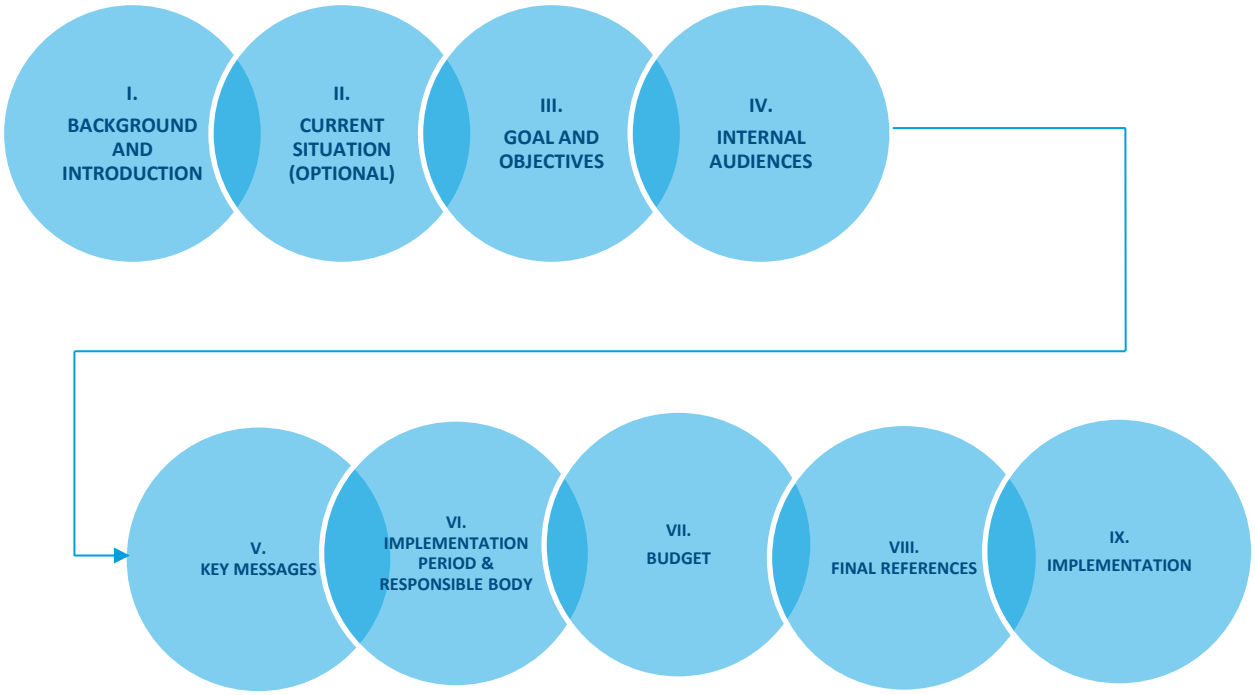
Evaluation & improvement system

TO DO: At the end of the implementation period of the plan, the organisation should explain how they will evaluate the results from the communication strategy.

Information should **be in accordance with the key indicators** listed in the previous section and the objectives and goals described in this document.

ANNEX 7. GUIDANCE TO CREATE THE INTERNAL COMMUNICATION PLAN

OBJECTIVE	SCOPE
To guide the design of an Internal Communication Plan for the Research Performance Organisation (RPO) and Research Funding Organisation (RFO) interested in the implementation of the ETHNA System, as well as mentor its implementation, execution, and evaluation process.	This protocol is aimed at RPO or RFO´s organisation communication managers..



1. BACKGROUND & INTRODUCTION

TO DO: Describe the introduction of the implementation of the ETHNA System at the RPO or RFO´s organisation, as well as the background to internal communication in the organisation and the preliminary work that has been performed to develop this Internal Communication Plan.

Example	"[RPO / RFO NAME] agreed to adopt the ETHNA system at the [RPO / RFO GOVERNING BODY] meeting held on [DATE]. The objective of the ETHNA system is to implement a procedure to manage Responsible Research and Innovation (RRI) in our organisation, so it is essential that all its members are aware of it and incorporate it into their respective working areas. This Internal Communication Plan forms part of the communication strategy of [RPO / RFO NAME], contained in [RPO / RFO'S STRATEGIC COMMUNICATION DOC] and, as

	such, should be understood as a specific development to publicise the ETHNA system in our organisation."

2. CURRENT SITUATION (OPTIONAL)

TO DO: Conduct a situation analysis to describe the strengths, weaknesses, opportunities, and threats associated with the new Internal Communication Plan. Factors internal to an organisation are generally classed as strengths and weaknesses, whereas external factors are classified as opportunities and threats.

Strengths:	Weaknesses:
Opportunities:	Threats:

3. GOAL & OBJECTIVES

TO DO: Describe the goal of the Internal Communication Plan, which is understood as the main purpose of the plan, and to also include a description of the partial objectives to be achieved to facilitate the final goal.

Example	"The goal of the Internal Communication Plan is to ensure that all [RPO / RFO. NAME] staff are fully aware of the ETHNA system and incorporate its principles and values as their own in their respective fields of work. To this end, the Internal Communication Plan has the following objectives: **To see that all workers at [RPO / RFO. NAME] are aware of the ETHNA system and integrate it into their respective fields of work.** Knowledge and adoption of the ETHNA system's operating standards should be promoted by members of our organisation. **To see that all new workers at [RPO / RFO. NAME] are aware of the ETHNA system as an essential element of the operation of our organisation**. Our organisation should promote knowledge of the ETHNA system as an essential part of our operation from the very moment they join.

4. INTERNAL AUDIENCES

TO DO: Segment the internal audiences of the organisation into different groups based on common features.

Examples of RPO Internal Audiences	• Principal researchers • Researchers in training • New researchers • Administrative and service staff • Students (if applicable) • Related units or services
Examples of RFO Internal Audiences	• Administrative and service staff • Project officers • Assessment teams

5. KEY MESSAGES

TO DO: List the key messages that the organisation needs to consistently apply throughout the communications activity.

The organisation is encourage to adhere to no more than five “umbrella” messages that span the entire partnership, which can then be supplemented with different versions tailored to audiences if necessary.

Examples of key messages	[RPO/RFO. NAME] assumes the principles and values of the ETHNA System as an integral part of their own principles to ensure that RRI is promoted. As a researcher at [RPO/RFO. NAME] I should integrate the principles and values of the ETHNA System into my regular working methodology. As a new member of [RPO/RFO. NAME] I should know the principles and values of the ETHNA System, which is an essential part of the organisation's ethics.

6. IMPLEMENTATION PERIOD & RESPONSIBLE BODY

TO DO: Explain the designed period of time for the communication plan and the body responsible for its implementation

7. BUDGET

TO DO: Detail the allocated budget to communications. Also explain the budget rules and conditions.

8. FINAL REFERENCES

TO DO: Include information on the date of approval for the document and the body responsible for its implementation.

9. IMPLEMENTATION

Strategy & work plan

TO DO: Establish communication actions to reach different audiences.

Indicate:

- messages
- the media and channels
- deadlines
- budgets
- person or people responsible.

The organisation should group their communication actions in line with an analysis of the following questions:

- What messages are to be communicated, in accordance with section 5 from the previous group?
- Who is the target audience?
- What media and channels of communication should be used?
- When will the communication of each action occur?

Action	Message	Tools to provide support	Audience	Timing	Cost	People responsible
		Internal newsletter				
		Website				
		Meetings with stakeholders				
		Posters and graphic communication				
		Letters to affected groups				
		Internal training programmes				
		Outreach programmes				
		Merchandising				
		Advertising				
		Media relations				
		Events				
		Sponsorship				

Key indicators

TO DO: Ensure that the objectives are linked with KPIs.

Objectives should be **SMART** (Specific, Measurable, Achievable, Realistic, and Time-bound).

Evaluation & improvement system

TO DO: At the end of the implementation period of the plan, the organisation should explain how they will evaluate the results from the communication strategy.

Information should **be in accordance with the key indicators** listed in the previous section and the objectives and goals described in this document.