

Are RDMPs on life-support? The need for a “health check” for researchers’ data practices

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Success!

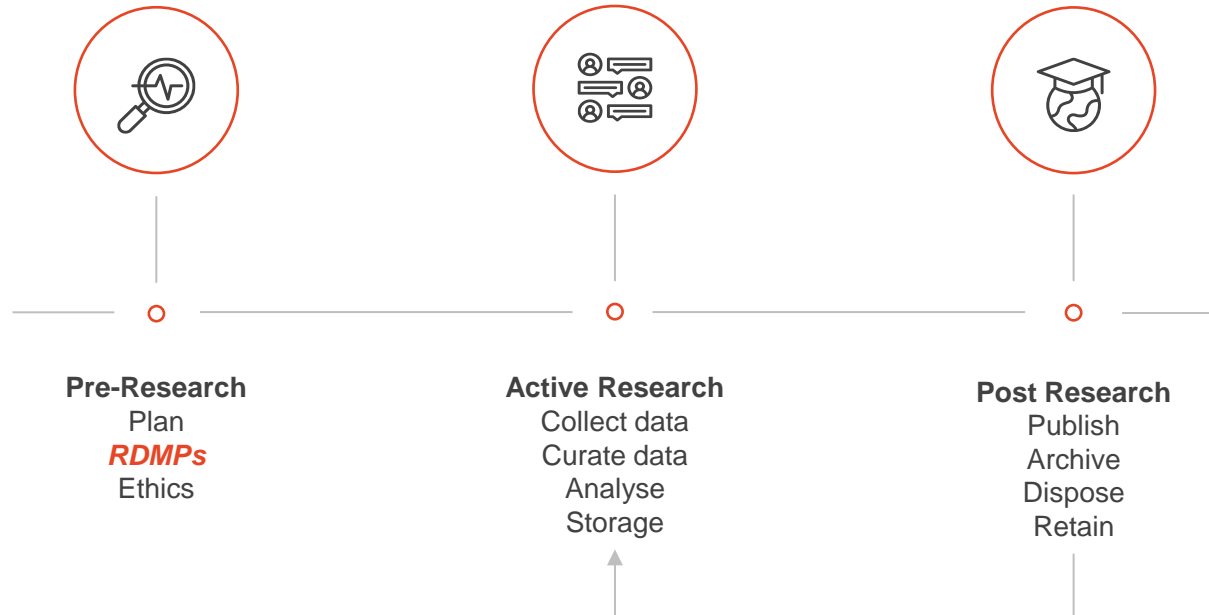
- Uptake of RDMPs have been very successful
 - Required by Research Code, funding, research agreements, policy
 - Milestone for HDRs (?)
 - Tied to provisioning of research platforms
 - All projects should have one

Success?

- Previous audit revealed RDMPs quality varies
 - RDMPs for external projects are better quality due external requirements
 - Other RDMPs can box ticking exercises
 - Internal projects
 - RDMPs to obtain storage
 - Some are never approved by the CI (i.e. exist in a draft state)
- Are they really “living documents”?
 - Are they followed?
 - Are they updated?



The research continuum



A new challenge

- Checking/auditing RDMPs are one of the unaddressed challenges
 - Are they present
 - Do they contain any detail
 - Are RDMPs updated
 - Are RDMPs followed
 - Do they match what is in ethics/grants
 - Are they any use?



Our goals

- Support our researchers through:
 - Raising awareness that RDMPs are living documents
 - Gaining insights to the state of RDM within our institution
 - Highlighting key areas to target uplift and training



Our approach – The RDM Health Check (Pilot)

- Difficulties checking RDMPs with existing data (volume, data access)
- Pilot program to explore state of RDM practice at Sydney
- “No-fault” review of RDM practices of researchers
- These are 1:1 sessions that takes approximately 1 hour
 - Review existing RDMP
 - Scoring using the rubric used in our last audit
 - 0-10 score total, over the 5 domains (RDMP present, data storage, compliant RDM practice, detail, retention/disposal)
 - Discuss what RDM practices are in place
 - Cross reference with ethics approval
 - Identify improvements to RDM practices
 - Recommend updates to RDMP/ethics where necessary

The process – The RDM Health Check

1. We approached researchers with existing relationships
 - Ideal for developing and fine tuning the process
 - Created a standard form in REDCap to capture and assess the information
2. Advertised the “RDM Health Check” as a service to allow self-selection
3. Targeted researchers who were identified (via faculty/school) as not having RDMPs



The uptake

- We are limited in the number of health checks as they are resource intensive
 - Average ~3 per month
 - Continuing to approach/recommend researchers take up this opportunity
 - Self-selection represents approx. 1/3 of completed checks



The results – Audience

- To date 11 health checks have been conducted
 - 54.5% Postgraduate students, 44.5% Researchers and research staff
 - 45.5% Faculty of Medicine and Health, 36.4% Faculty of Arts and Social Sciences, 18.2% Faculty of Science



The results – RDMPs

- 54.5% (n = 6) have RDMPs in our RDMP system (DashR)
 - These scored well on our rubric (M = 7.33, SD = 1.37)
 - 1 additional researcher had a RDMP but not in DashR
- We suggested RDMP updates in 5 cases
- Only 1 case where the existing RDMP was not followed
 - Different/additional research platforms were in use
- An RDMP was created as part of the health check for all other cases

The results – RDM practices

- Data classification applied was correct in all cases
- 90.9% (n = 10) have ethics approvals
- 81.8% (n = 8) mention retention/disposal/publishing
- 1 researcher requested a RDM health check as part of their own offboarding process
- 1 researcher was found to need to amend ethics
 - Personnel on project needed to be updated





Concerns

- When present, RDMPs required updates as personnel, data storage, and processes have been changed
- There are still issues with the adoption of RDMPs and RDM practices in pockets of the university.
- This is a small, biased sample
 - RDM aware/engaged researchers and HDRs
 - Targeted researchers identified to need extra support

The insights

Good

- Researchers are were positive/receptive to a “RDM Health Check”
- Working with School/Faculty is an efficient way to identify specific researcher/research groups who require extra support/training
- RDM practices are generally good

Bad

- Still gaps in RDMP uptake
- RDMPs are not being updated

Ugly

- The process is time and resource intensive
- We don't know what we don't know (we have not seen the worst offenders)

Where to next?

- Health checks will continue as valued service
- DashR refresh
 - Better access to RDMP data
 - Deeper integration with other systems
- Targeted training/outreach
 - Problem areas
 - Offboarding





Questions?