Faculty of Health Sciences Ethics Office

GUIDELINES FOR THE INTEGRATED RESEARCH INTEGRITY MANAGEMENT SYSTEM OF THE FACULTY OF HEALTH SCIENCES

1 HISTORY

Over the past few years (2015 - 2019) the Faculty of Health Science (FHS), North-West University (NWU), has managed to build up an effective *research ethics system* under the management of the Faculty of Health Sciences Ethics Office for Research, Training and Support. In the absence of a system to handle cases of potential 1) research non-compliance, 2) violation of good research practice and 3) research misconduct, these aspects were integrated into the Ethics Office without the involvement of the Research Ethics Committee chairpersons or the Research Ethics Committees (RECs), making it possible to manage any potential conflict of interest. To manage these three mentioned aspects, Standard Operating Procedures (SOPs) were developed and covered the management of complaints (SOP 1.5 of 1016); whistleblowing (SOP 1.8 of 2016); and non-compliance, violation of good research practices and misconduct (SOP 1.13 of 2017). These SOPs were approved through all the faculty and university structures. The approach followed was that if the actions of a researcher (academic or postgraduate student) involved potential research non-compliance and/or violation of good research practice, it was handled in the Faculty by the Dean of the FHS and the Head of the Ethics Office with the researcher receiving a letter of reprimand with specific restorative actions required by the researcher. This would, however, change in the case of continuous research non-compliance and/or violation of good research practice, leading to disciplinary action. In the case of potential research misconduct the case was escalated to the Deputy Vice-Chancellor: Research and Innovation (DVC: R&I) should there be enough proof of potential research misconduct. It would then be the DVC: R&I that would launch a formal investigation into potential academic misconduct, either going the route of disciplinary or legal action pending the nature of the case.

In 2018 two changes occurred: 1) the appointment of *Deputy Deans* in Faculties, and 2) the NWU approving a "*Policy on Academic Integrity (2018) revised 2021*". The mentioned policy includes both *teaching-learning* and *research practices*. It provides guidelines on how the office of the Registrar will handle a formal internal and external investigation into potential academic misconduct of an undergraduate or postgraduate student or a staff member. These two changes, as well as an *increase in cases* of research non-compliance, violation of good research practice and research misconduct in the FHS and other faculties, created a greater awareness of the importance of research integrity (RI) and the need to find more effective and comprehensive ways to manage RI in the FHS.

The management of RI was then delegated to the Deputy Dean: Research and Innovation (DD: R&I) and previously formulated processes and procedures (SOPs) falling under the Ethics Office had to be reviewed. The first step in 2018 was just to create a greater awareness of RI within the FHS. This was accomplished by presenting two-hour training sessions in RI on all three campuses to both academics and postgraduate students. Since 2019 RI training became an integral part of the two-day Research Ethics Training course in the FHS with the first morning dedicated to RI. Towards the latter part of 2019 it was decided to develop an *extensive and integrated RI management system, and its accompanying processes and procedures* during 2020 under the auspices of the DD: R&I, envisaged to roll out in 2021.

2 PURPOSE OF THESE GUIDELINES

These guidelines provide guidance to staff and students (undergraduate and postgraduate) on the "*Integrated Research Integrity Management System*" (IRIMS) of the Faculty of Health Sciences. It provides an overarching document that will link the various processes and procedures to ensure:

1) The fostering of a climate of *Responsible Conduct of Research* (RCR).
2) The effective management of potential breaches in research integrity through acts of:

   i) Research non-compliance.

   ii) Violation of good research practice.

   iii) Research misconduct.
3) The effective management of possible appeals processes stemming from assessments or preliminary investigations.

3 ABBREVIATIONS AND/OR DEFINITIONS USED IN VARIOUS SOPs

Abbreviation	**Description**
DD: R&I	Deputy Dean: Research and Innovation
ED	Executive Dean
RD	Research Director
SD	School Director
FHS	Faculty of Health Sciences
RIO	Research Integrity Officer
RI	Research Integrity
SRIC	Standing Research Integrity Committee
ERIC	Empanelled Research Integrity Committee
DVC: R&I	Deputy Vice-Chancellor: Research and Innovation
REC	Research Ethics Committee
NWU-HREC	North-West University Health Research Ethics Committee
NWU-AnimCareREC	North-West University Animal Care, Health and Safety in Research Ethics Committee
RCR	Responsible Conduct of Research
Concepts	**Definitions**
Responsible Conduct of Research (RCR)	The act of making research integrity visible; refers to the practice of scientific investigation with *responsibility and integrity* through an awareness and application of established *professional research norms/standards* and *ethical principles* in the performance of all activities related to the research.
Breach in Research Integrity	The finding of a *formal intra-faculty research integrity assessment* (research non-compliance, violation of good research practice or plagiarism) or *preliminary intra-faculty research integrity investigation* (fabrication or falsification) that a researcher has transgressed/potentially transgressed in responsible conduct of research based on the mentioned acts.
Non-compliance	Any violation of: • Any institutional and/or REC *policies, procedures* and *regulation* governing human or animal research. • Any *deviation* from the REC-approved *proposal/protocol*. Non-compliance varies in *nature, severity* and *frequency* (adapted from UCT, 2013).
Minor Non-compliance	A non-compliant incident that *does not*:

	• Affect the safety of human participants or animals. • Compromise data integrity. • Violate participants' rights or welfare. • Affect participants' willingness to participate in research. Examples include but are not limited to: • Inadvertent errors due to inattention to detail. • Misunderstanding or oversight. • Missed deadline for a continuing review (adapted from UCT, 2013).
Serious Non-compliance	An activity that jeopardises: • The safety, rights or welfare of human participants or animals. • The integrity of the data during research. Examples include but are not limited to: • Conducting research with humans or animals without REC approval. • Not using approved REC documentation. • Inadequate training and supervision of research staff. • Current REC-approved informed consent form describing all potential risks and alternatives to participants is not used. • Failure to obtain voluntary informed consent. • Enrolling human participants that do not meet the inclusion criteria or including those that meet the exclusion criteria. • Failure to follow accepted procedures to exercise due care in avoiding harm or discomfort to participants or research staff. • Deviation from or failure to adhere to the approved proposal/protocol without prior approval by the REC. • Implementing substantive modifications to REC-approved proposals/protocols without prior REC approval. • Activities that compromise the participants' privacy and confidentiality. • Continuing with research when REC approval has lapsed. • Copyright infringement. • Negligent management of data security (adapted from the European Code of Conduct for Research Integrity (ECCRI), 2017 and UCT, 2013 and 2014). **Note:** Should a researcher conduct research with humans or animals without REC approval, the process will be escalated to a *disciplinary action*.
Continuous Non-compliance	A series of *more than one non-compliant or violating behaviour* in reasonably proximity (one year) that, if unaddressed, may compromise the research integrity. This can be due to lack of *knowledge* or *commitment* on the part of the researcher(s). The *conduct continues* after the researcher has explicitly been made aware of the first instance of non-compliant or violating behaviour and

	despite an attempt to assist the researcher in this regard, the conduct continues. Examples include but are not limited to: • Repeated failure to follow institutional and REC policies and procedures, particularly after the researcher has been informed of the problem(s) and that corrective action needs to be taken. • A researcher has a record of non-compliance, violations, or misconduct over a long period or in several existing or previously approved studies (adapted from UCT, 2013).
Violation of good Research Practice	Violations of good research practice that damage the integrity of the research process or researchers and that lead to "*questionable research practices*". Examples include but are not limited to: • Direct violation of good research practices set out in the *NWU Code of Conduct for Researchers* or other codes of conduct for members of RECs and other regulatory requirements. • Manipulating authorship or denigrating the role of other researchers in publications. • Citing selectively to enhance own findings or to please editors, reviewers, or colleagues. • Deliberate misrepresentations in publications. • Expanding unnecessarily the bibliography of a study. • Establishing or supporting journals that undermine the quality control of research (predatory journals). • Withholding research results. • Exaggerating the importance and practical applicability of findings. • Misrepresenting research achievements. • Improper conduct in peer review. • Delaying or inappropriately hampering the work of other researchers. • Allowing funders/sponsors to jeopardise independence in the research process or reporting of results to introduce or promulgate bias. • Accusing a researcher of misconduct or other violations in a retaliating, intimidating and malicious way. • Ignoring putative violations of research integrity by others or covering up inappropriate responses to misconduct or other violations by institutions. • Misusing seniority to encourage violations of research integrity (adapted from ECCRI, 2017 and UCT, 2014). **Note**: The right to escalate is retained even if it falls within the defined acts of non-compliance or violation of good research practice covered in this SOP. Should a researcher support *predatory journals*, the process will immediately be escalated to a *disciplinary action*.
Research Misconduct	Refers to the FFP categorisation: • Fabrication.

	• Falsification. • Plagiarism. In • Proposing. • Performing. • Reviewing research. • Reporting results.
• Fabrication	Making up of results and recording them as if they were real.
• Falsification	Manipulating research materials, equipment, or processes, or changing, omitting, or suppressing data or results without justification.
• Plagiarism	• Using other people's work and ideas in research without giving proper credit to the original source, thus violating the rights of the original author(s) to their intellectual outputs. Or • Re-publishing substantive parts of one's own earlier publications, including translations, without duly acknowledging or citing the original (self-plagiarism). *Also see definition in the NWU Policy on Academic Integrity: Annexure 1.*
Copyright infringement	• The use of work protected by *copyright* law without permission. • *Infringing* certain exclusive rights granted to the copyright holder, such as the right to: o Reproduce the protected work. o Distribute the protected work. o Display the protected work. o Perform the protected work. o Make derivative work. *Also see definition in the NWU Policy on Academic Integrity: Annexure 1.*
Allegation	A report that represents an *unproven assertion*.
Alleger	The person (a researcher, any other member of a research team, a REC member, research participants or a community member) who raises awareness of possible research non-compliance, violation of good research practice, or research misconduct by a researcher as the alleged.
Alleged	The researcher accused of research non-compliance, violation of good research practice, or research misconduct.
Initial Informal Intra-faculty Research Integrity Assessment	An initial informal intra-faculty research integrity assessment process conducted by the DD: R&I, FHS and the RIO linked to this office, into the *merits of the allegation* or *formal grounds* of 1) research non-compliance, 2) violation of good research practice, or 3) research misconduct before proceeding to the more formal intra-faculty research integrity assessment or preliminary intra-faculty research integrity investigation. The type of conduct will guide the process that follows. In the case of potential research misconduct an independent consulting attorney is included.

Formal Intra-faculty Research Integrity Assessment	A formal intra-faculty research integrity assessment process into the allegations of 1) research non-compliance, 2) violation of good research practice, or 3) research misconduct (plagiarism). This process is conducted by the DD: R&I, FHS as chairperson and an Empanelled Research Integrity Committee (ERIC) consisting of the appointed Standing Research Integrity Committee (SRIC) and specified ad hoc members should the allegation seem to have merit and formal grounds.
Preliminary Intra-faculty Research Integrity Investigation	A preliminary intra-faculty research integrity investigation into allegations of research misconduct through an act of fabrication or falsification. This process is conducted by the DD: R&I, FHS as chairperson, the appointed Standing Research Integrity Committee (SRIC), as well as specified independent ad hoc members (attorney and two experts) should the allegation seem to indicate a breach in research integrity through acts of fabrication and/or falsification.
Disciplinary action	The formal departmental or university process of a disciplinary procedure taken against a staff member or student.
Escalation	The process of referring a "defensible" finding of *continuous* research non-compliance and/or violation of good research practice to: a) A disciplinary process for a staff member (See NWU Behavioural Manual). b) A disciplinary process for an undergraduate or postgraduate student (See NWU Policy on Student Discipline, 26 September 2019). c) A formal *investigation into academic misconduct* by the office of the Registrar of the University (See the NWU Policy on Academic Integrity, 27 September 2018, revised October 2020). Or The process of referring a "defensible" finding of *potential research misconduct* for a *formal investigation into academic misconduct* by the office of the Registrar of the University (See the *NWU Policy on Academic Integrity, 27 September 2018, revised 2021*).
Formal Investigation	The process of an investigation into academic misconduct (fabrication, falsification, plagiarism) by the Registrar and people appointed by him/her to conduct the various phases of the investigation (See the *NWU Policy on Academic Integrity, 27 September 2018, revised 2021)*.
Finding of Non-compliance and/or Violation of Good Research Practice	A result concluding that an allegation of 1) research non-compliance and/or 2) violation of good research practice is true based on the preponderance of the evidence.
Research Integrity Officer (RIO)	A person appointed in the office of the DD: R&I to facilitate research integrity (RI) within the FHS through various functions, i.e. developing and maintaining processes, procedure and SOPs related to research integrity, as well as managing RI within the FHS.
Standing Research Integrity Committee (SRIC)	A Standing Research Integrity Committee (SRIC) appointed in the FHS and consisting of the following members: • Chairperson: DD: R&I. • Research Integrity Officer. • Head of the Ethics Office for Research, Training and Support. • A Research Director in the FHS knowledgeable in the management of RI (*appointed for three years*). • Secretariat

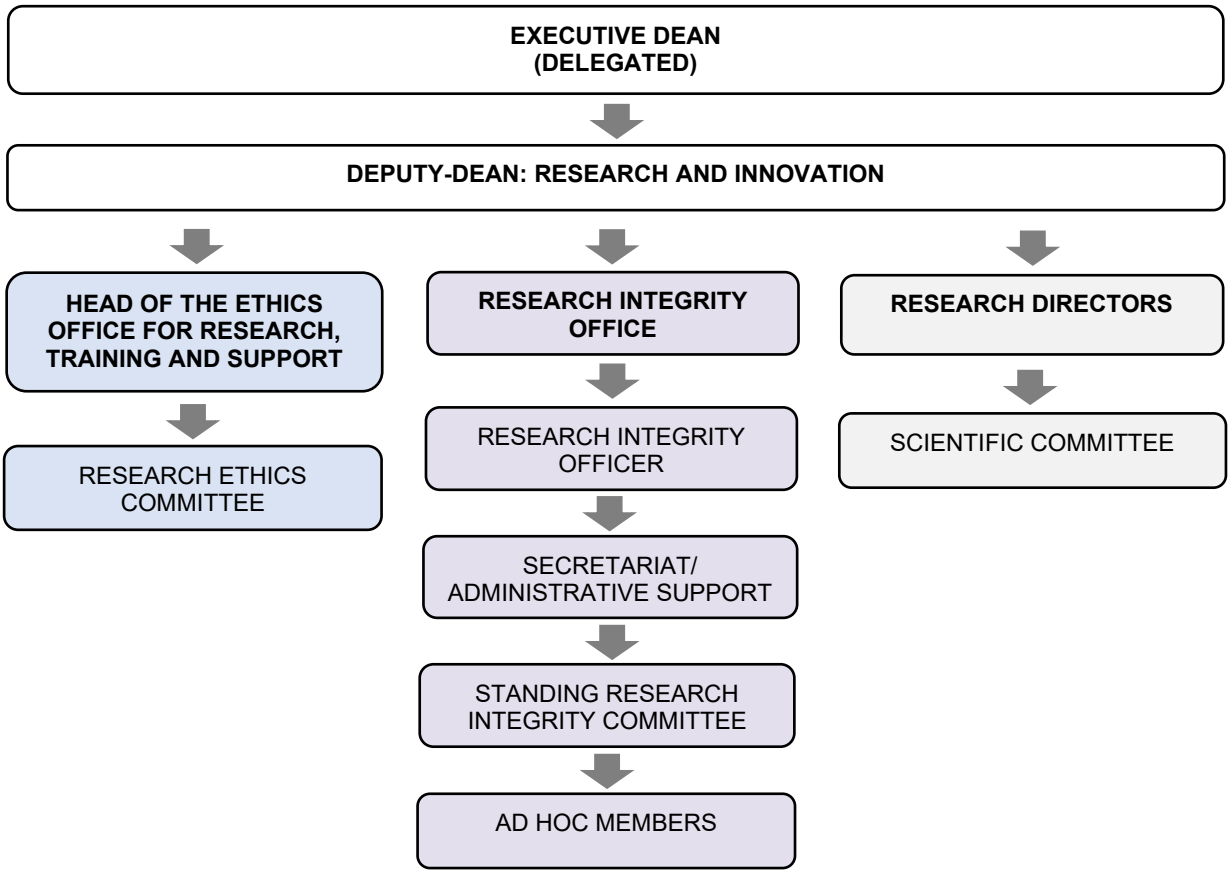
	In cases of fabrication and falsification the following independent ad hoc members are included: • Consulting attorney. • Two subject experts appropriate to the case at hand.
Empanelled Research Integrity Committee (ERIC)	A research integrity committee specifically empanelled and chaired by the DD: R&I for a specific formal intra-faculty research integrity assessment of an alleged research integrity breach. The composition varies in each case and is made up of the Standing Research Integrity Committee (SRIC) and specific ad hoc members that will differ according to each new case at hand. Standing Research Integrity Committee (SRIC): • Chairperson: DD: R&I. • Research Integrity Officer as secretariat. • Head of the Ethics Office for Research, Training and Support. • A Research Director knowledgeable in the management of RI (appointed for a three-year period). • Secretariat. Ad Hoc Members: • Research Director (RD) (unit in which the alleged resides). • School Director (SD) (school in which the alleged resides). • An independent person (expert on the required research integrity issue at hand).
Restorative Actions	Specific corrective measures and time frames prescribed by the ERIC to correct the consequences of a breach in research integrity by the researcher and to prevent future reoccurrences and ensure responsible conduct of research by him/her. The actions expected from the researcher falls within a specific time frame and are aimed at specific research knowledge, skills, and capacity development under the mentorship of an appointed mentor. The approach by the ERIC is supportive, educative, and restorative, with a growth experience as the result. **Note:** Under no circumstances does this include any disciplinary measures.
Mentor	An appropriately knowledgeable and skilled senior person appointed by the ERIC to mentor a researcher found in breach of RCR. Mentorship will be for a specific identified period with specific responsibilities expected of the person and regular reporting to the RD.
Appeal	A request lodged by an alleged after an assessment or investigation finding of a potential breach in research integrity. The request is made to the DD: R&I to alter some of the content of the letter written to him/her, or to question some aspects of the process, or part of the decision made.
Appeals panel	A group of people empanelled by the ED with the support of the RIO for the purpose of handling a research integrity appeals request. The appeals panel consists of: • Chairperson: ED. • Research Integrity Officer. • The RD of the research entity in which the alleged resides.

	• Two independent expert panellists knowledgeable about the specific RI issue at hand. • Secretariat.
Integrated Research Integrity Management System	The integrated system used by the Faculty of Health Sciences to manage research integrity in such a way that it: 1) Fosters a climate of *Responsible Conduct of Research* (RCR). 2) Effectively manages potential breaches in research integrity through acts of: i) Research non-compliance. ii) Violation of good research practice. iii) Research misconduct. 3) Effectively manages possible appeals stemming from research integrity assessments or investigations.

4 SCOPE OF THE GUIDELINES

The responsibility of the execution of the *Integrated Research Integrity Management System* (IRIMS) of the Faculty of Health Sciences is vested in the office of the Deputy Dean: Research and Innovation (DD: R&I) as a delegated function of the Executive Dean. An appointed Research Integrity Officer (RIO) drives the functioning of the system. Two linked systems provide the full spectrum of research integrity within the FHS: 1) the Ethics Office for Research, Training and Support and the two Research Ethics Committees NWU-HREC and NWU-AnimCareREC), as well as 2) the various Scientific Committees.

Figure 1: Organisational structure for research integrity



Various Standard Operating Procedures (SOPs) describe the functioning of the system:

1) SOP_Research Integrity_1. Management of Research Non-compliance and/or Violation of Good Research Practice.
2) SOP_Research Integrity_2. Management of Continuous Research Non-compliance and/or Violation of Good Research Practice.
3) SOP_Research Integrity_3. Management of Research Misconduct.
4) SOP_Research Integrity_4. Management of the Research Integrity Appeals Process.
5) SOP_Research Integrity_5. Management of Plagiarism and/or Copyright Infringement by External Authors.

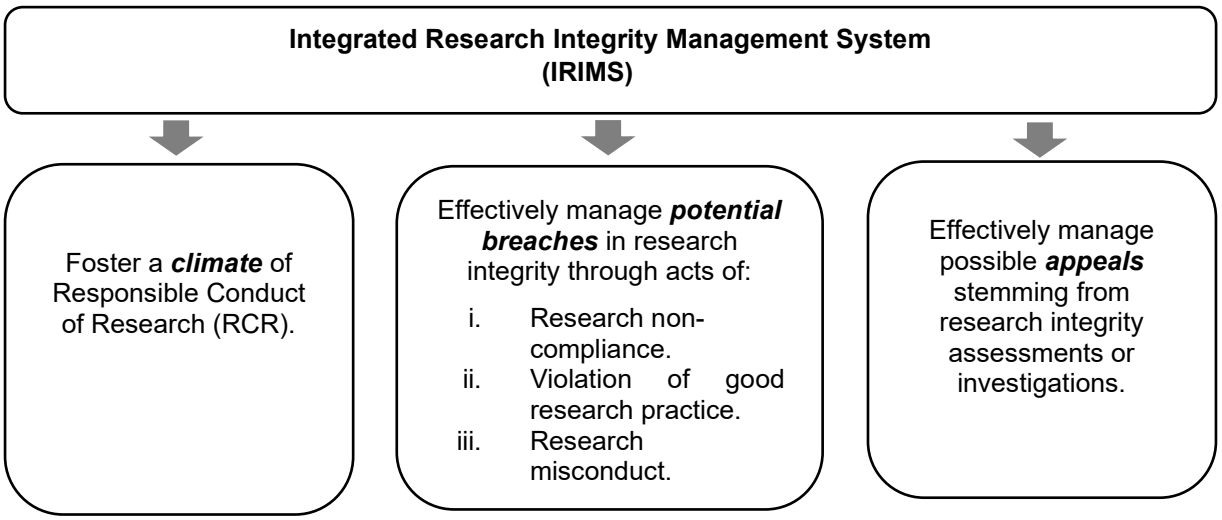
5 RESPONSIBILITIES

The responsibilities of the various role players in each of the processes of the *Integrated Research Integrity Management System* are clearly spelled out in the various SOPs indicated under section 4.

6 THE INTEGRATED RESEARCH INTEGRITY MANAGEMENT SYSTEM

The Integrated Research Integrity Management System (IRIMS) adopted by the FHS is built on the belief that such a system should be: 1) conducive to creating and fostering a climate of Responsible Conduct of Research, but also 2) take full responsibility to act should any researcher (staff or student) fail to follow good research practices that could lead to: a violation of professional responsibilities; damaging the research process; degrading relationships amongst researchers; undermining trust and the credibility of the research; wasting resources; and exposing research participants, users, society or the environment to unnecessary harm.

Figure 2: Integrated research integrity management system



6.1 Fostering a climate of responsible conduct in research

The value and benefits of research are vitally dependent on the integrity of research (Singapore Statement, 2010). The practices of a scientific community should promote confidence and trust in their research findings through Responsible Conduct of Research (RCR). This will become possible if a scientific community builds its practices on sound *principles* and adhering to specific accepted *professional responsibilities.* Both the individual and the institution should accept accountability for this.

The FHS strives to foster such a climate of RCR through the following actions:

6.1.1 Formulating the principles of research, we will follow

The FHS adapts the four principles described in the Singapore Statement on Research Integrity (2010) as supported by the NWU Code of Conduct for Researchers.

- ***Honesty*** in all aspects of research.
- ***Accountability*** in the conduct of research.
- ***Professional courtesy and fairness*** in working with others.
- ***Good stewardship*** of research on behalf of others.

6.1.2 Defining the criteria for proper research behaviour

The behaviour of all researchers (staff and students) is defined by the 14 responsibilities of researchers described in the Singapore Statement on Research Integrity (2010) and the 8 practice guidelines described by the European Code of Conduct (2017).

6.1.3 Maximising the quality and robustness of our research

The FHS adheres to the Integrated Research Integrity Management System (IRIMS) described in this document. It further maximises the quality and robustness of our research through two further well-managed and linked systems:

1) The Scientific Committee System for the review and approval of all future studies to ensure the quality and integrity of science conducted in the Faculty.
2) The Research Ethics System managed by the FHS Ethics Office for Research, Support and Training and the two Research Ethics Committees (RECs) for research that involves humans and/or animals. The FHS strive to develop a strong sense of ethical responsibility in each of its researchers.

6.1.4 Responding adequately to threats to, or violations of, research integrity

The FHS strongly believes and supports the notion of an adequate response to any threats to, or violations of, research integrity and will not hesitate to do so. *Section 6.2* gives direction on which research integrity SOPs to consult and follow. Each SOP gives a detailed clear layout of the processes and procedures to follow to ensure *consistency* and *transparency* for these processes and procedures.

It is believed that effective:

- Training.
- Supervision.
- Mentoring.
- Development of a supportive research environment.

Will

- Prevent.
- Discourage.
- Stop any questionable research practices.

6.2 Management of potential breaches in research integrity

For purposes of making research integrity manageable, acts of potential breaches are placed on a *continuum of seriousness*. Although there is this suggested continuum, the FHS views all these acts as harmful to maximising the quality and robustness of our research and as such will act appropriately to manage and ameliorate the effects of such acts. However, even if an act is placed on the less serious side of the continuum, with specific standard operating procedures of how to handle it, it may in some instances be justified to immediate escalate it to *disciplinary action* or even *escalate it to the office of the Registrar for a formal academic integrity investigation.*

Figure 3: Continuum of breaches in research integrity

6.2.1 Structures used in the Integrated Research Integrity Management System

There are *four* important structures that become active in various processes or phases of managing potential breaches in research integrity.

- **The DD: R&I and RIO**
  For any initial informal intra-faculty assessments.

  In cases of *research misconduct* (fabrication, falsification, and plagiarism) an ad hoc independent consulting attorney is added.

- **The Standing Research Integrity Committee (SRIC):**
  A Standing Research Integrity Committee (SRIC) appointed in the FHS and consisting of the following members:
  - Chairperson: DD: R&I.
  - Research Integrity Officer.
  - Head of the Ethics Office for Research, Training and Support.
  - A Research Director in the FHS who is knowledgeable in the management of RI (*appointed for three years*).
  - Secretariat.

  In the case of plagiarism an independent consulting attorney is added.

  In cases of fabrication or falsification the following independent ad hoc members are included:
  - Consulting attorney.
  - Two subject experts appropriate to the case at hand.

- **Empanelled Research Integrity Committee (ERIC):**

  For research non-compliance and/or violation of good research practice, as well as continuous research non-compliance and/or violation of good research practice:

  A research integrity committee specifically empanelled and chaired by the DD: R&I for a specific formal intra-faculty research integrity assessment of an alleged research integrity breach. The composition varies in each case and is made up of the Standing Research Integrity Committee (SRIC) and specific ad hoc members that will differ according to each new case at hand.

  Standing Research Integrity Committee (SRIC):

  - Chairperson: DD: R&I.
  - Research Integrity Officer as secretariat.
  - Head of the Ethics Office for Research, Training and Support.
  - A Research Director knowledgeable in management of RI (appointed for a three-year period).
  - Secretariat.

Ad Hoc Members:

- Research Director (RD) (unit in which the alleged resides).
- School Director (SD) (school in which the alleged resides).
- An Independent person (expert in the required research integrity issue at hand).

Or

For research misconduct (fabrication and falsification):

A Standing Research Integrity Committee (SRIC) appointed in the FHS and consisting of the following members:

- Chairperson: DD: R&I.
- Research Integrity Officer.
- Head of the Ethics Office for Research, Training and Support.
- A Research Director in the FHS knowledgeable in the management of RI (*appointed for three years*).
- Secretariat.

In cases of fabrication and falsification the following independent ad hoc members are included:

- Consulting attorney.
- Two subject experts appropriate to the case at hand.

- **Appeals panel:**

  A group of people empanelled by the ED with the support of the RIO for the purpose of handling a research integrity appeals request.

  The appeals panel consists of:

  - Chairperson: ED.
  - Research Integrity Officer.
  - The RD of the research entity in which the alleged resides.
  - Two independent expert panellists knowledgeable about the specific RI issue at hand.
  - Secretariat.

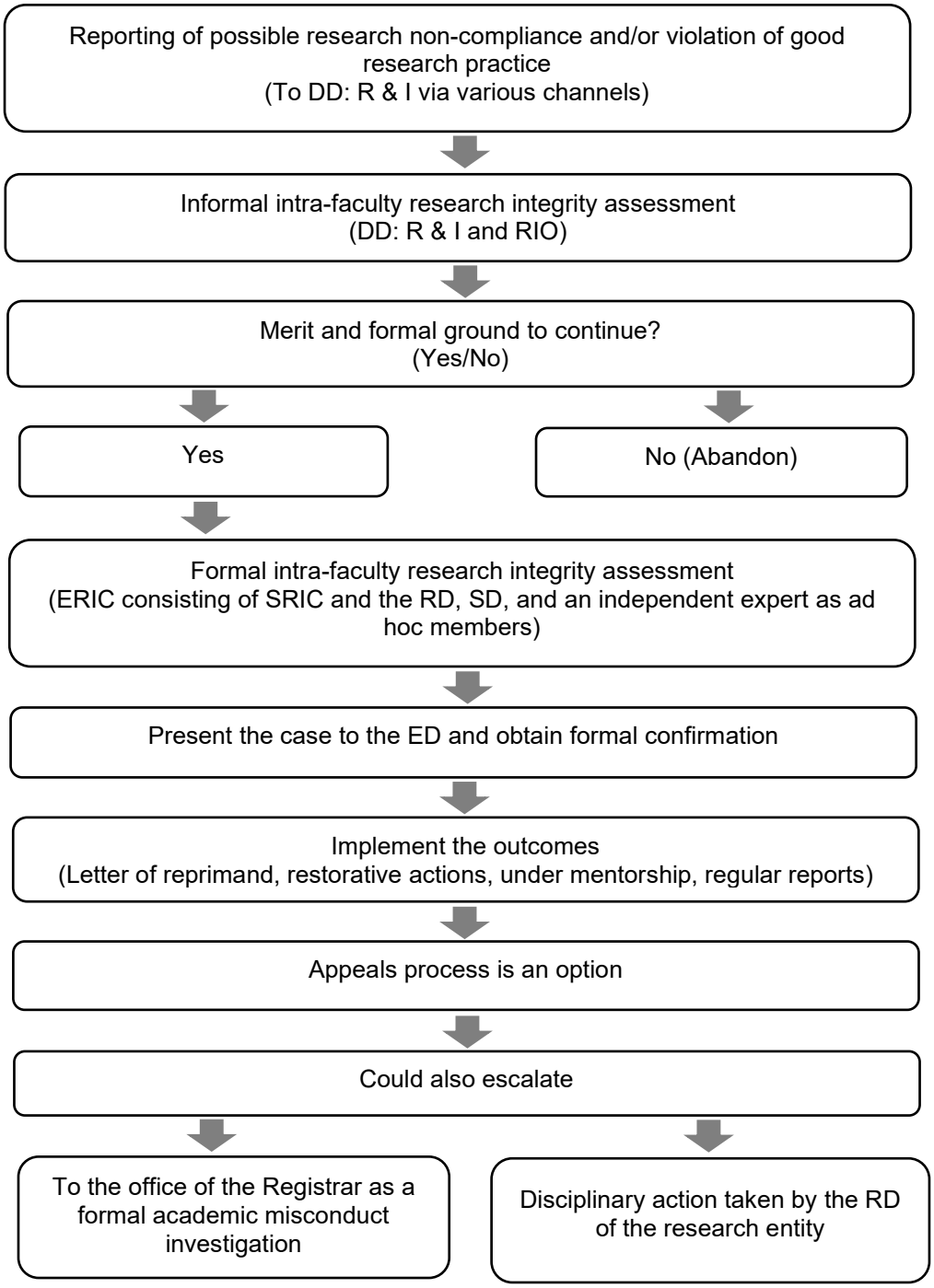
6.2.2 Various forms of breaches in research integrity

The *various processes and procedures* to follow during a potential breach through acts of 1) *research non-compliance and/or violation of good research practice*, 2) *continuous research non-compliance or/or violation of good research practice*, or 3) *research misconduct* (fabrication, falsification or plagiarism) are displayed separately by only referring to the applicable SOP and providing a flow diagram.

6.2.2.1 Research non-compliance and/or violation of good research practice

Applicable SOP: SOP_Research Integrity_1. Management of Research Non-compliance and/or Violation of Good Research Practice.

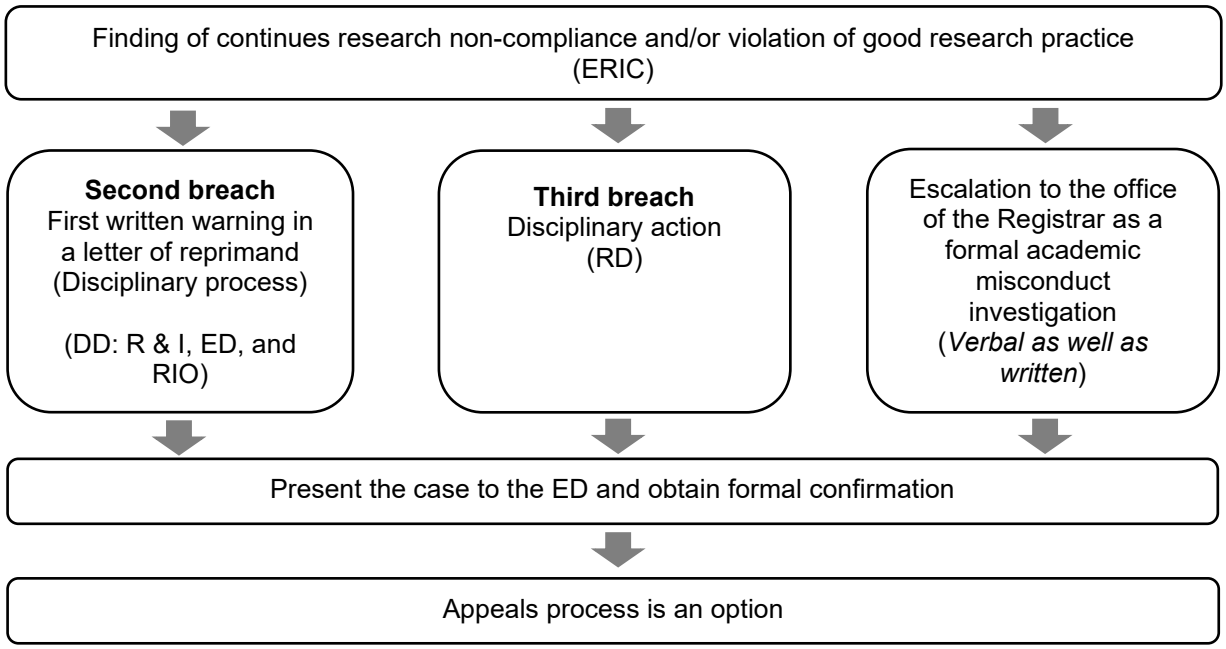
Diagram 1: Processes and procedures for the management of research non-compliance and/or violation of good research practice



6.2.2.2 Continuous research non-compliance and/or violation of good research practice

Applicable SOP: SOP_Research Integrity_2. Management of Continuous Research Non-compliance and/or Violation of Good Research Practice.

Diagram 2: Processes and procedures for the management of continuous research non-compliance and/or violation of good research practice



6.2.2.3 Research misconduct

Applicable SOP: SOP_Research Integrity_3. Management of Research Misconduct.

Diagram 3: Structure for the management of research misconduct

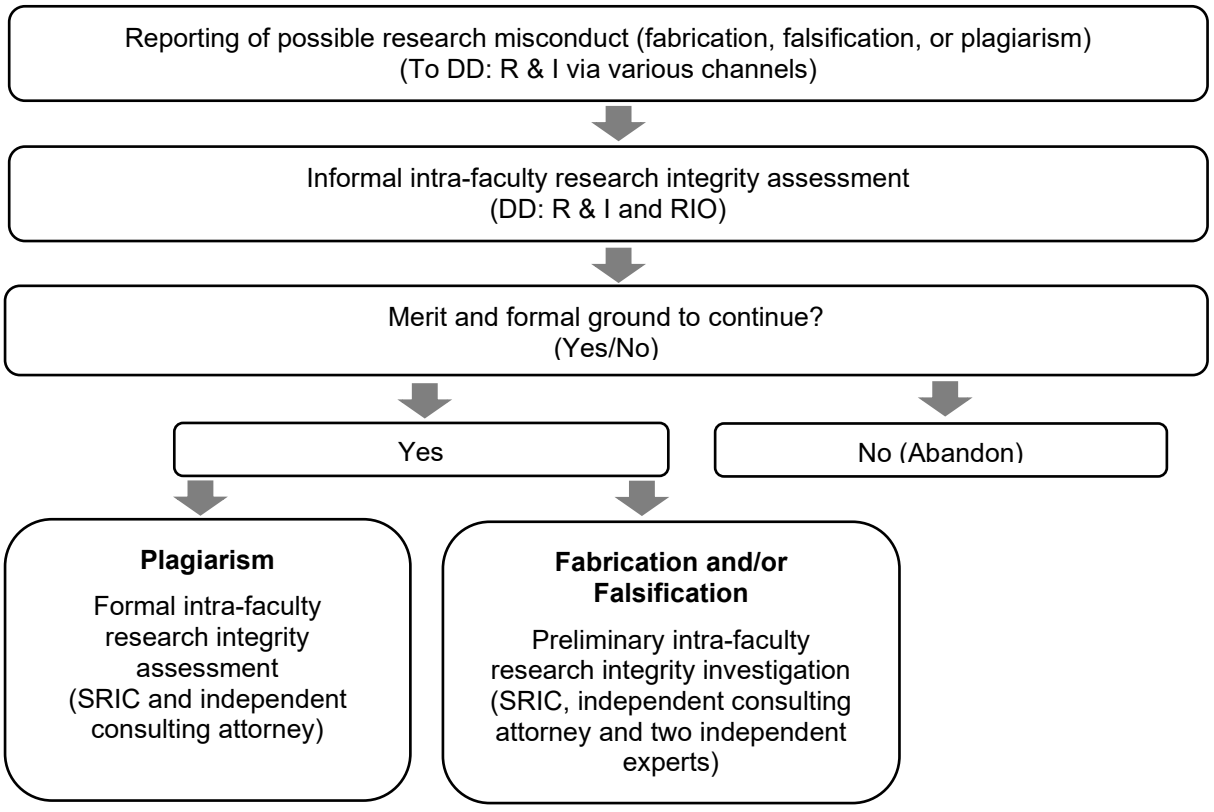


Diagram 3a: Processes and procedures for the management of research misconduct (plagiarism)

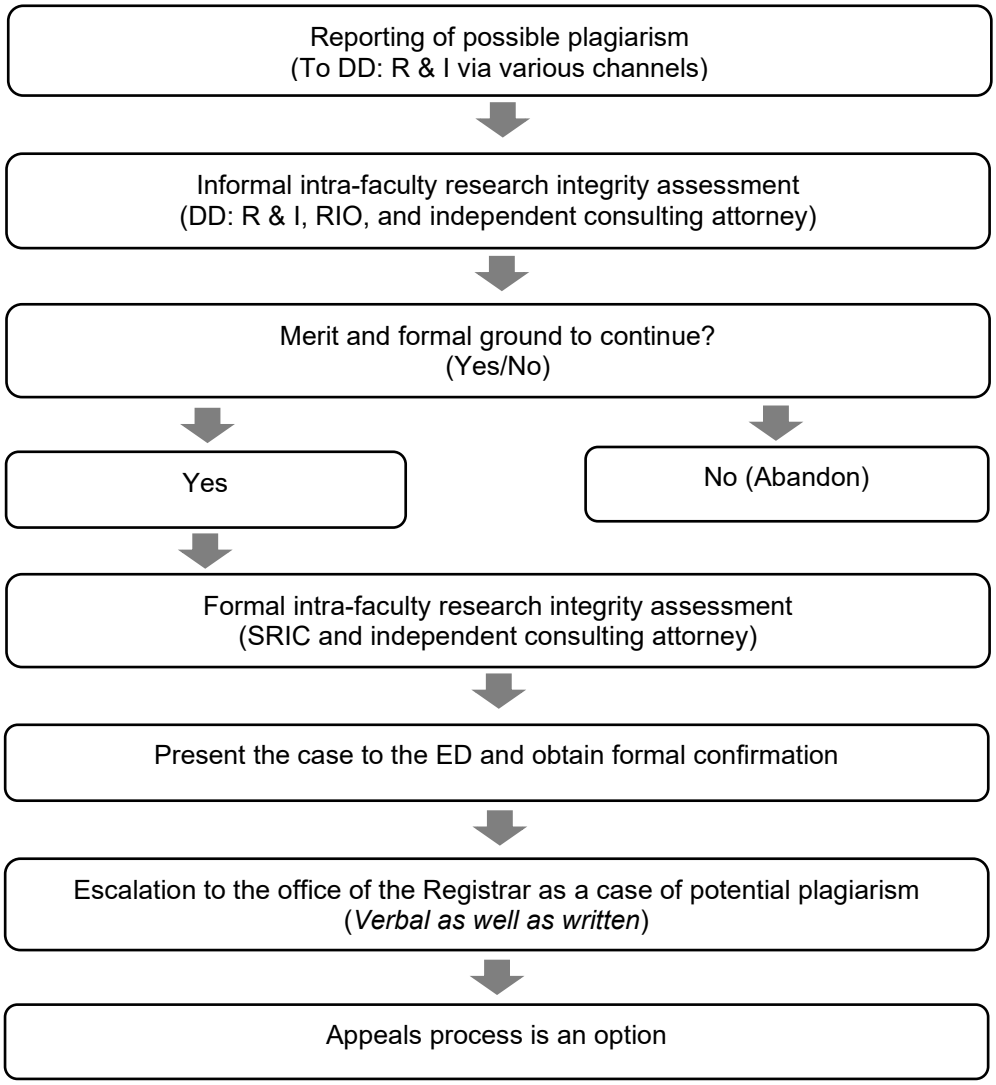
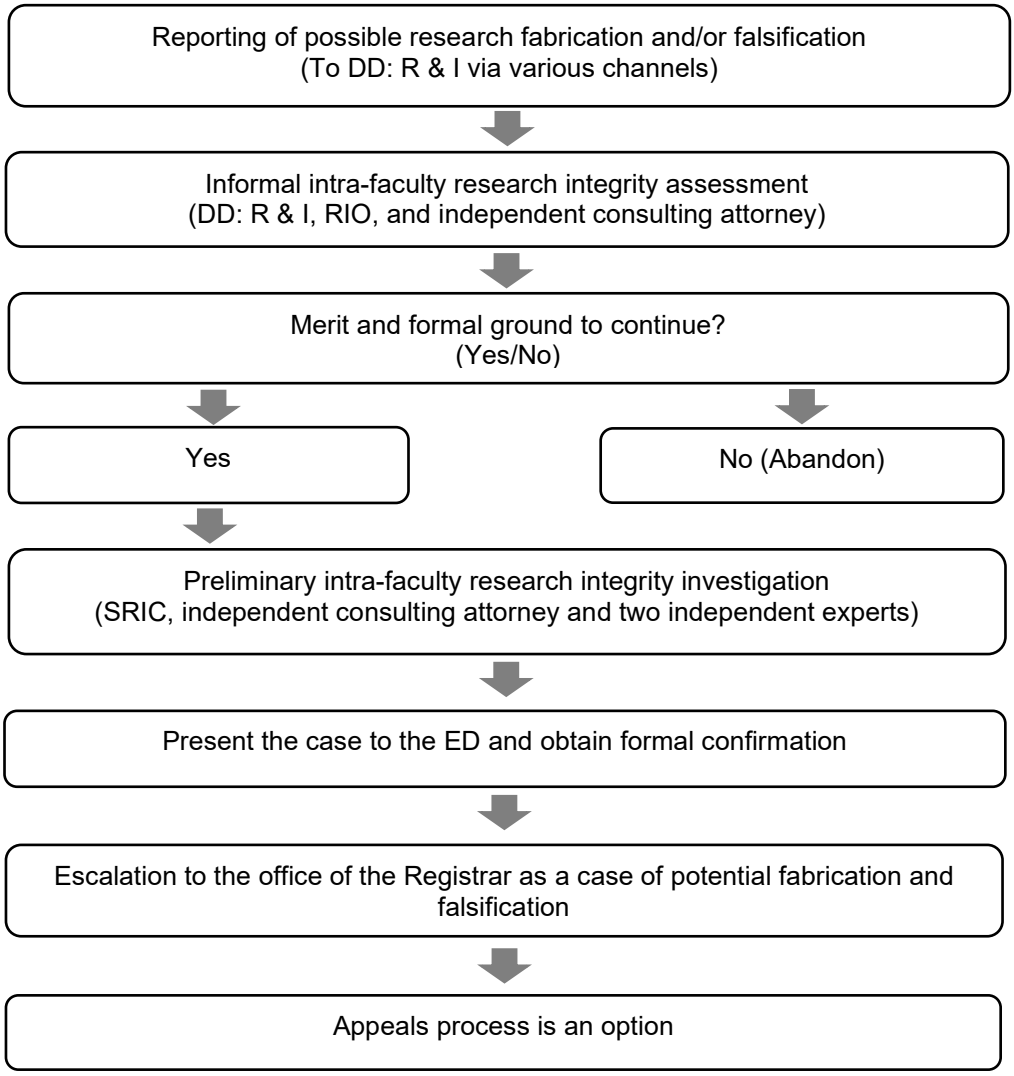


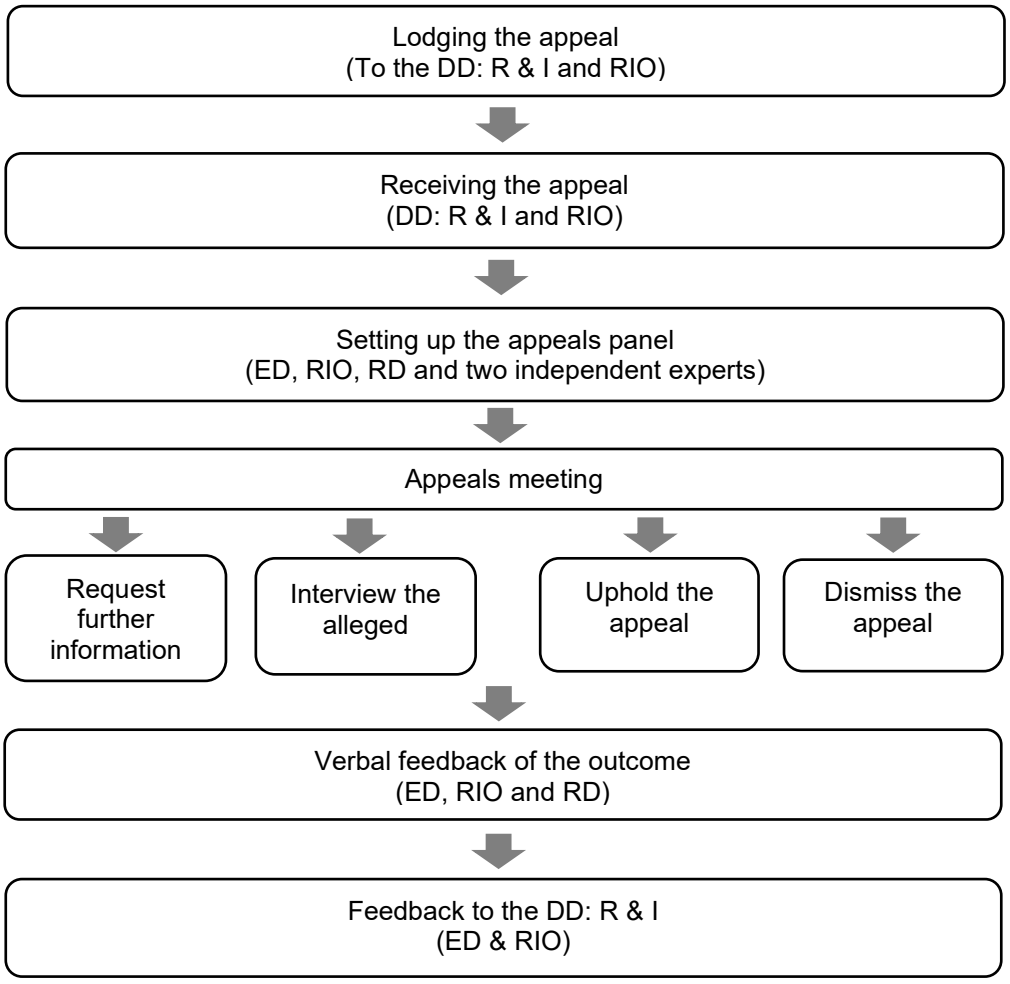
Diagram 3b: Processes and procedures for the management of research misconduct (fabrication and falsification)



6.2.3 Research integrity appeals process

Applicable SOP: SOP_Research Integrity_4. Management of the Research Integrity Appeals Process.

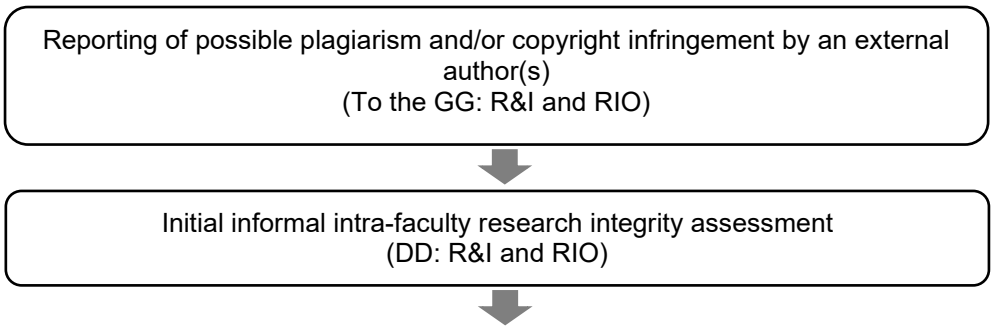
Diagram 4: Processes and procedures for the management of the appeals process

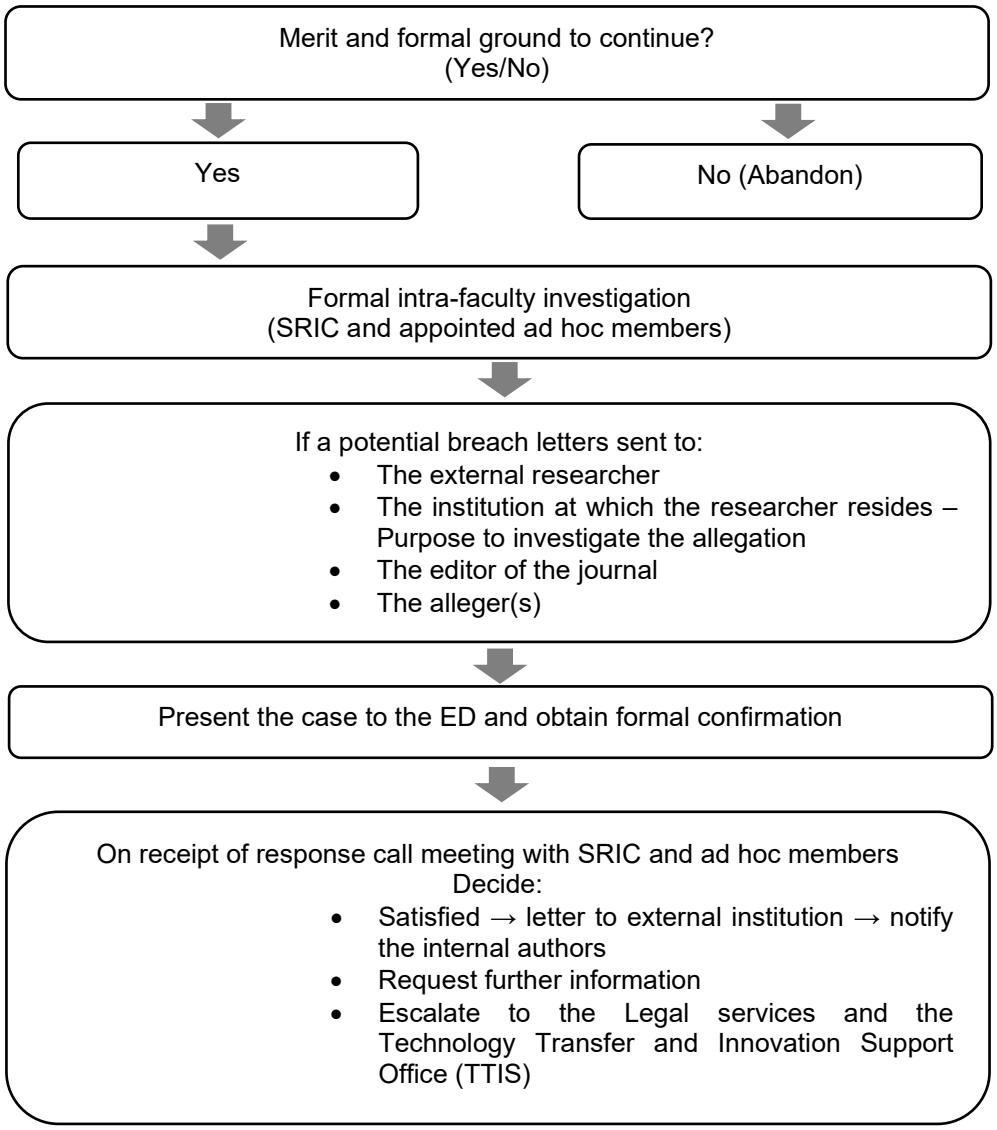


6.2.4 Plagiarism and/or copyright infringement by external authors

Applicable SOP: SOP_Research Integrity_5. Management of Plagiarism and/or Copyright Infringement by External Authors

Diagram 5: Processes and procedures for management of plagiarism and/or copyright infringement by external authors





7 REFERENCE DOCUMENTS

- The Singapore Statement on Research Integrity, 2010.
- The European Code of Conduct, 2017.
- The National Health Act, No. 61 of 2003.
- Ethics in Health Research: Principles, Processes and Structures (Department of Health, 2015).
- South African National Standard: The Care and Use of Animals for Scientific Purposes (SANS 10386:2008).
- The NWU research ethics policy, 2018.
- The Rules for the Management of Research Ethics at the North-West University, 2018.
- All the SOPs linked to the Ethics Office of the Faculty of Health Sciences for Research, Training and Support.

8 ADDENDA

No	Document name
1	NWU Code of Conduct for Researchers.
2	NWU Policy on Academic Integrity, 2018 revised 2021.
3	SOP_Research Integrity_1. Management of Research Non-compliance and/or Violation of Good Research Practice.
4	SOP_Research Integrity_2. Management of Continuous Research Non-compliance and/or Violation of Good Research Practice.
5	SOP_Research Integrity_3. Management of Research Misconduct.
6	SOP_Research Integrity_4. Management of the Research Integrity Appeals Process.
7	SOP_Research Integrity_5. Management of Plagiarism and/or Copyright Infringement of by External Authors.

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Guidelines for the Integrated Research Integrity Management System of the Faculty of Health Sciences, 16 February 2021.

File reference: