

Faculty of Health Sciences

RESEARCH INTEGRITY		Standard Operating Procedure	
Title	Management of Whistleblowing Pertaining to Research Ethics and Research Integrity		
SOP no	SOP_FHS Research Integrity_7	Version no	4
Date of approval	6 June 2018 (under the research ethics structure) Revised version 16 February 2022 (under the Integrated Research Integrity Management System (IRIMS))	Revision date	November 2025
Web address	http://health-sciences.nwu.ac.za/irims	Page no	Page 1 to 7

1 COMPILATION AND AUTHORISATION

Action	Designated person	Date	Signature
Compiled by:	Prof Minrie Greeff	Oct 2016 June 2018 Nov 2021	
Checked and authorized by:	Deputy Dean: Research and Innovation (DD: R&I) of the Faculty of Health Sciences (FHS)	Nov 2021	
	Executive Dean (ED) of the FHS	Oct 2016 June 2018 Nov 2021	
	Deputy Vice Chancellor: Research and Innovation (Prof Jeffrey Mphahlele)	March 2022	
Reviewed and approved by:	Faculty Management Committee		Oct 2016 June 2018 7 Febr 2022
Approved by:	Faculty Board of the FHS		9 Nov 2016 6 June 2018 16 Febr 2022

2 DISTRIBUTION

Department/Unit	Name	Date	Signature
Ethics Office	Prof Minrie Greeff	Nov 2016 June 2018	No longer required (2021)

Research and School Directors, academic staff, and postgraduate students in the FHS	Prof Jeanetta du Plessis	Febr 2022	
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3 DOCUMENT HISTORY

Date	Version no	Reason for revision
9 Nov 2016	1	Formulated the SOP
6 June 2018	2	Change in university structure
10 Nov 2021	3	Revised and moved from the Research Ethics Office to IRIMS
10 Nov 2022	4	SOP updated

4 PURPOSE OF THE SOP

This standard operating procedure (SOP) sets out the *procedure to follow when* a member of the North-West Health Research Ethics Committee (NWU-HREC) or the North-West Animal Care, Health and Safety in Research Ethics Committee (NWU-AnimCareREC), a staff member or a student of the North-West University (NWU) or a member of the public wants to raise an *anonymous* concern/allegation with the Deputy Dean: Research and Innovation (DD: R&I) and the Research Integrity Officer (RIO) in the office of the DVC: R&I pertaining to research ethics and/or research integrity. The concerned individual chooses not to use the process of reporting described in SOP_FHS Research Integrity_1 to 3 or 6 and chooses to remain anonymous. The concerned individual (allegor) must have reasonable grounds to believe that there is a potential breach in *1) research non-compliance, and/or 2) violation of good research practice, or 3) research misconduct (fabrication, falsification or plagiarism)* by a researcher (staff member and/or student) of the North-West University (NWU), *in respect of specifically research*.

Members of the RECs, staff members or students of the NWU enjoy the full protection afforded by the Public Disclosure Act No. 26 of 2000 (PDA) and can blow the whistle on the three mentioned aspects without fear of disclosure or specifically given the opportunity to choose not to remain anonymous anymore.

This SOP ensures confidentiality to all members of the RECs, staff members or students of the NWU, or the public and furthermore ensures that nobody would be exposed for disclosing in good faith information that would assist the DD: R&I and RIO in meeting their obligations in terms of the Integrated Research Integrity Management System (IRIMS) of the FHS.

5 SCOPE

This SOP deals only with the *anonymous reporting* of alleged actions committed by *researchers* (staff and/or students of the NWU) within the ambit of *research* with respect to human participants, animals, or environmental impact. The SOP deals with reporting of a potential breach in research integrity through the acts of *1) research non-compliance, and/or 2) violation of good research practice, or 3) research misconduct*, only to the extent that they may relate to the SOPs as set out in the IRIMS of the FHS.

It is not the objective of this SOP to replace any IRIMS SOPs or other policies or procedures of the NWU. Should the reported concern/allegation not lie within the ambit of specifically research, the person must be referred to the Director Internal Audit and follow the procedure as set out in *the Policy on reporting of irregularities or maladministration (Ref no 2P/2.9.6) of the NWU, 20021*. The provision is that the anonymous disclosure of a potential breach in research integrity is made in good faith, in the reasonable belief of the individual making the disclosure that it shows irregularities in research practices, and the disclosure is made to the appropriate person(s). For the actual further management of the allegation SOP_FHS Research Integrity_1 to 3 or 6 is followed but taking into consideration that the concerned/allegor is whistleblowing and wishes to remain anonymous.

Personal grievances must be dealt with in terms of existing labour procedures at the institution. This SOP should not be used to reconsider any matter which has already been addressed under harassment, complaint, disciplinary or other procedures.

6 ABBREVIATIONS AND/OR DEFINITIONS

Abbreviation	Description
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
NWU	North-West University
DD: R&I	Deputy Dean: Research and Innovation
ED	Executive Dean
RIO	Research Integrity Officer in the office of the DVC: R&I
DVC: R&I	Deputy Vice-Chancellor: Research and Innovation
PDA	Public Disclosure Act, 2000 (Act No. 26 of 2000)
Concepts	Definition
Whistleblowing	The act of <i>anonymously</i> informing someone in authority like the Deputy Dean: Research and Innovation (DD: R&I) and the Research Integrity Officer (RIO) in the office of the DVC: R&I about alleged breaches in research integrity through acts of research non-compliance, and/or violation of good research, or research misconduct (fabrication, falsification, or plagiarism) occurring at the North-West University. In relation to the context of this document, the alleged acts must be <i>related or incidental to the execution of research only</i> .
Research Ethics	Research ethics is the set of rules that govern the norms and standards of conduct for researchers on how research is performed and how it is disseminated (Wallace & Sheldon, 2015:272, Greenwood, 2016:514).
Research Integrity	The active adherence to specific research integrity principles and responsibilities that becomes visible in Responsible Conduct of Research (RCR).
Responsible Conduct of Research (RCR)	The act of making research integrity visible and refers to the practice of scientific investigation with <i>responsibility and integrity</i> through an awareness and application of established <i>ethical principles, professional research norms and standards, research integrity principles and responsibilities</i> in the performance of all activities related to the research.
Breach in Research Integrity	The finding of a <i>formal intra-faculty research integrity assessment</i> (research non-compliance, and/or violation of good research practice) or <i>preliminary intra-faculty research integrity investigation</i> (fabrication, falsification, or plagiarism) that a researcher has transgressed/potentially transgressed in responsible conduct of research based on the mentioned acts.
Allegation	A report that represents an <i>unproven assertion</i> .
Alleger	The person (a researcher, any other member of a research team, a REC member, research participants or a member of the public) who raises awareness of possible research non-compliance, and/or violation of good research practice, or research misconduct by a researcher as the alleged.
Alleged	The researcher accused of research non-compliance, and/or violation of good research practice, or research misconduct.
Non-compliance	Any violation of: <ul style="list-style-type: none"> • Any institutional and/or REC <i>policies, procedures and regulation</i> governing human, animal research or environmental research or other types of research practices that might impact society. • Any <i>deviation</i> from the REC-approved <i>proposal/protocol</i>. Non-compliance varies in <i>nature, severity, and frequency</i> (adapted from UCT, 2013).
Minor Non-compliance	A non-compliant incident that <i>does not</i> : <ul style="list-style-type: none"> • Affect the safety of human participants, animals, or environment.

	<ul style="list-style-type: none"> • Affect the safety of society due to other types of research practices. • Compromise data integrity. • Violate participants' rights or welfare. • Affect participants' willingness to participate in research. <p>Examples include but are not limited to:</p> <ul style="list-style-type: none"> • Inadvertent errors due to inattention to detail. • Misunderstanding or oversight. <p>Missed deadline for a continuing review (adapted from UCT, 2013).</p>
Continuous Non-compliance	<p>A series of <i>more than one non-compliant or violating behaviour</i> in reasonably proximity (one year) that, if unaddressed, may compromise the research integrity. This can be due to lack of <i>knowledge</i> or <i>commitment</i> on the part of the researcher(s).</p> <p>The <i>conduct continues</i> 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.</p> <p>Examples include but are not limited to:</p> <ul style="list-style-type: none"> • 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. <p>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).</p>
Violation of good Research Practice	<p>Violations of good research practice that damage the integrity of the research process or researchers and that lead to "<i>questionable research practices</i>".</p> <p>Examples include but are not limited to:</p> <ul style="list-style-type: none"> • Direct violation of good research practices set out in the <i>NWU Code of Conduct for Researchers</i> 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. • Self-citing to enhance own research index. • 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).

	<p>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.</p> <p>Should a researcher intentionally support <i>predatory journals</i>, the process will immediately be escalated to a <i>disciplinary action</i>.</p>
Research Misconduct	<p>Refers to the FFP categorisation:</p> <ul style="list-style-type: none"> • Fabrication. • Falsification. • Plagiarism. <p>In</p> <ul style="list-style-type: none"> • Proposing. • Performing. • Reviewing research. <p>Reporting results.</p>
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	<ul style="list-style-type: none"> • 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. <p>Or</p> <ul style="list-style-type: none"> • Re-publishing substantive parts of one’s own earlier publications, including translations, without duly acknowledging or citing the original (self-plagiarism), as well copying text in various sections of a research report without referencing the earlier use. <p><i>Also see definition in the NWU Policy on Academic Integrity: Annexure 1.</i></p>
Copyright infringement	<ul style="list-style-type: none"> • The use of work protected by <i>copyright</i> law without permission. • <i>Infringing</i> certain exclusive rights granted to the copyright holder, such as the right to: <ul style="list-style-type: none"> ○ Reproduce the protected work. ○ Distribute the protected work. ○ Display the protected work. ○ Perform the protected work. ○ Make derivative work. • <i>Also see definition in the NWU Policy on Academic Integrity: Annexure 1.</i>

7 RESPONSIBILITIES

The NWU is committed to the highest standard of ethics and integrity in research.

Researchers of the institution are expected to always behave in an honest and responsible way.

Research activities will be carried out in an open and transparent manner and in accordance with the NWU Code of Conduct for Researchers.

Any member of the RECs, staff member or student of the NWU who has a reasonable belief that any breach in research integrity through the acts of research non-compliance, and/or violation of good research practice, or research misconduct has been committed, is obligated in terms of the NWU Code of Conduct for Researchers to report any such irresponsible research practices at the NWU. A member of the public can also choose to report such behaviour. The alleged, however, has the options of reporting the potential breach of

research integrity through the procedures described in SOP_FHS Research Integrity_1 to 3 or 6 or using the procedure for whistleblowing as described in section 8 of this SOP should they wish to do so *anonymously*.

Any whistleblowing should be done in a bona fide and non-vindictive manner.

8 PROCEDURE(S)

- 8.1 Should a person wish to remain *anonymous*, a disclosure should be made in writing using the *official whistleblowing form* (see Addendum 1) and the appropriate IRIMS SOP (SOP_FHS Research Integrity_1 to 3) and submitted to the DD: R&I and RIO in the office of the DVC: R&I as soon as possible after the concerned/allegor has become aware of the concerning practice of a researcher.
- 8.2 When a member of one of the RECs, a staff member or a student at the University, or a member of the public makes a disclosure to the DD: R&I and the RIO in the office of the DVC: R&I, it must be done in a responsible and honest manner.
- 8.3 If the notification is made to the Head of the Ethics Office or one of the REC Chairpersons, they must as soon as possible (within three working days) acknowledge receipt of the disclosure directly to the whistleblower and indicate that the concern/allegation has been referred to the DD: R&I and the RIO in the office of the DVC: R&I based on SOP_FHS Research Integrity_7. The concern/allegation should immediately be referred to the DD: R&I and the RIO by forwarding all received documentation to them, as well as the communication sent by them to the whistleblower.
- 8.4 The DD: R&I and RIO will within 14 (fourteen) working days, upon receipt of the disclosure, set up an appointment with the whistleblower and discuss 1) the way forward related to specifically whistleblowing and 2) the IRIMS processes to be followed. It is explained that the anonymity of the allegor will be respected, and he/she will not be called to present his/her case if the evidence is clear. Should the allegation, however, prove to have substance and defensibility, the whistleblower could be asked to verbally present his/her allegations to the Empanelled Research Integrity Committee (ERIC) or the Standing Research Integrity Committee (SRIC) should it move to a formal intra-faculty assessment or a preliminary intra-faculty investigation. The choice of remaining anonymous will always be respected. In the event of confidentiality hindering or frustrating investigation of the alleged breach, the whistleblower may be approached to agree to running the risk of exposure, or to withdraw the disclosure, provided that the presentation of such choice is not done in a manner that weakens the protection provided for in the policy for reporting irregularities or maladministration (NWU, 2021). The whistleblower however, must be informed if the investigation cannot continue unless anonymity is broken.
- 8.5 The nature of the allegation will guide the DD: R&I and RIO to use the appropriate IRIMS SOP (1 or 3) for the further process and to establish whether there is a *prima facie* case to answer.
 - 8.5.1 If the DD: R&I and RIO consider that there is no *prima facie* case to be answered and that no further action will be taken, this decision will be explained to the whistleblower.
 - 8.5.2 If the DD: R&I and RIO consider that there is a *prima facie* case to be answered, the way forward is discussed to the satisfaction of the whistleblower referring to either SOP_FHS Research Integrity_1 or 3.
- 8.6 Investigations will be dealt with sensitively, on an impartial basis and within a reasonable time frame.
- 8.7 The identity of the person making the allegation will remain confidential for the rest of the process unless discussed with the whistleblower and leaving the choice of no longer being anonymous to him/her.
- 8.8 If the whistleblower is not satisfied with the outcome of the investigation, he/she should raise his/her concerns with the DD: R&I and RIO to find another solution or to refer him/her to a higher authority.

9 REFERENCE DOCUMENTS

- 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).
- Public Disclosure Act, Act No. 26 of 2000.
- The Rules for the Management of Research Ethics at the North-West University, 2018.
- NWU Code of Conduct for Researchers, 2017.
- SOP for the management of research non-compliance and/or violation of good research practice (SOP_FHS Research Integrity_1, NWU, 2021).
- SOP for the management of research misconduct (SOP_FHS Research Integrity_3, NWU, 2021).
- Policy for reporting irregularities or maladministration (Ref No. 2P/2.9.6) of the NWU, 2021.
- NWU Policy on Academic Integrity, 27 September 2018 revised 2021.

10 ADDENDA

No	Document name
1	Appendix 1: Form for the anonymous reporting (whistleblowing) of a possible breach in research integrity through acts of research non-compliance, and/or violation of good research practice, or research misconduct.

Original details: SOP_FHS Research Integrity_7 Management of Whistleblowing Pertaining to Research Ethics and Research Integrity, 16 February 2022, revised November 2022.

File reference: