

RESEARCH INTEGRITY		Standard Operating Procedure	
Title	Management of Continuous Research Non-compliance and/or Violation of Good Research Practice		
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1 COMPILATION AND AUTHORISATION

Action	Designated person	Date	Signature
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2 DISTRIBUTION

Department/Unit	Name	Date	Signature
Research and School Directors, academic staff, and postgraduate students in the Faculty	DD: R&I (FEDUC, FEMS, FHS, FHUM, and FNAS). ED (FENG, FLAW, and FTHEO).	August 2022	

3 DOCUMENT HISTORY

Date	Version no	Reason for revision
April 2022	1	SOP approved
November 2022	2	SOP updated

4 PURPOSE OF THE SOP

To provide guidelines and procedures for the Deputy Dean: Research and Innovation (DD: R&I), the Executive Dean (ED), Empanelled Research Integrity Committee (ERIC), and Research Directors (RD) of the Faculty on how to manage cases of **continuous research non-compliance and/or violations of good research practice by a researcher** (staff member, undergraduate or postgraduate student) by:

- 1) The DD: R&I and ED giving a written warning of future disciplinary action in the letter of reprimand in the case of a second breach in responsible conduct of research (RCR)/research integrity (RI).
- 2) The ERIC referring the case to the RD for disciplinary actions with the third breach in RCR/RI involving People and Culture (P&C).
- 3) The DD: R&I and the ED escalating the case to the office of the Registrar or the student judicial office as a formal investigation into a breach/transgression in research conduct if they deem it necessary due to the nature of the breach.

It is in the interest of the Faculty, the North-West University (NWU) and the research community that acts of continuous research non-compliance and/or violations of good research practice be handled *consistently* and *transparently* with clear processes and procedures for dealing with these transgressions. If such acts are left unpunished, this can have negative implications (e.g., reputational damage) for the research entity, the Faculty, the University, as well as colleagues, students, human research participants or animals used in research, funding bodies and journal publishers.

This SOP (*SOP_NWU Research Integrity_2 for the management of continuous research non-compliance and/or violation of good research practice*) seeks to provide guidelines to the ERIC, DD: R& I (larger Faculties) or the ED (smaller Faculties), the Research Integrity Officer (RIO) in the office of the DVC:R&I, and Research Directors (RD) for a consistent and transparent process to manage such breaches/transgression and prevents uninformed, inaccurate, and malicious processes that can cause serious harm to the reputation of the researcher.

This process follows after a **formal intra-faculty research integrity assessment** conducted by the DD: R&I as chairperson (in larger Faculties) or ED (in smaller Faculties), the RIO in the office of the DVC: R&I and an Empanelled Research Integrity Committee (ERIC), made up of a) the *appointed Standing Research Integrity Committee (SRIC)* of the Faculty and b) *specified ad hoc members*:

- 1) Finds a researcher guilty of a *breach in research integrity*.
- 2) As well as *additionally* finds the person guilty of a *continuous breach in research integrity* due to a second or third act of non-compliance and/or violation of good research practice.

The purpose of this process is to ensure that continuous research non-compliance and/or violation of good research practice either gets a written warning (second breach), is referred for disciplinary action by the Research Director and involving (P&C) (third breach) or escalated to the office of the Registrar or the student judicial office as a formal investigation of a transgression/breach in research conduct if the nature of the breach deems it necessary.

Note: The DD: R&I, ED, and the ERIC always retain the right to escalate any case of continuous research non-compliance and/or violation of good research practice they deem worthy of escalation for disciplinary action to the office of the Registrar or the student judicial office for a *formal investigation into a breach/transgression in research conduct* (See the NWU Policy on Academic Integrity of 27 September 2018 revised 2021) even if it falls within the defined acts of continues non-compliance or violation of good research practice covered in the applicable SOP.

5 SCOPE

This SOP guides different parties on how to handle the process of taking a finding of a breach in RCR/RI due to continued research non-compliance or violation of good research practice forward with either 1) a written warning by the DD: R& I (in larger Faculties) or ED (in smaller Faculties) in the letter of reprimand, 2) a disciplinary action against a researcher made by a RD and involving P&C, or 3) an escalation to the office of the Registrar or student judicial office as a formal investigation of academic misconduct.

Different disciplinary processes are followed for staff and students:

- a) For a staff member, see the NWU Behavioural Manual.
- b) For undergraduate and postgraduate students, see the NWU Policy on Student Discipline (26 September 2019).

The definitions provided under section 6 guide the specific interpretation and use of terminology used in this SOP.

6 ABBREVIATIONS AND/OR DEFINITIONS

Abbreviation	Description
DD: R&I	Deputy Dean: Research and Innovation
ED	Executive Dean
RD	Research Director
SD	School Director
RIO	Research Integrity Officer in the office of the DVC: R&I
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
RCR	Responsible Conduct of Research
Concepts	Definitions
Research	<p>Research includes the activities that are aimed at improving knowledge of any discipline through enquiry or systematic investigation. This applies to Research, whether in the public interest or not, or whether the Research is published or not.</p> <p>It refers to all academic Research conducted as part of any academic programme in any subject, including Agricultural Sciences, Earth Sciences, Economic Sciences, Education, Health/Medical Sciences, Humanities, Life Sciences, Mathematical Sciences, Physical Sciences, Social Sciences, Theology and Technological and Engineering Sciences.</p> <p>Scientific Research conducted by public or private bodies (regardless of whether the Research is privately or publicly funded).</p> <p>Commercial or industrial Research aimed at developing or improving products or services.</p> <p>Technological development and demonstration (e.g., prototype development, testing, user trials). (Adapted for the ASSAF Draft POPIA Code of Conduct for research, 2022).</p>
Larger Faculties	<p>Faculty of Education (EDUC)</p> <p>Faculty of Economic and Management Sciences (FEMS)</p> <p>Faculty of Health Sciences (FHS)</p> <p>Faculty of Humanities (FHUM)</p> <p>Faculty of Natural and Agricultural Sciences (FNAS)</p>
Smaller Faculties	Faculty of Engineering (FENG)

	Faculty of Law (FLAW) Faculty of Theology (FTHEO)
Responsible Conduct of Research (RCR)	The act of making research integrity visible; refers to the practice of scientific investigation with <i>responsibility and integrity</i> through an awareness and application of established <i>professional research norms/standards</i> and <i>ethical principles</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, violation of good research practice or plagiarism) or <i>preliminary intra-faculty research integrity investigation</i> (fabrication or falsification) that a researcher has transgressed/potentially transgressed in responsible conduct of research/research integrity based on the mentioned acts.
Non-compliance	Any violation of: <ul style="list-style-type: none"> • Any institutional and/or REC <i>policies, procedures</i> and <i>regulation</i> governing human, animal, 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>. • 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. • 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. Examples include but are not limited to: <ul style="list-style-type: none"> • Inadvertent errors due to inattention to detail ("<i>honest human errors</i>"). • Misunderstanding or oversight. • Missed deadline for a continuing review (adapted from UCT, 2013).
Serious Non-compliance	An activity that jeopardises: <ul style="list-style-type: none"> • The safety, rights or welfare of human participants or animals. • The environment. • The integrity of the data during research. Examples include but are not limited to: <ul style="list-style-type: none"> • Conducting research without Scientific Committee approval. • Conducting research with humans, animals, or the environment without REC approval. • Conducting any other type of research with an indicated risk factor without REC approval. • Not using approved REC documentation. • Using NWU student or staff data for research purposes without the necessary approval from specified structures i.e., RDGC (gatekeeper). • Inadequate training and supervision of researchers (academics and students).

	<ul style="list-style-type: none"> • 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). <p>Note:</p> <p>Should a researcher conduct research with humans or animals without REC approval, the process will be escalated for disciplinary <i>action</i>.</p> <p>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 the related SOP.</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 that 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. • 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	<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 national codes of conduct for researchers and 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.

	<ul style="list-style-type: none"> • Expanding unnecessarily the bibliography of a study. • Establishing or intentionally supporting journals that undermine the quality control of research (predatory journals). • Using ghost writers to produce articles. • Incorrectly using university affiliation to gain access to subsidized funding. • Not following “good practice” guidelines in collaborative research. • Withholding research results. • Exaggerating the importance and practical applicability of findings. • Misrepresenting research achievements. • Inflating own research image during research assessment within the university or with external bodies or inflating own research profile. • Improper conduct in peer review. • Delaying or inappropriately hampering the work of other researchers (academics or students). • 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>
Formal Intra-faculty Research Integrity Assessment	A formal intra-faculty research integrity assessment process into the allegations of 1) research non-compliance and/or 2) violation of good research practice. This process is conducted by the DD: R&I (in large Faculties) or ED (in smaller Faculties), of the Faculty as chairperson, the RIO in the office of the DVC: R&I, 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.
Disciplinary action	The formal departmental or university process of a disciplinary procedure taken against a staff member (involving People and Culture) or student (involving the student judicial office).
Escalation	<p>The process of referring a “defensible” finding of <i>continuous</i> research non-compliance and/or violation of good research practice to:</p> <p>a) A disciplinary process for a staff member (See NWU Behavioural Manual).</p> <p>b) A disciplinary process for an undergraduate or postgraduate student (See NWU Policy on Student Discipline, 26 September 2019).</p> <p>c) A formal <i>investigation into academic misconduct</i> by the office of the Registrar of the University or the student judicial office (See the NWU Policy on Academic Integrity, 27 September 2018, revised October 2020).</p> <p>Or</p> <p>The process of referring a “defensible” finding of <i>potential research misconduct</i> for a <i>formal investigation into academic misconduct</i> by the office of the Registrar of the University or the student judicial office (See the <i>NWU Policy on Academic Integrity, 27 September 2018, revised 2021</i>). Always with cases of</p>

	<p>research misconduct (fabrication, falsification, plagiarism) and copyright infringement.</p> <p>However, other cases of serious breaches must also be referred to the office of the Registrar of the student judicial office.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Not obtaining Scientific Committee or Research Ethics Committee approval for any research (academics or students) at the NWU. • Using NWU student or staff data for research purposes without the necessary approval from specified structures i.e., RDGC (gatekeeper). • Inflating own research image during research assessment within the university or with external bodies. • Intentional publication in predatory journals. • Acts described in the Staff behavioural manual i.e.: <ul style="list-style-type: none"> ○ Any act or behaviour which has an element of dishonesty and/or misappropriation which could cause/causes detriment to the University and/or other person. ○ Any conduct that negatively affects the integrity, good name and/or public image of the University. ○ Any violation of any regulation governing human, animal or environmental research or any deviation from the REC approved proposal/protocol. ○ Insubordination and defying the authority. • Any act that caused reputational damage to the Faculty and/or the NWU.
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 or the student judicial office (See the <i>NWU Policy on Academic Integrity, 27 September 2018, revised 2021</i>).
Finding of a Breach in Research Integrity	A result concluding that an allegation of 1) research non-compliance and/or violation of good research practice, 2) continuous research non-compliance and/or violation of good research practice or 3) research misconduct is true based on the preponderance of the evidence.
Research Integrity Officer (RIO)	A person appointed in the office of the DVC: R&I to facilitate research integrity (RI) within the Faculty through various functions, i.e. expanding the development of IRIMS, supporting the development and maintenance of processes, procedure and SOPs related to research integrity on Faculty level, as well as managing RCR/RI within the Faculties through guidance of how to foster a climate of Responsible Conduct of Research (RCR), as well as handling reported breaches/transgressions in RI/RCR. Also acts in an advising capacity to the DVC: R&I, ED, and DD: R&I. The person is not appointed in a research management position to ensure no potential conflict of interest.
Standing Research Integrity Committee (SRIC)	<p>A Standing Research Integrity Committee (SRIC) appointed in the Faculty and consisting of specific members.</p> <p>In the five larger Faculties:</p> <ul style="list-style-type: none"> • Chairperson: DD: R&I. • Research Integrity Officer in the office of the DVC: R&I. • Chairperson of the Faculty Research Ethics Committee (Faculty REC) or if such a person exists within the Faculty, the Head of the Ethics Office. • An elected Research Director in the Faculty (<i>appointed for three years</i>).

	<ul style="list-style-type: none"> • Secretariat provided by the Faculty (to sign a confidentiality agreement). <p>In cases of <i>plagiarism</i> a consulting attorney in the legal office may be included.</p> <p>In cases of <i>fabrication and falsification</i> the following independent ad hoc members are included:</p> <ul style="list-style-type: none"> • Consulting attorney in the legal office. • Two subject experts appropriate to the case at hand. <p>In the four smaller Faculties:</p> <p>Faculty of Engineering:</p> <ul style="list-style-type: none"> • Chairperson: ED: R&I. • Research Integrity Officer in the office of the DVC: R&I. • Chairperson of the Faculty Research Ethics Committee (Faculty REC). • An elected Research Director in the Faculty (<i>appointed for three years</i>). • Secretariat provided by the Faculty (to sign confidentiality agreement). <p>Faculty of Law:</p> <ul style="list-style-type: none"> • Chairperson: ED. • Research Integrity Officer (in the office of the DVC: R&I). • Chairperson of the Faculty Research Ethics Committee (Faculty REC). • The Research Director in the Faculty. • The Postgraduate Director. • Secretariat: Provided by the Faculty (to sign confidentiality agreement). <p>Faculty of Theology:</p> <ul style="list-style-type: none"> • Chairperson: ED. • Research Integrity Officer in the office of the DVC: R&I. • Research Directors of the research entities in the Faculty. • Secretariat provided by the Faculty (to sign a confidentiality agreement). <p>In cases of <i>plagiarism</i> a consulting attorney in the legal office may be included.</p> <p>In cases of <i>fabrication and falsification</i> the following independent ad hoc members are included:</p> <ul style="list-style-type: none"> • Consulting attorney in the legal office. • Two subject experts appropriate to the case at hand.
Empanelled Research Integrity Committee (ERIC)	<p>A research integrity committee specifically empanelled and chaired by the DD: R&I (larger Faculties) or ED (smaller Faculties) 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 appointed Standing Research Integrity Committee (SRIC) and specific ad hoc members that will differ according to each new case at hand.</p> <p>Members:</p> <p>Standing Research Integrity Committee (SRIC).</p> <p>And</p> <p>Ad Hoc Members:</p> <ul style="list-style-type: none"> • 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).
Appeal	<p>A request lodged by an alleged after an assessment finding of a potential breach in research integrity on an <i>intra-faculty level</i>. The request is made to the DD: R&I (FEDUC, FEMS, FHS, FHUM, and FNAS) and the RIO in the office of</p>

	<p>the DVC: R&I or the ED (FENG, FLAW, and FTHEO) and the RIO in the office of the DVC: 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.</p> <p>Note: This does not apply to cases escalated to the Registrar or the student judicial office.</p>
Appeals panel	<p>A group of people empanelled by the ED with the support of the RIO in the office of the DVC: R&I for the purpose of handling a research integrity appeals request.</p> <p>The appeals panel consists of:</p> <ul style="list-style-type: none"> • Chairperson: ED (for FEDUC, FEMS, FHS, FHUM, and FNAS) or an appointed ED from another Faculty (for FENG, FLAW, and FTHEO). • Research Integrity Officer in the office of the DVC: R&I. • The RD of the research entity in which the alleged resides. • Two independent expert panellists knowledgeable about the specific RI issue at hand. • Secretariat provided by the Faculty.
Integrated Research Integrity Management System	<p>The integrated system used by the Faculty to manage research integrity in such a way that it:</p> <ol style="list-style-type: none"> 1) Fosters a climate of <i>Responsible Conduct of Research</i> (RCR). 2) Effectively manages potential breaches in RCR/RI through acts of: <ol style="list-style-type: none"> 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 on an intra-faculty level.

7 VALUES UNDERPINNING THE NORTH-WEST UNIVERSITY'S ATTITUDE TOWARDS CONTINUOUS RESEARCH NON-COMPLIANCE AND/OR VIOLATION OF GOOD RESEARCH PRACTICE

The North-West University believes:

- in the importance of impeccable research ethical standards and research integrity;
- that acting against cases of continuous research non-compliance and/or violation of good research practice is a responsibility of Faculty Management;
- that processes must be dealt with equitably, confidentially and as expeditiously as possible taking care that all interested persons have the opportunity to be heard;
- that the procedure for dealing with continuous non-compliance and/or violations of good research practice must be accessible, understandable, fair, transparent and expeditious;
- that the Faculty has a responsibility to protect the rights and reputations of all individuals, including the person against whom disciplinary action is being taken or their case being escalated;
- that a process of disciplinary action or escalation to a formal investigation is dealt with in terms of existing faculty and university procedures.

8 RESPONSIBILITIES

It is the primary responsibility of the Faculty within the bigger NWU to protect the integrity of all research conducted by the researchers (academics, undergraduate and postgraduate students) of the Faculty, as the value and benefits of this research are vitally dependent on the integrity of the research. Should there

be a breach in responsible conduct of research (RCR)/research integrity (RI) through continuous research non-compliance and/or violation of good research practice, the Faculty has to follow a process that will ensure that these acts are processed into either a written warning, a disciplinary action against the researcher involving people and Culture (P&C), or escalation to the office of the Registrar or the student judicial office as a formal investigation. It should, however, be handled in a *transparent* and *accountable* way in accordance with the highest standard of *integrity, fairness, due process, and reasonableness*. Persons who are tasked with the management of a written warning, disciplinary action, or escalation for a formal investigation must act with the utmost *integrity* and *sensitivity*. Conflict of interest must be avoided.

8.1 Various role players have different responsibilities in this process:

The specific responsibilities of the various role players are set out with a more detailed step by step process under the *process discussed* in section 9.3.

8.1.1 The researchers

Researchers (academics, undergraduate and postgraduate students) must master the research knowledge, methodologies and ethical practices associated with their field and follow good research practices that will ensure “*responsible conduct of research (RCR)*”. The researchers are expected to comply with all ethical principles, norms and standards, research integrity principles and responsibilities, as well as regulations, laws, and conditions placed on the conduct of the study.

8.1.2 The Deputy Dean: Research and Innovation

Note: If it is a smaller Faculty the ED fulfils all the functions mentioned below.

The ERIC with the DD: R&I of the Faculty as chairperson and the RIO in the office of the DVC: R&I, after finding a researcher guilty of continuous research non-compliance and/or violation of good research practice, makes a recommendation of either a written warning in the letter of reprimand, disciplinary action to be taken by the appropriate RD involving P&C, or escalation to the office of the Registrar or student judicial office as a formal investigation into breaches/transgressions in the conduct of research.

The DD: R&I and the RIO in the office of the DVC: R&I discuss the recommendation of the ERIC and planned actions with the ED of the Faculty to finalise the way forward.

The DD: R&I with the support of the RIO, finalises the letter of reprimand to the researcher including the warning, the letter to the RD to take the process forward as a process of disciplinary action involving P&C, or the letter to the Registrar or student judicial office to escalate the case as a formal investigation of academic misconduct.

The DD: R&I calls for a meeting with the DD: R&I, RIO, the RD, and SD where the researcher resides, to discuss the way forward in cases of disciplinary action and hands the letter (signed by the DD: R&I and ED) to the RD. The researcher signs the letter.

The DD: R&I with the support of the RIO follows up on the disciplinary action process by the RD or the escalation to the Registrar or student judicial office and reports to the ED.

The DD: R&I with the support of the secretariat sets up and manages an effective data record system and registry with a track record of referred continuous research non-compliance and/or violation of good research practice disciplinary cases involving P&C or escalations to the office of the Registrar or student judicial office (processes, letters, and reports).

8.1.3 The Research Integrity Officer

The RIO situated in the office of the DVC: R&I (larger Faculties) or ED (smaller Faculties), acts as advisor and support to the DD: R&I and ED throughout all processes of continuous research integrity breaches and the referral thereof.

- Sets up the meeting with the ERIC.
- Oversees the secretariat in setting up meetings and taking minutes during meetings.
- Supports the DD: R&I (larger Faculties) or ED (smaller Faculties) in writing the letter of reprimand, referral for disciplinary action, or escalation for a formal investigation.

- Joins the DD: R&I (larger Faculties) in feedback meetings with the ED.
- Supports the DD: R&I (larger Faculties) or ED (smaller Faculties) to write a letter to the Chairperson of the Faculty REC or the Head of the Ethics Office to notify him/her should a study be affected.
- Writes the final summative report.
- Where a case needs to be escalated for disciplinary action by the RD or to the office of the Registrar or the student judicial office, helps with organising supporting documentation and formulating the accompanying letter of referral to the appropriate person and helps in setting up the handover meeting.
- Joins the DD: R&I (larger Faculties) and/or ED (smaller Faculties) in the handover meeting with the Registrar or the head of the student judicial office.

Support from the secretary allocated for this purpose by the Faculty:

- Allocates a case number from the Research Integrity Register of the Faculty.
- Sets up meetings and keeps minutes.
- Keeps records of all evidence.
- Ensures that progress reports reach the office as indicated and close cases.
- Gives monthly status reports of RI cases to the DD: R&I (larger Faculties) and ED.
- Ensures that the required reports are submitted to the DD: R&I, ED, and Faculty Board.

8.1.4 The Executive Dean in Larger Faculties

The ED listens to the report on the outcomes of the assessment and recommendation by the ERIC presented to him/her by the DD: R&I (larger Faculties) and the RIO in the office of the DVC: R&I, gives his/her stamp of approval to the way forward and co-signs the letter to the researcher, RD, Registrar, or student judicial office set up by the DD: R&I (larger Faculties) with the support of the RIO.

Keeps up to date with all active RI cases.

8.1.5 The Research Directors

The RD is responsible to activate the disciplinary action recommended by the ERIC in the case of a third breach in RCR/RI and getting P&C involved.

The RD follows the guiding documents' directives for disciplinary processes:

- a) For a staff member (See NWU Behavioural Manual).
- b) For an undergraduate or postgraduate student (See NWU Policy on Student Discipline, 26 September 2019).

The RD gives regular feedback on the progress and the conclusion of the disciplinary process to the DD: R&I (larger Faculties) or ED (smaller Faculties) and RIO.

8.1.6 Chairperson of the Faculty Research Ethics Committee or Head of the Ethics Office

The Chairperson of the Faculty REC or Head of the Ethics Office reports any allegations of a breach in research integrity reported to him/her via the complaints processes to the DD: R&I (larger Faculties) or ED (smaller Faculties) and the RIO.

The Chairperson/Head forms part of the ERIC.

8.1.7 The School Directors

The SD supports the RD with the disciplinary process.

9 PROCEDURE(S)

9.1 The principles underpinning the process of handling disciplinary actions or escalation to a formal investigation of continuous research non-compliance and/or violations of good research practice

- Procedural fairness.
- Natural justice.

- Due process.
- Integrity.
- Confidentiality (“need-to-know rule”).
- One process where possible.

9.2 Questions that guide the procedural framework

- What is the seriousness and nature of all the breaches/transgressions?
- How many previous breaches of RCR/RI are there?
- What is the recommendation of the ERIC for future actions?
- Who will take the disciplinary action or escalation to a formal investigation forward?
- How are the outcomes managed?

Note: The details of this procedural framework are explained in the rest of the document.

9.3 The process

9.3.1 A finding of continuous research non-compliance and/or violation of good research conduct by the ERIC

Findings of continuous research non-compliance and/or violation of good research practice can only be made by an ERIC during a **formal intra-faculty assessment of research non-compliance and/or violation of good research practice** (SOP_NWU Research Integrity_2 for the management of research non-compliance and/or violation of good research practice). The *number of breaches* will guide the ERIC in the way forward as described in this SOP.

Important note: *Under no circumstances should a process of continuous research non-compliance and/or violation of good research practice be conducted by any party other than the ERIC.*

Taking the process forward after a formal intra-faculty assessment finding of a continuous breach in RCR/RI should happen **within 10 working days** after making the final finding.

9.3.2 Possible actions in a finding of continuous research non-compliance or violation of good research practice

- 1) A written warning in the letter of reprimand in case of a second breach in RCR/RI.
- 2) Disciplinary actions by the RD involving P&C in case of a third breach in RCR/RI.
- 3) Escalation to the office of the Registrar or the student judicial office for a formal breach/transgression in research conduct investigation if the ERIC deems it necessary due to the risk of severe reputational damage to the entity, Faculty and the University or damage to participants.
- 4) Appeal could be requested by the alleged.
- 5) Reporting and recording.

9.3.2.1 Written warning in the letter of reprimand in case of a second breach in RCR/RI

Once the ERIC has gone through the whole process of assessment during a **formal intra-faculty assessment of an allegation** of a possible act of non-compliance and/or violation of good research practice (SOP_NWU Research Integrity_1 for the management of research non-compliance and/or violation of good research practice) and finds the researcher guilty of a **second breach in RCR/RI**, a decision must be made on the way forward.

A case number is allocated by the Faculty from the Research Integrity Register of the Faculty for a continuous breach.

The ERIC makes a recommendation on the way forward, i.e., written warning in the letter of reprimand.

A paragraph is then added to the letter of reprimand cautioning the researcher that should a third incident be reported the further route of disciplinary action will be followed.

The letter is signed by the DD: R&I (larger Faculties) and the ED.

The researcher signs the letter.

9.3.2.2 The Research Director opening a disciplinary case against the researcher

Once the ERIC has gone through the whole process of assessment during a **formal intra-faculty assessment** of an allegation of a possible act of non-compliance and/or violation of good research practice (SOP_NWU Research Integrity_1 *for the management of research non-compliance and/or violation of good research practice*) and finds the researcher guilty of a **third breach in RCR/RI**, a decision has to be made on the way forward. Time is allowed for discussions, reflections, questions, and answers.

A case number is allocated by the Faculty from the Research Integrity Register of the Faculty for a continuous breach.

A risk management-based approach will be used.

The DD: R&I (in larger Faculties) or ED (in smaller Faculties) with the support of the RIO in the office of the DVC: R&I writes a letter to the RD informing him/her to start with a disciplinary action against the researcher and involving P&C.

An appointment is made with the ED (larger Faculties) where the DD: R&I with the support of the RIO presents the case and letter to the ED. If the ED concurs with the findings of the ERIC, he/she co-signs the letter with the DD: R&I.

The RD follows the process for a disciplinary action described in:

a) The *NWU Behavioural Manual* if it is a staff member.

Or

b) The *NWU Policy on Student Discipline, 26 September 2019*, if it is for an undergraduate or postgraduate student.

The process should be activated no later than **ten working days** after the ERIC made their recommendation, and the RD received the recommendation in writing from the DD: R&I (in larger Faculties) or ED (in smaller Faculties).

Although the process moves from the IRIMS to P&C, the RD keeps the DD: R&I (in larger Faculties) or ED (in smaller Faculties) and RIO in the office of the DVC: R&I on a regular basis (at least two weekly) up to date with the progress.

The RD submits a concluding report to the DD: R&I (in larger Faculties) or ED (in smaller Faculties) and RIO once the disciplinary process has been concluded.

The DD: R&I (in larger Faculties) with the support of the RIO updates the ED on a regular basis, as well as with the closure of the case.

Important note: If one of the actions directly affects a study, the Chairperson of the Faculty REC should immediately be notified in writing by the DD: R&I (in larger Faculties) or ED (in smaller Faculties) with the support of the RIO that the study needs to be suspended or terminated, etc.

9.3.2.3 Escalating the case to the office of the Registrar or student judicial office for a formal investigation into a breach of research conduct

As indicated earlier in the SOP the ERIC can make a finding that they deem the case worthy of escalation to the office of the Registrar or the student judicial office for a formal investigation even if it falls within the defined acts of continuous non-compliance or violation of good research practice covered in this SOP. The ERIC would make such a judgement if the nature of the breach/transgression is of a serious nature and cannot be addressed through the processes described in the previous two sections.

The case is escalated to the office of the Registrar or the student judicial office (See the *NWU Policy on Academic Integrity of 27 September (2018, revised 2021)*).

The DD: R&I (in larger Faculties) or ED (in smaller Faculties) with the support of the RIO in the office of the DVC: R&I formulates a letter to the researcher informing him/her of the escalation and future process. The DD: R&I (in larger Faculties) and the ED will sign the letter.

A cover letter to the Registrar or student judicial office is formulated by the DD: R&I (in larger Faculties) or ED (in smaller Faculties) with the help of the RIO.

An appointment is made with the ED (larger Faculties) where the DD: R&I with the support of the RIO presents the case and two letters to the ED. If the ED concurs with the findings, he/she co-signs the two letters with the DD: R&I.

A meeting is called by the DD: R&I (in larger Faculties) or ED (in smaller Faculties) and RIO with the researcher in the presence of the appropriate RD and SD if required. The DD: R&I (in larger Faculties) or ED (in smaller Faculties) with the support of the RIO discusses the escalation and the future process with the researcher.

The researcher signs the letter.

All documentation to accompany the letter is prepared for the hand over to the Registrar or the student judicial office.

The cover letter and all supporting documentation is provided to the Registrar or student judicial office during an appointment where the ED, DD: R&I (in larger Faculties) and RIO explain the case in detail and hand over all the supporting evidence. An electronic copy is also forwarded to the Registrar or student judicial office.

The Registrar or the student judicial office should report the outcome of the case to the DD: R&I (larger Faculties), ED and RIO.

Note: In all the above-mentioned escalation possibilities the applicable process is followed based on the action of choice and the guiding documentation of the NWU.

9.3.2.4 Implementing the outcomes

A system should be in place to ensure the execution of all the planned actions according to the set timelines with an effective feedback cycle through the required reporting system.

Transparency and procedural fairness are important.

As soon as a final concluding letter is received either from the RD, the Registrar, or the student judicial office, the DD: R&I (in larger Faculties) or ED (in smaller Faculties) and RIO close the case and send a final notice to the ED.

9.3.2.5 Appeals process

A researcher could activate an appeals process.

The researcher submits a written request to the DD: R&I (in larger Faculties) or ED (in smaller Faculties) and RIO in the office of the DVC: R&I asking the ERIC and the DD: R&I (larger Faculties) or the ED (smaller Faculties) to reconsider its decision.

The appeal must fulfil the requirements stipulated in the Research Integrity SOP_NWU Research Integrity_4 *for the management of the research integrity appeals process*.

The appeal is handled according to the Research Integrity SOP_NWU Research Integrity_4 *for the management of the research integrity appeals process*.

9.3.2.6 Reporting and record-keeping

A register for research integrity cases is kept in the Faculty.

A number is allocated to each registered case in the Faculty.

A factual and objective mandatory report must be written after the process has been concluded. The RIO will be responsible for the report and approved by the DD: R&I (in larger Faculties) or ED (in smaller Faculties).

The following should be included in the initial report:

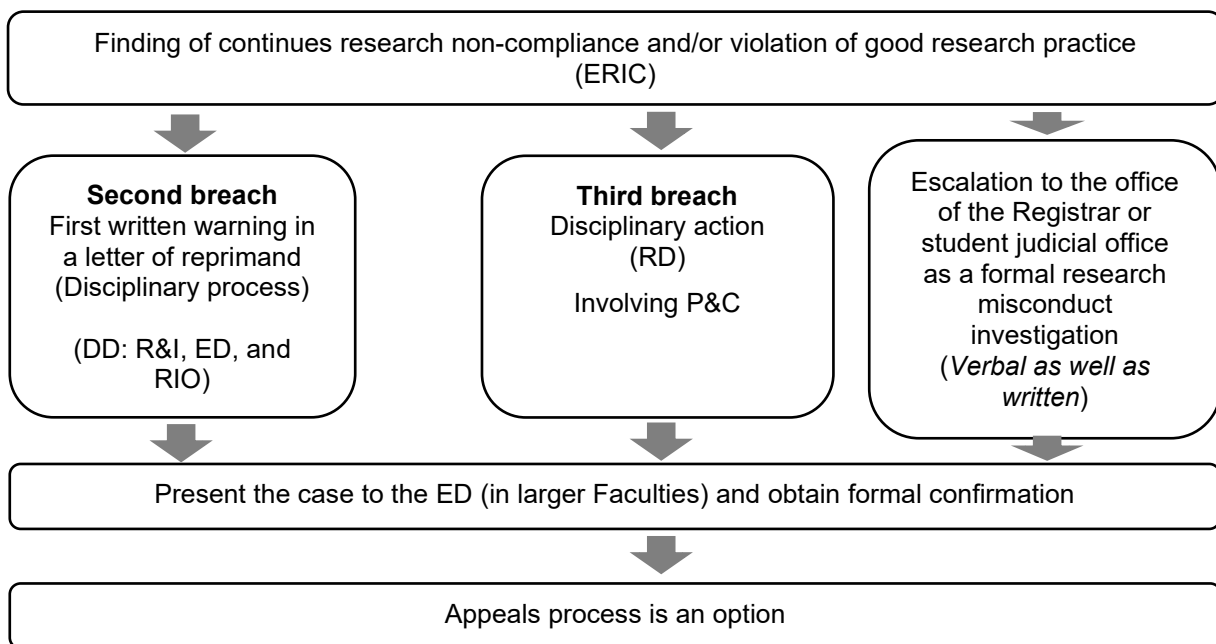
- Name of the institution.
- Name of the Faculty.
- The research entity in which the researcher resides.
- Full names and surname of the researcher.
- Title of the research study (if applicable).
- Ethics number of the research study (if applicable).
- Personnel/student number.
- Date of the transgression(s).
- A detailed description of the continuous non-compliance and/or violation of good research practice.
- The evidence summarised (available evidence and record(s)).
- The process followed.
- Finding(s) that indicate(s) breach/no breach.
- Actions the Faculty is taking to address the breach in research integrity.
- Name of the RD.
- A final copy of the report must be stored in the office of the DD: R&I (in larger Faculties) or ED (in smaller Faculties).

The following should be included in the closing report:

- Name of the institution.
- Name of the Faculty.
- The research entity in which the researcher resides.
- Full names and surname of the researcher.
- Name of the RD.
- Date of conclusion of the case.
- Summary of the conclusion process and comments from the RD and mentor.

10 SUMMARIZED PROCESS

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



11 REFERENCE DOCUMENTS

SOP for the management of research non-compliance and/or violation of good research practice (SOP_NWU Research Integrity_1, NWU, 2020).

SOP for the management of whistleblowing pertaining to research ethics and research integrity (SOP_NWU Research Integrity_7).

SOP for the management of research integrity appeals process (SOP_NWU Research Integrity_4).

Singapore Statement on Research Integrity, 2010.

The European Code of Conduct for Research Integrity (revised edition), 2017.

NWU Behavioural Manual.

NWU Policy on Student Discipline, 26 September 2019.

NWU Policy on Academic Integrity, 27 September 2018 revised 2021.

12 ADDENDA

No	Document name
None	

Original details: SOP_NWU Research Integrity_2 Management of Continuous Research Non-compliance and/or Violation of Good Research Practice, 16 February 2021, revised November 2022.

File reference: