

## Faculty of Health Sciences

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

<b>Action</b>	<b>Designated person</b>	<b>Date</b>	<b>Signature</b>
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	Executive Dean (ED) of the FHS	Nov 2020 18 Febr 2021	
Reviewed and approved by:	Registrar (Prof Marlene Verhoef) Deputy Vice-Chancellor: Research and Innovation (Prof Frans Waanders) Legal Office (Mr Kobus Joubert)		Jan 2021
Approved by:	Faculty Board of the FHS		16 Febr 2021

### 2 DISTRIBUTION

<b>Department/Unit</b>	<b>Name</b>	<b>Date</b>	<b>Signature</b>
Research and School Directors, academic staff and postgraduate students in the FHS	Prof Jeanetta du Plessis	Sept 2021	

### 3 DOCUMENT HISTORY

Date	Version no	Reason for revision
16 Febr 2021	1	SOP approved

### 4 PURPOSE OF THE SOP

To provide guidelines and procedures for the Deputy Dean: Research and Innovation (DD: R&I) and the Executive Dean (ED) of the Faculty of Health Sciences (FHS), as well as persons seeking to *report allegations of 1) minor and serious research non-compliance and/or 2) violations of good research practice by a researcher* (staff member, undergraduate or postgraduate student), on **a) reporting and b) conducting a formal intra-faculty research integrity assessment** (not “investigation”) into the said allegations.

It is in the interest of society and the research community that allegations of research non-compliance and/or violations of good research practice be handled *consistently and transparently*, with clear processes and procedures for dealing with these allegations. If such allegations are proven to be true, this can have negative implications (e.g. reputational damage) for the researcher, 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 (adapted from UCT, 2014).

This *SOP for the management of minor and serious research non-compliance and/or violation of good research practice* seeks to find a balance between:

- i) Providing safeguards for those who raise genuine concerns about allegations of research non-compliance and/or violations of good research practice, and
- ii) Providing protection against uninformed, inaccurate, and malicious allegations that can cause serious harm to innocent persons as well as to the University (adapted from UCT, 2014).

The balance is found in:

- An **initial informal intra-faculty research integrity process of assessment by only the DD: R&I and the Research Integrity Officer (RIO)** linked to the office of the DD: R&I, without the involvement of the person making the allegations (allegor) or the person against whom the allegations are being made (alleged). The merits of the allegation are assessed for formal grounds.
- A follow-up **formal intra-faculty research integrity assessment** by the **DD: R&I as chairperson and an Empanelled Research Integrity Committee (ERIC)** made up of a) the *appointed Standing Research Integrity Committee (SRIC)* of the FHS and b) *specified ad hoc members* should the allegation seem to have formal grounds. The latter assessment involves both c) the *allegor* and d) the *alleged*.

The purpose of this process is to first try to find *amicable, supportive, educative, and restorative solutions* if breaches in research integrity are found true through acts of *minor or serious research non-compliance and/or violation of good research practice* within the Faculty.

**Note:** Should a researcher engage in *continuous research non-compliance and/or violation of good research practice*, the process will be managed in a different way as described in a separate Research Integrity SOP for the management of *continuous research non-compliance and/or more violation of good research practice* (SOP\_Research Integrity\_2).

### 5 SCOPE

This SOP guides different parties on how to handle allegations of:

- 1) Minor and serious research non-compliance and/or

## 2) Violations of good research practice

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

It also briefly mentions how to escalate 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 of 27 September 2018 revised 2021*).

**Note:** The DD: R&I, ED, and the ERIC always retain the right to escalate any case of research non-compliance and/or violation of good research practice they deem worthy of escalation as stated in a) to c) above even if it falls within the defined acts of non-compliance or violation of good research practice covered 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
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 <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 formal intra-faculty research integrity assessment that a researcher has transgressed in responsible conduct of research based on acts of non-compliance and/or violation of good research practice.
Non-compliance	Any violation of: <ul style="list-style-type: none"> <li>• Any institutional and/or REC <i>policies, procedures</i> and <i>regulation</i> governing human or animal research.</li> <li>• Any <i>deviation</i> from the REC-approved <i>proposal/protocol</i>.</li> </ul>

	Non-compliance varies in <i>nature, severity, and frequency</i> (adapted from UCT, 2013).
Minor Non-compliance	<p>A non-compliant incident that <i>does not</i>:</p> <ul style="list-style-type: none"> <li>• Affect the safety of human participants or animals.</li> <li>• Compromise data integrity.</li> <li>• Violate participants' rights or welfare.</li> <li>• Affect participants' willingness to participate in research.</li> </ul> <p>Examples include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Inadvertent errors due to inattention to detail.</li> <li>• Misunderstanding or oversight.</li> <li>• Missed deadline for a continuing review (adapted from UCT, 2013).</li> </ul>
Serious Non-compliance	<p>An activity that jeopardises:</p> <ul style="list-style-type: none"> <li>• The safety, rights of welfare of human participants or animals.</li> <li>• The integrity of the data during research.</li> </ul> <p>Examples include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Conducting research with humans or animals without REC approval.</li> <li>• Not using approved REC documentation.</li> <li>• Inadequate training and supervision of research staff.</li> <li>• Current REC-approved informed consent form describing all potential risks and alternatives to participants is not used.</li> <li>• Failure to obtain voluntary informed consent.</li> <li>• Enrolling human participants that do not meet the inclusion criteria or including those that meet the exclusion criteria.</li> <li>• Failure to follow accepted procedures to exercise due care in avoiding harm or discomfort to participants or research staff.</li> <li>• Deviation from or failure to adhere to the approved proposal/protocol without prior approval by the REC.</li> <li>• Implementing substantive modifications to REC-approved proposals/protocols without prior REC approval.</li> <li>• Activities that compromise the participants' privacy and confidentiality.</li> <li>• Continuing with research when REC approval has lapsed.</li> <li>• Copyright infringement.</li> <li>• Negligent management of data security (adapted from the European Code of Conduct for Research Integrity (ECCRI), 2017 and UCT, 2013 and 2014).</li> </ul> <p><b>Note:</b> Should a researcher conduct research with humans or animals without REC approval, the process will be escalated to a <i>disciplinary action</i>.</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"> <li>• 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.</li> </ul>

	<ul style="list-style-type: none"> <li>• 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).</li> </ul>
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"> <li>• 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.</li> <li>• Manipulating authorship or denigrating the role of other researchers in publications.</li> <li>• Citing selectively to enhance own findings or to please editors, reviewers, or colleagues.</li> <li>• Deliberate misrepresentations in publications.</li> <li>• Expanding unnecessarily the bibliography of a study.</li> <li>• Establishing or supporting journals that undermine the quality control of research (predatory journals)</li> <li>• Withholding research results.</li> <li>• Exaggerating the importance and practical applicability of findings.</li> <li>• Misrepresenting research achievements.</li> <li>• Improper conduct in peer review.</li> <li>• Delaying or inappropriately hampering the work of other researchers.</li> <li>• Allowing funders/sponsors to jeopardise independence in the research process or reporting of results to introduce or promulgate bias.</li> <li>• Accusing a researcher of misconduct or other violations in a retaliating, intimidating and malicious way.</li> <li>• Ignoring putative violations of research integrity by others or covering up inappropriate responses to misconduct or other violations by institutions.</li> <li>• Misusing seniority to encourage violations of research integrity (adapted from ECCRI, 2017 and UCT, 2014).</li> </ul> <p><b>Note:</b> 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 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"> <li>• Fabrication</li> <li>• Falsification</li> <li>• Plagiarism</li> </ul> <p>In</p> <ul style="list-style-type: none"> <li>• Proposing</li> <li>• Performing</li> <li>• Reviewing research</li> <li>• Reporting results</li> </ul>
• 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"> <li>• 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.</li> </ul>

	<p>Or</p> <ul style="list-style-type: none"> <li>• Re-publishing substantive parts of one's own earlier publications, including translations, without duly acknowledging or citing the original (self-plagiarism).</li> </ul> <p><i>Also see definition in the NWU Policy on Academic Integrity: Annexure 1.</i></p>
Copyright infringement	<ul style="list-style-type: none"> <li>• The use of work protected by <i>copyright</i> law without permission.</li> <li>• <i>Infringing</i> certain exclusive rights granted to the copyright holder, such as the right to: <ul style="list-style-type: none"> <li>○ Reproduce the protected work.</li> <li>○ Distribute the protected work.</li> <li>○ Display the protected work.</li> <li>○ Perform the protected work.</li> <li>○ Make derivative work.</li> </ul> </li> </ul> <p><i>Also see definition in the NWU Policy on Academic Integrity: Annexure 1.</i></p>
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 community member) who raises awareness of possible research non-compliance and/or violation of good research practice by a researcher as the alleged.
Alleged	The researcher accused of research non-compliance and/or violation of good research practice.
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 <i>merit of the allegation</i> or <i>formal grounds</i> of 1) research non-compliance and/or 2) violation of good research practice, before proceeding to the more formal research integrity assessment process.
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, 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.
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 <i>continuous</i> research non-compliance and/or violation of good research practice to: <ol style="list-style-type: none"> <li>a) A disciplinary process for a staff member (See NWU Behavioural Manual).</li> <li>b) A disciplinary process for an undergraduate or postgraduate student (See NWU Policy on Student Discipline, 26 September 2019).</li> <li>c) A formal <i>investigation into academic misconduct</i> by the office of the Registrar of the University (See the NWU Policy on Academic Integrity, 27 September 2018 revised 2021).</li> </ol>
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 <i>NWU Policy on Academic Integrity, 27 September 2018 revised 2021</i> ).

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: <ul style="list-style-type: none"> <li>• Chairperson: DD: R&amp;I</li> <li>• Research Integrity Officer</li> <li>• Head of the Ethics Office for Research, Training and Support</li> <li>• A Research Director in the FHS knowledgeable in the management of RI (<i>appointed for three years</i>)</li> <li>• Secretariat</li> </ul>
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. <p>Standing Research Integrity Committee (SRIC):</p> <ul style="list-style-type: none"> <li>• Chairperson: DD: R&amp;I</li> <li>• Research Integrity Officer as secretariat</li> <li>• Head of the Ethics Office for Research, Training and Support</li> <li>• A Research Director knowledgeable in the management of RI (appointed for a three-year period)</li> <li>• Secretariat</li> </ul> <p>Ad Hoc Members:</p> <ul style="list-style-type: none"> <li>• Research Director (RD) (unit in which the alleged resides)</li> <li>• School Director (SD) (school in which the alleged resides)</li> <li>• An Independent person (expert in the required research integrity issue at hand)</li> </ul>
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. <p>The approach by the ERIC is supportive, educative, and restorative with a growth experience as the result.</p> <p><b>Note:</b> Under no circumstances does this include any disciplinary measures.</p>
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.

## 7 VALUES UNDERPINNING THE FACULTY OF HEALTH SCIENCES' ATTITUDE TOWARDS ALLEGATIONS OF RESEARCH NON-COMPLIANCE AND/OR VIOLATION OF GOOD RESEARCH PRACTICE

The FHS believes:

- in the importance of impeccable research ethical standards and research integrity;
- that reporting of suspected research non-compliance and/or violation of good research practice is a shared and serious responsibility of all members of the Faculty;
- that allegations 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 allegations 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 an allegation is made and the person who makes the allegation;
- that a formal assessment is dealt with in terms of existing faculty and university procedures (adapted from UCT, 2014).

## 8 RESPONSIBILITIES

It is the primary responsibility of the FHS within the bigger NWU to protect the integrity of all research conducted by the researchers (academics, undergraduate and postgraduate students) of the FHS, as the value and benefits of this research are vitally dependent on the integrity of the research. Should there be any possibility of a breach in research integrity through 1) research non-compliance and/or 2) violation of good research practice, the FHS has to follow a process that will ensure that these allegations are assessed and 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 this assessment process into allegations must act with the utmost *integrity* and *sensitivity*. Conflict of interest must be avoided. (adapted from UCT, 2014).

### 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 standards, regulations, laws, and conditions placed on the conduct of the study.

#### 8.1.2 The alleger

The person(s) (a researcher, any other member of a research team, a Research Ethics Committee (REC) or REC member, academic, research participants, community member, or dissertation/thesis examination committee) with allegations, observations or evidence of potential research non-compliance and/or violation of good research practice who follow(s) any one of several processes to bring this to the attention of the DD: R&I, FHS.

Must share requested experiences or provide requested documentation and/or data.

Clarifies any uncertainties the SRIC and/or ERIC may require.

If required, acts as a witness during the research integrity process.

#### 8.1.3 The alleged

The researcher against whom the allegations of a possible breach in research integrity (RI)/responsible conduct of research (RCR) through 1) research non-compliance and/or 2) violation of good research



practice are being made must offer his/her full cooperation in the assessment of the allegation(s) by sharing requested experiences or by providing requested documentation.

It should be clear to the researcher that he/she is protected until the allegations are determined to be defensible.

Should be willing to present his/her case to the SRIC and/or ERIC.

#### **8.1.4 The Deputy Dean: Research and Innovation**

The DD: R&I, FHS has to launch an initial informal intra-faculty assessment with the support of the RIO linked to the office into the *merit of or grounds for the allegation* of 1) research non-compliance and/or 2) violation of good research practice, before proceeding to the more formal intra-faculty research integrity assessment process.

If the allegation(s) seem(s) to have formal grounds, the DD: R&I, FHS as chairperson of the ERIC, initiates a formal intra-faculty research integrity assessment with the support of the RIO, to empanel the appointed SRIC, as well as specified ad hoc members.

The ERIC with the DD: R&I as chairperson first meets with the alleged, followed by a meeting with the alleged to come to findings and planned actions, as well as deciding on the designated mentor. These meetings are always held separately.

The DD: R&I, FHS and the RIO discuss the outcome of the assessment and planned actions of the ERIC with the ED of the FHS to finalise the way forward.

The DD: R&I, FHS with the support of the RIO finalises the letter to the alleged.

The DD: R&I with the support of the RIO verbally notifies the alleged of the outcome.

The DD: R&I calls for a meeting with: the DD: R&I, RIO, the two Directors (Research and School) in which the researcher resides, as well as the researcher to discuss the findings and future actions and hand the letter (signed by the DD: R&I and ED) to the researcher. The DD: R&I leads the discussion.

The DD: R&I hands the letter of reprimand to the researcher and has the researcher sign the letter.

The DD: R&I, FHS evaluates the monthly progress and final reports submitted by the mentor as well as the concluding report by the RD and signs off on the finalisation of the process.

The DD: R&I with the support of the RIO sets up and manages an effective data record system and registry with a track record of cases (allegations, processes, letters, and reports).

#### **8.1.5 The Research Integrity Officer**

The RIO acts as advisor and support to the DD: R&I and ED throughout all processes of alleged research integrity breaches and the assessment thereof.

- Receives the allegation(s) on behalf of the DD: R&I.
- Supports the DD: R&I in deciding on the merit and formal grounds.
- Allocates a case number from the Research Integrity Register.
- Sets up the ERIC after empanelment by the DD: R&I.
- Oversees the secretariat in setting up meetings and taking minutes during meetings.
- Keeps records of all evidence.
- Supports the DD: R&I in writing the letter of reprimand.
- Writes a letter to the Head of the FHS Ethics Office to notify him/her should a study be affected.
- Joins the DD: R&I in feedback meetings with the ED.
- Writes the final summative report.
- Ensures that progress reports reach the office as indicated and closes cases.
- Gives monthly status reports of RI cases to the DD: R&I and ED.
- Where a case needs to be escalated for disciplinary action or to the office of the Registrar, helps with organising supporting documentation and formulating the accompanying letter of referral to the appropriate person and sets up the handover meeting.
- Joins the DD: R&I and ED in the handover meeting with the Registrar.

### **8.1.6 The Executive Dean**

The ED listens to the report on the outcomes of the assessment of the ERIC presented to him/her by the DD: R&I and the RIO, gives his/her stamp of approval to the way forward and co-signs the letter to the researcher, set up by the DD: R&I with the support of the RIO.

Keeps up to date with all active RI cases.

### **8.1.7 The Research Directors**

The RDs report any allegations of a breach in RI/RCR reported to them to the DD: R&I.

The RD of the research entity in which the alleged resides forms part of the ERIC.

The RD is active in the identification of the mentor.

The RD is responsible to have a guiding conversation with the mentor on expectations and the need for monthly progress reports as well as a final concluding report.

The conversation is followed up by a written letter to the mentor stipulating the restorative actions required by the researcher and timelines, his/her responsibilities as a mentor and the monthly progress reports as well as the concluding report.

The RD is responsible for the monitoring of the restorative actions by the researcher under the mentorship of the ERIC appointed mentor and receives the monthly reports from the mentor and forward it to the DD: R&I and RIO.

The RD on receipt of the final report from the mentor sets up a concluding report to the DD: R&I and sends both this report and the mentor's concluding report to the DD: R&I and the RIO to facilitate in the finalisation of the case.

### **8.1.8 The Head of the Ethics Office for Research, Training and Support**

The Head of the Ethics Office for Research, Training and Support reports any allegations of a breach in research integrity reported to him/her via the complaints or whistleblowing processes to the DD: R&I.

The Head forms part of the ERIC.

### **8.1.9 The School Directors**

The SDs report any allegations of a breach in research integrity reported to them to the DD: R&I.

The SD of the school in which the alleged resides forms part of the ERIC.

### **8.1.10 Mentor**

The mentor is appointed by the ERIC due to his/her appropriate knowledge and skills linked to the RI case at hand.

The mentor will be responsible for:

- Overseeing all the restorative actions required by the researcher and prescribed by the ERIC for the stipulated period.
- Meeting at least monthly with the researcher to have an in-depth discussion of RCR related to the transgression.
- Submitting a written report each month to the RD on the progress made by the researcher and the progress made with the restorative actions.
- Submitting a final written report to the RD at the end of the period stipulated to the researcher of the completion of specific restorative actions required as well as the growth experienced by the researcher in RCR. In the report a recommendation should be made whether the mentor sees the mentoring process as 1) concluded or 2) whether there is a need for further mentoring.

## **9 PROCEDURE(S)**

### **9.1 The principles underpinning the process of handling allegations of research non-compliance and/or violations of good research practice**

- Procedural fairness.

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

## 9.2 Questions that guide the procedural framework

- Who receives the allegation(s)?
- Who takes the first step(s)?
- Who appoints the SRIC and ERIC?
- Who does the intra-faculty research integrity assessment?
- 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 Reporting of possible research non-compliance and/or violation of good research conduct

The allegor(s), with allegations based on observations or evidence of research non-compliance and/or violation of good research practice about a researcher, may choose to follow any one of several processes to bring this to the attention of the DD: R&I, FHS.

Another form of reporting will originate from dissertation/thesis examination committees. Possible acts of a breach in RI/RCR mentioned by an examiner in an examiners report should be deliberated during an examination committee to see whether these have merit and formal grounds to be *classified* as non-compliance and/or violation of good research practice. It is not the responsibility of the examination committee to stipulate restorative actions. The examination committee should follow the route of reporting the potential breach to the DD: R&I as a case of potential research non-compliance or violation of good research practice.

In all cases of reporting it must be very clear from the start whether it is:

- Just a process of seeking advice  
Or
- A process of making a formal allegation.

An allegation can come to the attention of the DD: R&I through:

- Direct notification to the office of the DD: R&I by any mentioned allegor.
- A report to or by the Head of the FHS Ethics Office for Research, Training and Support (referred to as Ethics Office).
- A report to or by a chairperson of one of the Faculty RECs.
- A report to or by one of the Research or School Directors in the FHS.
- As mentioned, a report by a dissertation/thesis examination committee.
- The allegor could also have decided to use one of the existing research ethics routes, i.e. *SOP for complaints management (2.2.4\_SOP\_Ethics\_1.5)* or *SOP for whistleblowing pertaining to research (2.2.4\_SOP\_Ethics\_1.8)*.

**Important note:** *Under no circumstances should an initial assessment be conducted by any party other than the DD: R&I and the RIO linked to the office.*

No matter where the reporting originated from, should the person decide to proceed with the allegation(s), the case is reported to the DD: R&I via the RIO by the person receiving the allegation(s) **within two working days** after receiving the allegation(s).

No matter the route followed by the allegor of reporting the alleged, the *identity* of the allegor should always be protected and kept confidential and only be made known to the DD: R&I and RIO. Should

the allegation, however, prove to have substance and defensibility, *the allegor could be asked to verbally present his/her allegations to the ERIC* should it move to a formal intra-faculty assessment. However, this may not always be necessary if the evidence is clear.

### 9.3.2 The steps in handling allegations

- 1) Initial informal intra-faculty research integrity assessment into the *merit and formal grounds* of the allegation(s) by the DD: R&I and RIO only and the decision whether the process should continue.
- 2) Formal intra-faculty assessment by the ERIC.
- 3) Implementing the outcomes of the formal intra-faculty research integrity assessment (restorative).
- 4) Appeal could be requested by the alleged.
- 5) Reporting and recording.
- 6) Escalation if disciplinary or legal actions are required due to the seriousness of the case (*only if applicable*).

#### 9.3.2.1 Informal Intra-faculty Research Integrity Assessment

On receiving a written allegation of a possible breach in RI/RCR, the DD: R&I, FHS with the support of the RIO launches an *initial informal intra-faculty assessment* into the *merit and formal grounds of the allegation* of 1) research non-compliance and/or 2) violation of good research practice, before deciding to proceed to a more formal intra-faculty research integrity assessment process.

This assessment is done with the hard evidence provided by the allegor and handled at face value.

The focus of the initial informal intra-faculty assessment is to determine *whether an answerable case* can be made out:

- Is it a valid complaint (research non-compliance and/or violation of good research practice)?
- Is it in good faith and not malicious?
- Even if an anonymous reporting (no identifiable allegor) or “bad faith” complaint was received it should not be disregarded and “due process” followed.

A final decision is taken whether the case has merit and formal grounds.

If the allegation(s) seem(s) to have merit and formal grounds of a *potential breach of RI/RCR through acts of research non-compliance and/or violation of good research practice*, the DD: R&I, FHS continues with the next step in the process and launches a *formal intra-faculty research integrity assessment* with the support of the RIO.

#### 9.3.2.2 Formal Intra-faculty research Integrity Assessment

A case number is allocated from the Research Integrity Register.

A risk management-based approach will be used.

The formal intra-faculty research integrity assessment is handled by the DD: R&I as chairperson and an empanelled ERIC. In *empanelling the ERIC*, the DD: R&I with the support of the RIO, must rule out any possible *conflict of interest, bias* and *unfairness* and *prevent strained collegiality and power relationship*, especially when an alleged has positional power. *Confidentiality* and *due process* will be maintained throughout the process. All attempts should be made to mitigate any adverse effects on participants.

**The ERIC consists of the SRIC and specified ad hoc members as described below:**

***The Standing Research Integrity Committee (SRIC):***

- Chairperson: DD: R&I
- Research Integrity Officer
- Head of the Ethics Office for Research, Training and Support
- An elected Research Director knowledgeable in the management of RI for a term of three years
- 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 issue at hand).

The DD: R&I notifies the alleged researcher in writing that an allegation has been made against him/her. A brief description of the allegation is provided, and a time and place provided to appear before the ERIC.

The DD: R&I with the support of the RIO will as soon **as possible, but no later than a week** after receiving the allegation, call a meeting with the ERIC.

The formal intra-faculty assessment process should be prompt, discreet and effective, and should decide **within 10 working days**.

The DD: R&I decides whether he/she will make any material available to the ERIC before the meeting. The DD: R&I and RIO decide on the material to be made available and the secretariat ensures that the ERIC receives it in time. The panel reviews materials available to them, draws from knowledgeable sources and collects relevant documentation if necessary, to empower them for the assessment.

The DD: R&I decides whether the alleged will address the ERIC or whether the evidence and documentation are adequate. The alleged is notified of the time and place of the meeting and should avail him/herself should the ERIC deem it necessary. If a decision is made that the alleged should address the ERIC, he/she is called to the meeting.

The meeting begins with the DD: R&I welcoming all and allowing time for introductions if necessary. The confidentiality of the matter is emphasised and each member's role during the assessment explained to them.

It is explained that the anonymity of the alleged will be respected, and he/she will not be called to present his/her case if the evidence is clear. If the ERIC deems it necessary to call the alleged to clarify facts it could be allowed, but anonymity must be respected. Note: *SOP for whistleblowing pertaining to research* (SOP\_Ethics\_1.8, NWU, 2016) should be followed to protect the anonymity if it is a case of whistleblowing.

The DD: R&I with the support of the RIO presents the case in detail to the ERIC with the necessary evidence and documentation at hand.

An important initial responsibility of the ERIC is to make sure that the allegation(s) was/were made in good faith.

Should the ERIC deem it necessary, the alleged is called to present his/her allegation and evidence and provide clarity.

The input of the independent expert member as part of the ERIC is requested.

Time is allowed for discussions, reflections, questions, and answers.

The alleged is called to respond to the allegation made against him/her. The researcher is to cooperate with fact-finding during the assessment.

- The DD: R&I makes it clear that this is a formal intra-faculty assessment and that the researcher is not seen as guilty unless evidence proves otherwise.
- The DD: R&I presents the allegation to the researcher with a description of the evidence.
- The researcher is allowed time to respond to the allegation(s) and presents his/her side of the case.
- The researcher is excused from the meeting.

The ERIC continues with their discussion with all evidence at hand, having heard the alleged side of the story, and comes to some form of a summarised version of the allegation and decides on a finding. They must come to a decision that the allegation proved to have *substance* and *defensibility* and a finding of a *breach or no breach in RI/RCR*.

If a finding of a breach in RI/RCR is made, the ERIC decides on:

- The restorative actions expected by the researcher. The actions should relate to the breach in research integrity and not include any disciplinary actions.
- The time frame of the restorative process.
- Under whose mentorship the actions will be conducted.
- The research director is responsible for monitoring the progress and writing the concluding report.

Examples of a few possible actions:

- Require additional face-to-face or online education or training. The specifics should be provided.
- Require oversight by a senior researcher.
- Limit the research.
- Limit study supervision or having a second supervisor.
- Suspension from certain activities.
- Suspend or terminate the study.
- Place the study on administrative hold pending the outcome of the assessment.
- Require periodic independent audits.
- Modify the research proposal.
- Modify the continuing review timetable to include more frequent REC reviews.
- Require participants to be re-consented.
- Monitor the informed consent process, etc.

**Important note: If one of the actions directly affects a study, the REC should immediately be notified in writing by the RIO that the study needs to be suspended or terminated, etc.**

Having decided on a potential mentor, a meeting is called with the identified mentor by the DD: R&I, the RIO as support and the RD in which the researcher resides. The confidentiality of the matter is emphasised. The availability of the mentor is discussed, as well as his/her responsibilities and willingness to act as a mentor:

- Mentoring activities and their due dates specified by the ERIC.
- The need for a monthly feedback report to the RD who will send it to the DD: R&I and the RIO.
- The final concluding report to the RD who will send it to the DD: R&I and the RIO.

The DD: R&I with the help of the RIO formulates a **letter of reprimand** to the researcher that indicates:

- The allegations.
- The findings specifying the type of breach in research integrity.
- The expected restorative action expected by the researcher.
- Time frames for completion of the required restorative actions.
- Who the mentor will be?
- That should the researcher not adhere to the mentioned restorative actions it will lead to the re-opening of the case, as well as a finding of non-compliance which could lead to disciplinary actions taken against the researcher.
- That should the researcher within a year be found guilty of another breach in research integrity, a written warning will be given in the event of a second breach. In the event of a third breach, disciplinary actions will be taken based on *continuous* research non-compliance and/or violation of research conduct (See SOP\_Research Integrity\_2 for the management of continuous research non-compliance and/or violation of good research practice).

- The letter will be signed by the DD: R&I and the ED, as well as the researcher.

An appointment is made with the ED where the DD: R&I with the support of the RIO presents the case and letter of reprimand to the ED. If the ED concurs with the findings and restorative actions formulated by the ERIC, he/she co-signs the letter with the DD: R&I.

A meeting is called by the DD: R&I with the researcher in the presence of the appropriate RD and SD, as well as the RIO. The DD: R&I discusses the letter with the researcher. A supportive, educative, and restorative approach is taken during the meeting with a growth experience as an end goal.

Points of discussion for the meeting:

- Findings of a breach in RI/RCR.
- The risks of the actions/behaviour to the researchers, the research entity, FHS and the NWU.
- Expected restorative actions to help ensure future compliance.
- Timelines for completion of the set restorative actions.
- Who the mentor will be and the responsibilities of the mentor?
- Consequences if the researcher does not adhere to the mentioned restorative actions that will lead to the re-opening of the case, as well as a finding of non-compliance which could lead to disciplinary actions taken against the researcher.
- Future consequences if there is a reoccurrence of non-compliance and/or violation of good research practice.

The researcher signs the letter.

The DD: R&I verbally informs the person that made the allegations of the findings and outcome of the assessment.

### 9.3.2.3 Implementing the outcomes

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

The mentor and RD play an important role during this phase of implementing the restorative actions to ensure growth and prevent future reoccurrences.

Transparency and procedural fairness are important.

As soon as the DD: R&I, RD, SD, and RIO have met with the researcher, the RD and RIO set up a meeting with the mentor and the researcher to discuss the requirements and process to be followed.

The researcher is responsible to meet all the restorative actions within the set time frames and request at least monthly appointments with the mentor.

The mentor meets at least once a month with the researcher and sends in the monthly progress report to the RD, who sends it to the DD: R&I and RIO.

The mentor sends a final concluding report to the RD, who also formulates a final concluding report to finalise the restorative process. The RD sends both concluding reports to the DD: R&I and the RIO.

The DD: R&I and RIO close the case and send a final notice to the ED.

### 9.3.2.4 Appeals process

A researcher could activate an appeals process.

The researcher submits a written request to the DD: R&I, asking the ERIC and the ED to reconsider its decision.

The appeal must fulfil the requirements stipulated in the Research Integrity SOP\_Research Integrity\_4 *for the management of the research integrity appeals process.*

The appeal is handled according to the Research Integrity SOP\_Research Integrity\_4 *for the management of the research integrity appeals process.*

#### 9.3.2.5 Reporting and record-keeping

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

A number is allocated to each registered case.

A factual and objective mandatory report must be written after the formal intra-faculty assessment and updated with a closing report at the end of the restorative action approach. The RIO will be responsible for the report and approved by the DD: R&I.

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 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 FHS is taking to address the breach in research integrity.
- Name of the RD.
- Name of the appointed mentor.
- A final copy of the report must be stored in the office of the DD: R&I.

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.
- Name of the mentor.
- Date of conclusion of the case.
- Summary of the conclusion process and comments from the RD and mentor.

**Note:** The ERIC will be allowed to respond to the draft report before finalisation and stored for record purposes.

#### 9.3.2.6 Possible escalation to the Registrar/disciplinary action

As indicated earlier in the SOP the ERIC can make a finding that they deem the case worthy of escalation to a disciplinary process or the office of the Registrar for a formal investigation even if it falls within the defined acts of 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 cannot be addressed through restorative actions.

The ED supports the finding and the way forward.

If evidence shows *continuous* research non-compliance and/or violation of good research practice, after the intra-faculty assessment is completed, the case is referred for a further disciplinary process



following SOP\_Research Integrity\_2 for the management of continuous research non-compliance and/or violation of good research practice.

The ED supports the finding and the way forward.

The escalation possibilities are:

- 1) A disciplinary process for a staff member (See *NWU Behavioural Manual*).
- 2) A disciplinary process for an undergraduate or postgraduate student (See *NWU Policy on Student Discipline, 26 September 2019*).
- 3) A formal investigation into academic misconduct by the office of the Registrar (See the *NWU Policy on Academic Integrity of 27 September 2018 revised 2021*).

**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.

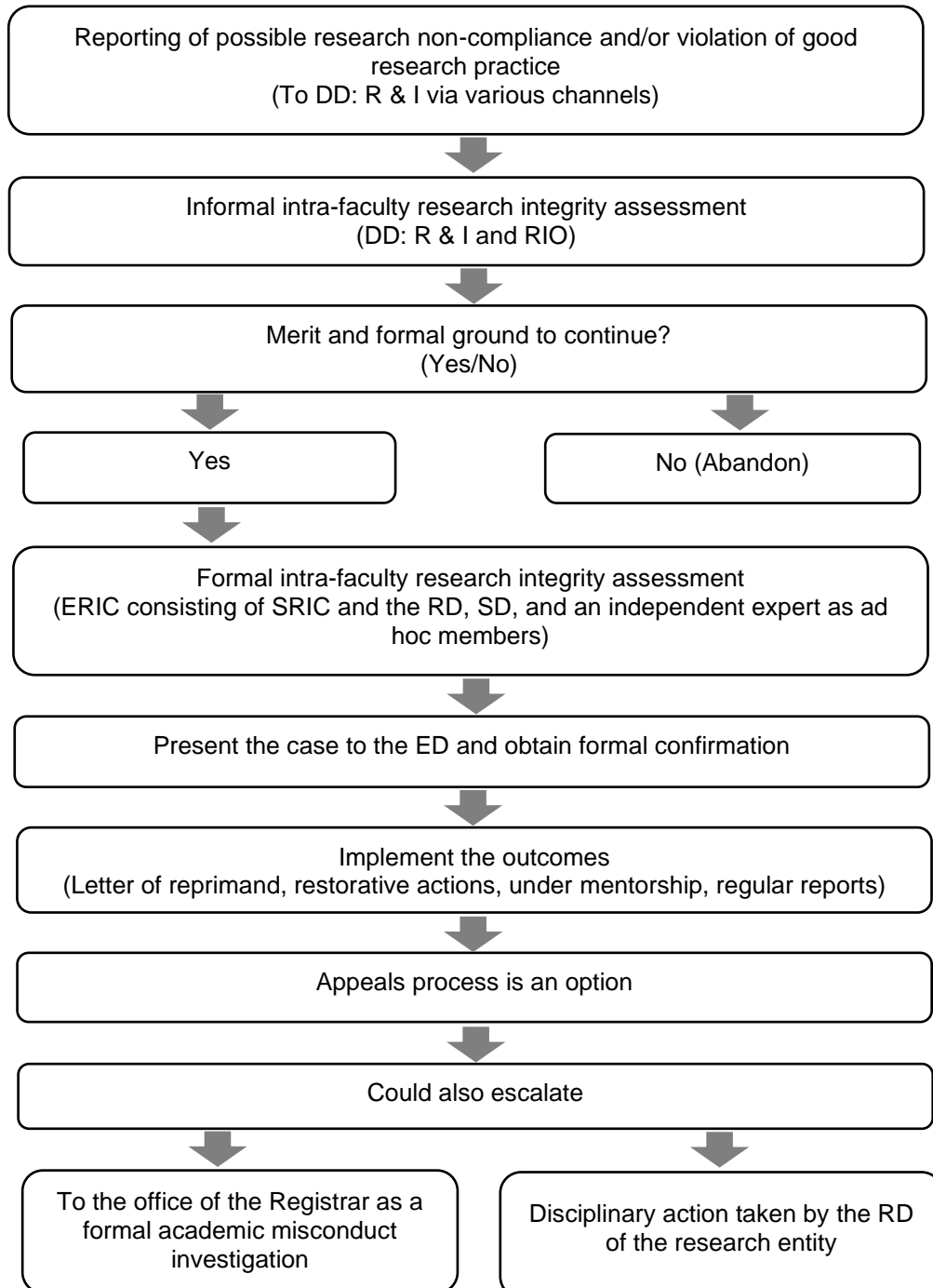
A cover letter is formulated by the DD: R&I with the help of the RIO and referred to either the RD (for disciplinary action against a staff member or student) or the Registrar for cases of academic misconduct.

If the case is escalated to the Registrar, an appointment is made with the Registrar, where the ED, DD R&I and RIO explain the case in detail with all the supporting evidence.

The outcome of these cases should be reported to the DD: R&I, RIO, and the ED.

## 10 SUMMARIZED PROCESS

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



## 11 REFERENCE DOCUMENTS

SOP for complaint management (SOP\_Ethics\_1.5, NWU, 2018).

SOP for whistleblowing pertaining to research (SOP\_Ethics\_1.8, NWU, 2018).

SOP for non-compliance of the University of Cape Town, 2013.

SOP for the management of continuous research non-compliance and/or violation of good research practice (SOP\_Research Integrity\_2, NWU, 2020).

SOP for the management of research integrity appeals process (SOP\_Research Integrity\_4).

SOP for ethics committees of the University of the Western Cape.

Singapore Statement on Research Integrity, 2010.

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

UCT policy and procedures for the breach of research ethics codes and allegations of misconduct in research, 2014.

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\_Research Integrity\_1 Management of Research Non-compliance and/or Violation of Good Research Practice, 16 February 2021.

File reference: