

Faculty of Health Sciences

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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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 FHS		16 Febr 2021

2 DISTRIBUTION

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

3 DOCUMENT HISTORY

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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 of Health Sciences (FHS) 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 research integrity (RI)/responsible conduct of research (RCR).
- 2) The ERIC referring the case to the RD for disciplinary actions with the third breach in RI/RCR.
- 3) The DD: R&I and the ED escalating the case to the office of the Registrar as a formal investigation into academic misconduct if they deem it necessary due to the nature of the breach.

It is in the interest of the FHS, 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_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, ED, and Research Directors for a consistent and transparent process to manage such 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 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*:

- 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 (third breach), or escalated to the office of the Registrar as a formal investigation of academic misconduct 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 for a *formal investigation into academic misconduct* (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 this SOP.

5 SCOPE

This SOP guides different parties on how to handle the process of taking a finding of a breach in RI/RCR 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 the letter of reprimand, 2) a disciplinary action against a researcher

made by a Research Director, or 3) an escalation to the office of the Registrar 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
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 continuous non-compliance and/or violation of good research practice.
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 or animal research. • 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 or animals. • Compromise data integrity.

	<ul style="list-style-type: none"> • Violate participants' rights or welfare. • Affect participants' willingness to participate in research. <p>Examples include but are not limited to:</p> <ul style="list-style-type: none"> • Inadvertent errors due to inattention to detail. • Misunderstanding or oversight. • Missed deadline for a continuing review (adapted from UCT, 2013).
Serious Non-compliance	<p>An activity that jeopardises:</p> <ul style="list-style-type: none"> • The safety, rights or welfare of human participants or animals. • The integrity of the data during research. <p>Examples include but are not limited to:</p> <ul style="list-style-type: none"> • Conducting research with humans or animals without REC approval. • Not using approved REC documentation. • Inadequate training and supervision of research staff. • Current REC-approved informed consent form describing all potential risks and alternatives to participants is not used. • Failure to obtain voluntary informed consent. • Enrolling human participants that do not meet the inclusion criteria or including those that meet the exclusion criteria. • Failure to follow accepted procedures to exercise due care in avoiding harm or discomfort to participants or research staff. • Deviation from or failure to adhere to the approved proposal/protocol without prior approval by the REC. • Implementing substantive modifications to REC-approved proposals/protocols without prior REC approval. • Activities that compromise the participant's 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: 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 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 codes of conduct for members of RECs and other regulatory requirements. • Manipulating authorship or denigrating the role of other researchers in publications. • Citing selectively to enhance own findings or to please editors, reviewers, or colleagues. • Deliberate misrepresentations in publications. • Expanding unnecessarily the bibliography of a study. • Establishing or supporting journals that undermine the quality control of research (predatory journals) • Withholding research results. • Exaggerating the importance and practical applicability of findings. • Misrepresenting research achievements. • Improper conduct in peer review. • Delaying or inappropriately hampering the work of other researchers. • Allowing funders/sponsors to jeopardise independence in the research process or reporting of results so as to introduce or promulgate bias. • Accusing a researcher of misconduct or other violations in a retaliating, intimidating and malicious way. • Ignoring putative violations of research integrity by others or covering up inappropriate responses to misconduct or other violations by institutions. • Misusing seniority to encourage violations of research integrity (adapted from ECCRI, 2017 and UCT, 2014). <p>Note: The right to escalate is retained even if it falls within the defined acts of non-compliance or violation of good research practice covered in this SOP.</p> <p>Should a researcher support <i>predatory journals</i>, the process will immediately be escalated to a <i>disciplinary action</i>.</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, 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: <ul style="list-style-type: none"> 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 <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).
Inquiry/Investigation	The process of an investigation into academic misconduct by the Registrar and people appointed by him/her to conduct the various phases of the investigation.

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"> • Chairperson: DD: R&I • Research Integrity Officer • Head of the Ethics Office for Research, Training and Support • A Research Director in the FHS knowledgeable in the management of RI (<i>appointed for a three-year period</i>) • Secretariat
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"> • Chairperson: DD: R&I • Research Integrity Officer as secretariat • Head of the Ethics Office for Research, Training and Support • A Research Director knowledgeable in the management of RI (appointed for three years) • Secretariat <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 in the required research integrity issue at hand)

7 VALUES UNDERPINNING THE FACULTY OF HEALTH SCIENCES' ATTITUDE TOWARDS CONTINUOUS 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 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 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 a breach in research integrity (RI)/responsible conduct of research (RCR) through continuous research non-compliance and/or violation of good research practice, the FHS has to follow a process that will ensure that these acts are processed into either a written warning, a disciplinary action against the researcher, or escalation to the office of the Registrar 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 standards, regulations, laws, and conditions placed on the conduct of the study.

8.1.2 The Deputy Dean: Research and Innovation

The ERIC with the DD: R&I as chairperson, 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 Research Director, or escalation to the office of the Registrar as a formal investigation into academic misconduct.

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

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

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 referred continuous research non-compliance and/or violation of good research practice disciplinary cases or escalations to the office of the Registrar (processes, letters and reports).

8.1.3 The Research Integrity Officer

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

- Allocates a case number from the Research Integrity Register.
- Sets up the meeting with the ERIC.
- 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, referral for disciplinary action, or escalation for a formal investigation.
- 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 close 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.
- Joins the DD: R&I and ED in the handover meeting with the Registrar.

8.1.4 The Executive Dean

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 and the RIO, gives his/her stamp of approval to the way forward and co-signs the letter to the researcher, RD, or Registrar set up by the DD: R&I 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 RI/RCR.

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 and RIO.

8.1.6 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.

8.1.7 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?
- How many previous breaches of RI/RCR 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_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 RI/RCR 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 RI/RCR.
- 2) Disciplinary actions by the RD in case of a third breach in RI/RCR.
- 3) Escalation to the office of the Registrar for a formal academic misconduct investigation if the ERIC deems it necessary due to the risk of severe reputation 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 RI/RCR

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_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 RI/RCR**, a decision has to be made on the way forward.

A case number is allocated from the Research Integrity Register 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 route of disciplinary action will be followed.

The researcher signs the letter.

9.3.2.2 The RD 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_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 RI/RCR**, a decision has to be made on the way forward. Time is allowed for discussions, reflections, questions, and answers.

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

A risk management-based approach will be used.

The DD: R&I with the support of the RIO writes a letter to the RD informing him/her to start with a disciplinary action against 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 to the RD. If the ED concurs with the findings of the ERIC, he/she co-signs the letter with the DD: R&I.

The RD follow 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.

The RD keeps the DD: R&I and RIO 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 and RIO once the disciplinary process has been concluded.

The DD: R&I 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 REC should immediately be notified in writing by 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 for a formal investigation into academic misconduct

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 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 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 (See the *NWU Policy on Academic Integrity of 27 September 2018 revised 2021*).

The DD: R&I with the support of the RIO formulate a letter to the researcher informing him/her of the escalation and future process. The DD: R&I and the ED will sign the letter, as well as the researcher.

A cover letter to the Registrar is formulated by the DD: R&I with the help of the RIO.

An appointment is made with the ED 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 with the researcher in the presence of the appropriate RD and SD, as well as the RIO. The DD: R&I discusses the escalation and the future process with the researcher.

The researcher signs the letter.

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

The Registrar should report the outcome of the case to the DD: R&I, RIO and the ED.

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 or the Registrar, the DD: R&I 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 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*.

9.3.2.6 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 process has been concluded. 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 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 FHS 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.

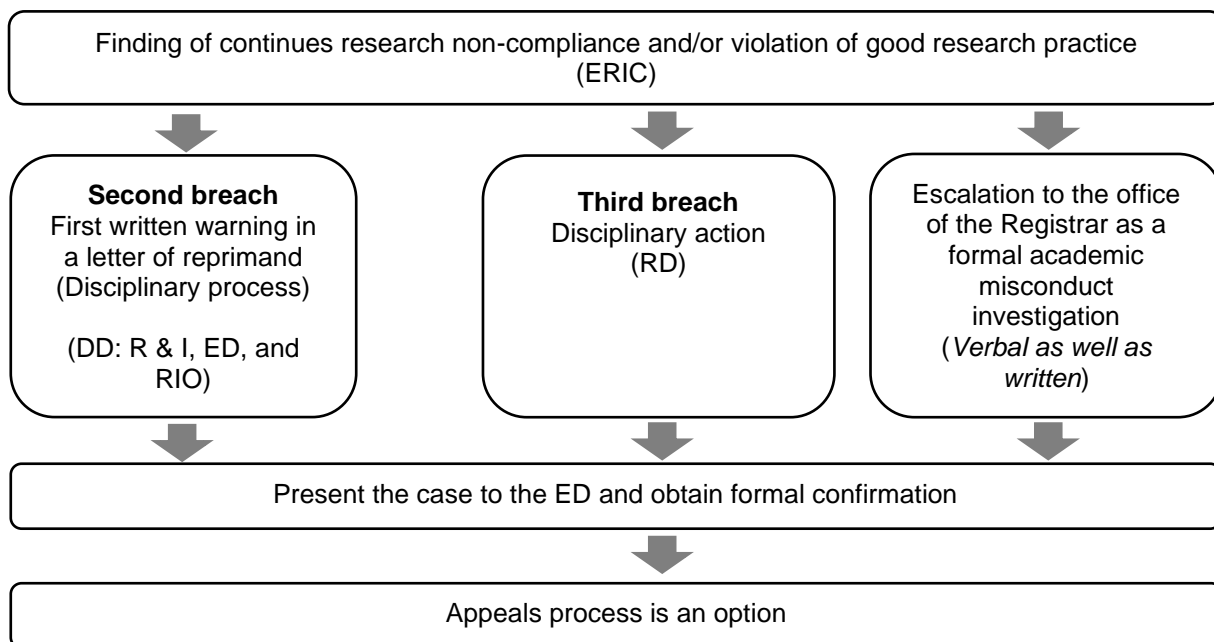
The following should be included in the closing report:

- 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.

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

10 SUMARIZED 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_Research Integrity_1, NWU, 2020).

SOP for the management of research integrity appeals process (SOP_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	

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