Faculty of Health Sciences

RESEARCH INTEGRITY	Standard Operating Procedure		
Title	Management of the Research Integrity Appeals Process		
SOP no	SOP_Research Integrity _4	**Version No.**	1
Date of approval	16 February 2021	**Revision date**	February 2024
Web address	http://health-sciences.nwu.ac.za/irims	**Page No.**	Page 1 to 12

1 COMPILATION AND AUTHORISATION

Action	Designated person	Date	Signature
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Approved by:	Faculty Board of the 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	Jeanetta du Plessis Digitally signed by Jeanetta du Plessis Date: 2021.09.07 12:40:44 +02'00'

3 DOCUMENT HISTORY

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

4 PURPOSE OF THE SOP

The Faculty of Health Sciences must have a mechanism in place whereby a contested decision made by the Standing Research Integrity Committee (SRIC) or the Empanelled Research Integrity Committee (ERIC) during an assessment or investigation into an alleged breach in research integrity may be revisited. This SOP provides a guideline and procedure 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 for a person (staff member, undergraduate or postgraduate student) seeking to appeal a decision made during any of the FHS's intra-faculty assessment or investigation processes for an alleged breach in research integrity (*research non-compliance and/or violation of good research practice, continuous research non-compliance and/or violation of good research practice, or research misconduct*).

It is however, expected that the alleged should make full use of the opportunity given to him/her during the initial assessment or investigation when his/her side of the story is being heard. The latter opportunity may prevent unnecessary misunderstandings. In the event of a failure to reach a resolution, the alleged may proceed in terms of the appeals process outlined below.

Appeals may arise because the person having been assessed or investigated for allegations of a breach in research integrity on Faculty level wishes 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. The request is made to the DD: R&I.

5 SCOPE

This SOP guides different parties on how to handle requests for an appeal.

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

The appeals process discussed in this SOP is only applicable to intra-faculty research integrity processes and not applicable to disciplinary actions against staff (See *NWU Behavioural Manual*) or students (See *NWU Policy on Student Discipline, 26 September 2019*) or a formal *investigation into academic misconduct* conducted by the office of the Registrar of the University (See the *NWU Policy on Academic Integrity of 27 September 2018 revised 2021*).

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
RCR	Responsible Conduct of Research
Concepts	**Definitions**
Responsible Conduct of Research (RCR)	The act of making research integrity visible; refers to the practice of scientific investigation with *responsibility and integrity* through an awareness and application of established *professional research norms/standards* and *ethical principles* in the performance of all activities related to the research.
Breach in Research Integrity	The finding made by an intra-faculty research integrity assessment or investigation into a potential breach in research integrity that a researcher has transgressed in responsible conduct of research based on acts of research non-compliance and/or violation of good research practice, continuous research non-compliance and/or violation of good research practice or research misconduct.
Non-compliance	Any violation of: • Any institutional and/or REC *policies, procedures* and *regulation* governing human or animal research. • Any *deviation* from the REC-approved *proposal/protocol*. Non-compliance varies in *nature, severity,* and *frequency* (adapted from UCT, 2013).
Minor Non-compliance	A non-compliant incident that *does not*: • Affect the safety of human participants or animals. • Compromise data integrity. • Violate participants' rights or welfare. • Affect participants' willingness to participate in research. Examples include but are not limited to: • Inadvertent errors due to inattention to detail. • Misunderstanding or oversight. • Missed deadline for a continuing review (adapted from UCT, 2013).
Serious Non-compliance	An activity that jeopardises: • The safety, rights of welfare of human participants or animals. • The integrity of the data during research. Examples include but are not limited to: • Conducting research with humans or animals without REC approval. • Not using approved REC documentation. • Inadequate training and supervision of research staff. • Current REC-approved informed consent form describing all potential risks and alternatives to participants is not used. • Failure to obtain voluntary informed consent. • Enrolling human participants that do not meet the inclusion criteria or including those that meet the exclusion criteria. • Failure to follow accepted procedures to exercise due care in avoiding harm or discomfort to participants or research staff. • Deviation from or failure to adhere to the approved proposal/protocol without prior approval by the REC. • Implementing substantive modifications to REC-approved proposals/protocols without prior REC approval. • Activities that compromise the 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). **Note:** Should a researcher conduct research with humans or animals without REC approval, the process will be escalated to a *disciplinary action*.
Continuous Non-compliance	A series of *more than one non-compliant or violating behaviour* in reasonably proximity (one year) that, if unaddressed, may compromise the research integrity. This can be due to lack of *knowledge* or *commitment* on the part of the researcher(s). The *conduct continues* after the researcher has explicitly been made aware of the first instance of non-compliant or violating behaviour and that despite an attempt to assist the researcher in this regard, the conduct continues. Examples include but are not limited to: • Repeated failure to follow institutional and REC policies and procedures particularly after the researcher has been informed of the problem(s) and that corrective action needs to be taken. • A researcher has a record of non-compliance, violations, or misconduct over a long period or in several existing or previously approved studies (adapted from UCT, 2013).
Violation of Good Research Practice	Violations of good research practice that damage the integrity of the research process or researchers and that lead to "*questionable research practices*". Examples include but are not limited to: • Direct violation of good research practices set out in the *NWU Code of Conduct for Researchers* or other codes of conduct for members of RECs and other regulatory requirements. • Manipulating authorship or denigrating the role of other researchers in publications. • Citing selectively to enhance own findings or to please editors, reviewers, or colleagues. • Deliberate misrepresentations in publications. • Expanding unnecessarily the bibliography of a study. • Establishing or supporting journals that undermine the quality control of research (predatory journals) • Withholding research results. • Exaggerating the importance and practical applicability of findings. • Misrepresenting research achievements. • Improper conduct in peer review. • Delaying or inappropriately hampering the work of other researchers. • Allowing funders/sponsors to jeopardise independence in the research process or reporting of results to introduce or promulgate bias. • Accusing a researcher of misconduct or other violations in a retaliating, intimidating and malicious way. • Ignoring putative violations of research integrity by others or covering up inappropriate responses to misconduct or other violations by institutions. • Misusing seniority to encourage violations of research integrity (adapted from ECCRI, 2017 and UCT, 2014). **Note**: The right to escalate is retained even if it falls within the defined acts of non-compliance or violation of good research practice covered in this SOP. Should a researcher support *predatory journals*, the process will immediately be escalated to a *disciplinary action*.

Research Misconduct	Refers to the FFP categorisation: • Fabrication • Falsification • Plagiarism In • Proposing • Performing • Reviewing research • Reporting results
• Fabrication	Making up of results and recording them as if they were real.
• Falsification	Manipulating research materials, equipment, or processes, or changing, omitting, or suppressing data or results without justification.
• Plagiarism	• Using other people's work and ideas in research without giving proper credit to the original source, thus violating the rights of the original author(s) to their intellectual outputs. Or • Re-publishing substantive parts of one's own earlier publications, including translations, without duly acknowledging or citing the original (self-plagiarism). *Also see definition in the NWU Policy on Academic Integrity: Annexure 1.*
Copyright infringement	• The use of work protected by *copyright* law without permission. • *Infringing* certain exclusive rights granted to the copyright holder, such as the right to: o Reproduce the protected work. o Distribute the protected work. o Display the protected work. o Perform the protected work. o Make derivative work. *Also see definition in the NWU Policy on Academic Integrity: Annexure 1.*
Allegation	A report that represents an *unproven assertion*.
Alleger	The person (a researcher, any other member of a research team, a REC member, research participants or a community member) who raises awareness of possible research non-compliance and/or violation of good research practice, continuous research non-compliance and/or violation of good research practice or research misconduct by a researcher as the alleged.
Alleged	The researcher accused of research non-compliance and/or violation of good research practice, continuous research non-compliance and/or violation of good research practice or research misconduct.
Informal 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 *merit of the allegation* or *formal grounds* of research non-compliance and/or violation of good research practice, continuous research non-compliance and/or violation of good research practice or research misconduct, before proceeding to the more formal research integrity assessment process.
Formal Intra-faculty Research Integrity Assessment (Acts of Plagiarism)	A formal intra-faculty research integrity assessment into the allegations of research misconduct through an act of plagiarism. This process is conducted by the DD: R&I, FHS as chairperson, the appointed Standing Research Integrity Committee (SRIC), and the appointed independent consulting attorney should the allegation seem to have merit and formal grounds and if it justifies a formal investigation by the office of the Registrar.

Formal 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), as well as specified ad hoc members should the allegation seem to have merit and formal grounds.
Preliminary Research Integrity Investigation (Acts of Fabrication of Falsification)	A preliminary intra-faculty research integrity investigation into allegations of research misconduct through an act of fabrication or falsification. This process is conducted by the DD: R&I, FHS as chairperson, the appointed Standing Research Integrity Committee (SRIC), as well as specified independent ad hoc members (attorney and two experts) should the allegation seem to indicate a breach in research integrity through acts of fabrication and/or falsification.
Disciplinary action	The formal departmental or university process of a disciplinary procedure taken against a staff member or student.
Escalation	The process of referring a "defensible" finding of *continuous* research non-compliance and/or violation of good research practice to: a) A disciplinary process for a staff member (See NWU Behavioural Manual). b) A disciplinary process for an undergraduate or postgraduate student (See NWU Policy on Student Discipline, 26 September 2019). c) A formal *investigation into academic misconduct* by the office of the Registrar of the University (See the NWU Policy on Academic Integrity of 27 September 2018 revised 2021).
Formal Investigation	The process of a formal investigation into academic misconduct (fabrication, falsification, plagiarism) by the Registrar and people appointed by him/her to conduct the various phases of the investigation (See the *NWU Policy on Academic Integrity, 27 September 2018 revised 2021.*
Finding of a Breach in Research Integrity	A result concluding that an allegation of research non-compliance and/or violation of good research practice, continuous research non-compliance and/or violation of good research practice or research misconduct is true based on the preponderance of the evidence.
Research Integrity Officer (RIO)	A person appointed in the office of the DD: R&I to facilitate research integrity (RI) within the FHS through various functions, i.e. developing and maintaining processes, procedure and SOPs related to research integrity, as well as managing RI within the FHS.
Standing Research Integrity Committee (SRIC)	A Standing Research Integrity Committee (SRIC) appointed in the FHS and consisting of the following members: • Chairperson: DD: R&I • Research Integrity Officer • Head of the Ethics Office for Research, Training and Support • A Research Director in the FHS knowledgeable in the management of RI (*appointed for three years*) • Secretariat In cases of fabrication and falsification the following independent ad hoc members are included: • Consulting attorney. • Two subject experts appropriate to the case at hand.
Empanelled Research Integrity Committee (ERIC)	A research integrity committee specifically empanelled and chaired by the DD: R&I for a specific formal intra-faculty research integrity assessment of an alleged research integrity breach. The composition varies in each case and is made up of the Standing Research Integrity Committee (SRIC) and specific ad hoc members that will differ according to each new case at hand.

	Standing Research Integrity Committee (SRIC): • Chairperson: DD: R&I • Research Integrity Officer as secretariat • Head of the Ethics Office for Research, Training and Support • A Research Director knowledgeable in the management of RI (appointed for a three-year period) • Secretariat Ad Hoc Members: • Research Director (RD) (unit in which the alleged resides) • School Director (SD) (school in which the alleged resides) • An Independent person (expert in the required research integrity issue at hand)
Appeal	A request lodged by an alleged after an assessment or investigation finding of a potential breach in research integrity. The request is made to the DD: R&I to alter some of the content of the letter written to him/her, or to question some aspects of the process, or part of the decision made.
Appeals panel	A group of people empanelled by the ED with the support of the RIO for the purpose of handling a research integrity appeals request. The appeals panel consists of: • Chairperson: ED • Research Integrity Officer • The RD of the research entity in which the alleged resides. • Two independent expert panellists knowledgeable about the specific RI issue at hand. • Secretariat

7 RESPONSIBILITIES

It is the primary responsibility of the FHS within the bigger NWU to establish a climate of research integrity and to manage all aspects related to responsible 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 a researcher be assessed or investigation for potential breaches in research integrity, an appeals process must also be available. The FHS must follow a process that will ensure that the appeals process is 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 appeals process must act with the utmost *integrity* and *sensitivity*. Conflict of interest must be avoided, while the achievement of it is to be promoted.

7.1 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 8.3.

7.1.1 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 be prepared to clarify any uncertainties the appeals panel may require.

7.1.2 The alleged

The researcher against whom the allegations of a possible breach in research integrity (RI)/responsible conduct of research (RCR) have been lodged and a process of assessment or investigation has been followed, appeals in *writing* to the DD: R& I (to alter some of the content of the letter written to him/her, or to question some aspects of the process, or part of the decision made by the SRIC/ERIC).

The alleged should be willing to present his/her case to the appeals panel although this is not the usual process.

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

7.1.3 The Deputy Dean: Research and Innovation

The DD: R&I receives the request for the appeal via the RIO.

The DD: R&I notifies the ED of the appeal and forwards the letter 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 cases (allegations, processes, letters, and reports).

The DD: R&I closes the case.

7.1.4 The Research Integrity Officer

The RIO acts as advisor and support to the DD: R&I and ED throughout the appeals process:

- Receives the appeal on behalf of the DD: R&I.
- Allocates a case number from the Research Integrity Register.
- Supports the DD: R&I in forwarding the written appeal to the ED.
- Supports the ED to set up the appeals panel.
- Oversees the secretariat during meetings and minute keeping.
- Joins the ED and RD in the feedback meeting with the alleged.
- Writes the final summative report.
- Gives monthly status reports of appeal cases to the DD: R&I and ED.

7.1.5 The Executive Dean

The ED receives the appeal from the DD: R&I.

Sets up the appeals panel with the support of the RIO.

Acts as chairperson of the appeals panel.

Meets with the alleged in the presence of the RD and RIO to give feedback of the outcome of the appeals process or only gives the feedback through in writing.

Reports back to the DD: R&I on the outcome of the appeal.

Keeps up to date with all active appeal cases.

7.1.6 The Research Directors

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

The RD sits in on the appeals panel.

The RD sits in on the feedback meeting with the alleged.

8 PROCEDURE(S)

The principles underpinning the process, the questions to guide the procedural framework and the appeals process are discussed in detail.

8.1 The principles underpinning the process of handling the appeals process

- Procedural fairness.
- Natural justice.
- Due process.
- Integrity.
- Confidentiality (“need-to-know rule”).

8.2 Questions that guide the procedural framework

- Who receives the appeal?
- Who takes the first step?
- Who appoints the appeals panel?
- Who handles the intra-faculty appeals panel?
- How are the outcomes managed?

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

8.3 The process

The steps in the appeals process follow.

8.3.1 Lodging the appeal

The alleged, lodges a *formal written appeal* to the DD: R&I via the RIO if he/she is not satisfied with:

- Some of the content of the letter written to him/her.
- Some aspects followed in the assessment or investigation process.
- The decision made by the SRIC/ERIC.

The *basis of the appeal* must be submitted in writing to the DD: R&I via the RIO, as well as the *relevant documentation.*

The alleged could be asked to verbally present his/her appeal to the ED and the appeals panel.

8.3.2 Receiving the appeal

The RIO on receiving a written appeal, allocates a case number from the Research Integrity Register and immediately notifies the DD: R&I.

The DD: R&I on receiving the written appeal, notifies the ED of the receipt and hands over the written request and documentation ***no later than 10 working days*** after receiving the appeal.

8.3.3 Setting up the appeals panel

The ED with the support of the RIO will as soon ***as possible, but no later than 10 working days*** after receiving the appeal, set up the appeals panel and call for a meeting with them.

The appeals panel consists of the members as described below:

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

The ED 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.

The secretariat notifies the panel of the venue and time.

The ED decides whether he/she will make any material available to the panel before the meeting. The ED and RIO decide on the material to be made available and the secretariat ensures that the panel

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.

8.3.4 Managing the appeals meeting

The ED acts as chairperson.

Confidentiality and *due process* shall be maintained throughout the process.

Transparency and procedural fairness are important.

The meeting begins with the ED welcoming all and allowing time for introductions. The confidentiality of the matter is emphasised, and each member's role explained to them.

The ED with the support of the RIO, presents the case and appeal in detail to the panel with the necessary evidence and documentation at hand.

The appeal is *usually heard based on the written submission only*, that is, no oral evidence is led.

Should the ED and panel, however, deem it necessary, the alleged is called to present his/her appeal and evidence and provide clarity.

The input of the independent expert members as part of the panel is requested.

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

The panel comes to a decision based on their power:

- To request further information if needed.
- To interview the alleged if it seems necessary.
- To uphold the appeal.
- To dismiss the appeal.

The decision process should be prompt, discreet and effective.

8.3.5 Verbal feedback of the outcome

A meeting is called by the ED with the alleged in the presence of the RIO and appropriate RD.

The ED gives verbal feedback on the outcome of the appeal and the way forward.

8.3.6 Feedback to the DD: R&I

The ED with the support of the RIO gives feedback to the DD: R&I of the outcome of the appeal and the way forward.

The DD: R&I and RIO close the case.

8.3.7 Reporting and recordkeeping

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 appeals process. The RIO will be responsible for the report and approved by the ED.

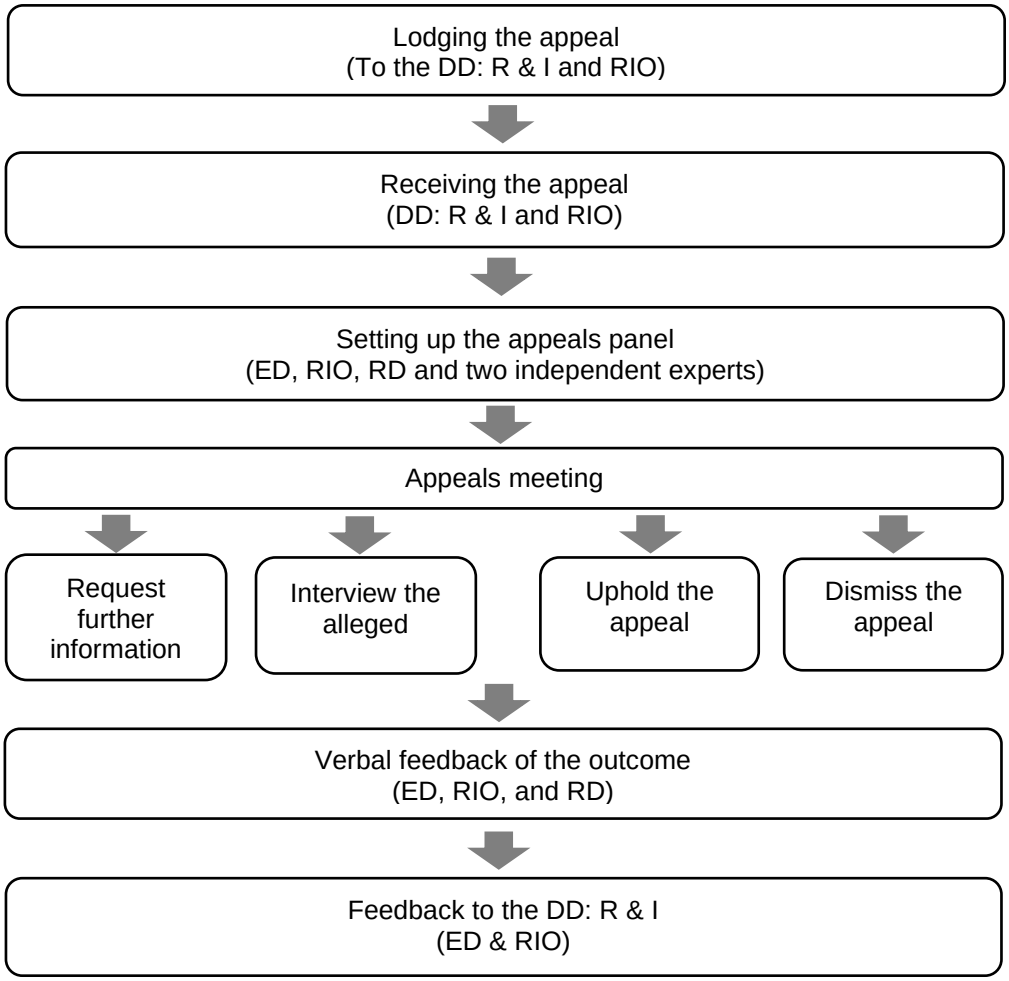
The following should be included in the initial report:

- Name of the institution.
- Name of the faculty.
- The research entity in which the researcher resides.
- Name of the RD.
- Full names and surname of the researcher.
- Personnel/student number.
- The RI register number that led to the appeal.

- Appeal number.
- Date of the appeal.
- A detailed description of the appeal.
- The process followed.
- Decision made by the panel.
- Date of concluding the appeal.
- A final copy of the report must be stored in the office of the DD: R&I.

9 SUMMARIZED PROCESS

Diagram 1: Processes and procedures for the management of the appeals process



10 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 continuous research non-compliance and/or violation of good research practice (SOP_Research Integrity_2, NWU, 2020).

SOP for the management of research misconduct (SOP_Research Integrity_3, NWU, 2020).

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 of 27 September 2018 revised 2021.

11 ADDENDA

No	Document name
None	

Original details: SOP_Research Integrity_4 Management of the Research Integrity Appeals Process, 16 February 2021.

File reference: