



## **FACULTY OF HUMANITIES**



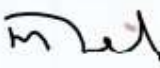
### **Standard Operating Procedure: SOP\_HSSREC\_2.8**

**SOP for research non-compliance,  
violation of good research practice and  
research misconduct**


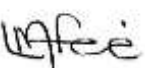

## Faculty of Humanities

ETHICS OFFICE		Standard Operating Procedure	
<b>Title</b>	SOP for research non-compliance, violation of good research practice and research misconduct		
<b>SOP No</b>	SOP_HSSREC_2.8	<b>Version No</b>	2
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### 1 COMPILATION AND AUTHORISATION

Action	Designated person	Signature	Date
Revised by:	Prof. C. van Eeden		7 April 2021
Checked by:	Prof. J. Rothmann		22 April 2021
Authorised by:	Prof. M. Nel		28 Sep. 21

### 2 DISTRIBUTION

Department/Unit	Name	Signature	Date
HSSREC	Prof. M. Heyns		27/4/21
Faculty of Humanities: Faculty Board	Prof. LM Fourie		29 Sept 29
Committee for Research, Innovation and Higher Degrees	Prof. M. Nel		28 Sep. 21

### 3 DOCUMENT HISTORY

Date	Version No	Reason for revision
5 Sep 2018	1	Revision of 2015 SOP in line with NHREC audit of 30 November 2017. Based on the SOP of the NWU: HREC.
27 April 2021	2	Revision of 2018 SOP in line with NHREC requirements. Based on the SOP of the NWU: HSSREC: 2018.
29 October 2021	3	Final approval of HSSREC SOP documentation by Faculty Board and Deputy Dean Research and Innovation, Faculty of Humanities.

## 4 PURPOSE OF THE SOP

To provide guidelines and procedures for the Executive Dean of the Faculty of Humanities, as well as persons seeking to report *allegations* of 1) research non-compliance, 2) violations of good research practice or 3) of research misconduct on **reporting** and **conducting a preliminary informal enquiry/assessment** into the said *allegations*.

It is in the interest of society and the research community that allegations of research non-compliance, violations of good research practice and research misconduct are handled in a consistent and transparent fashion. If such allegations are proven to be true, this can have negative implications for the researcher, the institution, funding bodies, journal publishers as well as colleagues, students, human research participants or animals used in research. Processes and procedures for dealing with allegations must be clear and consistent (UCT, 2014).

This SOP seeks to find a balance – on the one hand providing safeguards for those who raise genuine concerns about allegations of 1) research non-compliance, 2) violations of good research practice or 3) of research misconduct and, on the other hand, 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 *independent and formal procedure and proper investigation* by the Deputy Vice-Chancellor for research (DVC for Research), **preceded** by a *less formal process of enquiry/assessment* (by the Faculty of Humanities) into the merit of the allegation.

The purpose is to first try to find amicable, supportive and educative solutions for minor research non-compliance and violation of good research practice, should it be found true, and restorative solutions for the researcher, should it be found spurious. Engaging in disciplinary and legal actions should be for continuing or serious research non-compliance and violation of good research practice, as well as research misconduct.

## 5 SCOPE

The SOP guides different parties on how to handle allegations of 1) research non-compliance, 2) violations of good research practice, and 3) research misconduct through *less formal processes of enquiry/assessment*, but also how to *escalate allegations for formal investigations* to the DVC for research – who may in turn involve other parties, e.g. People and Culture or the Legal Office, should there be “*defensible*” findings that could result in disciplinary or legal actions.

## 6 ABBREVIATIONS AND/OR DEFINITIONS

Abbreviation/definition	Description
Non-compliance	Any violation of any regulation governing human research or 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 human participants’ safety, compromise data integrity, violate participants’ rights or welfare or affect participants’ willingness to participate in research. Examples include but are not limited to: <ul style="list-style-type: none"><li>• Missed deadline for a continuing review.</li><li>• Inadvertent errors due to inattention to detail.</li><li>• Misunderstanding or an oversight (UCT, 2013).</li></ul>
Serious non-compliance	An activity that jeopardises human participants’ safety, rights or welfare, or the integrity of the data during research. Examples include but are not limited to: <ul style="list-style-type: none"><li>• Conducting research with humans without REC approval.</li><li>• Current REC-approved informed consent form describing all potential risks and alternatives to participants is not used.</li></ul>

	<ul style="list-style-type: none"> <li>• Failure to obtain voluntary informed consent.</li> <li>• Deviation from or failure to adhere to the approved proposal/protocol without prior approval by the REC.</li> <li>• Failure to follow accepted procedures to exercise due care in avoiding harm or discomfort to participants or research staff.</li> <li>• Enrolling human participants that do not meet the inclusion criteria or including those that adhere to the exclusion criteria.</li> <li>• Not using approved REC documentation.</li> <li>• Activities that compromise participant's privacy and confidentiality.</li> <li>• Implementing substantive modifications to REC-approved proposals/protocols without prior REC approval.</li> <li>• Continuing with research when REC approval has lapsed.</li> <li>• Inadequate training and supervision of research staff.</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>
Continuing non-compliance	<p>A series of more than one non-compliant or violating behaviour in reasonable close proximity 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 been explicitly 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"> <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> <li>• A researcher has a record of non-compliance, violations or misconduct over a long period or in a number of existing or previously approved studies (adapted from UCT, 2013).</li> </ul>
Research misconduct	Fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting results (the FFP categorisation).
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.
Copyright infringement	<i>Copyright infringement</i> is the use of works protected by <i>copyright</i> law without permission, <i>infringing</i> certain exclusive rights granted to the <i>copyright</i> holder, such as the right to reproduce, distribute, display or perform the protected work, or to make derivative work.
Unacceptable Research Practices/Violation of good research practice	<p>Violations of good research practice that damage the integrity of the research process or of researchers.</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 Code of Conduct for researchers of the NWU or for members of the RECs and other regulatory requirements.</li> <li>• Manipulating authorship or denigrating the role of other researchers in publications.</li> <li>• Re-publishing substantive parts of one's own earlier publications, including translations, without duly acknowledging or citing the original (self-plagiarism).</li> </ul>

	<ul style="list-style-type: none"> <li>• Citing selectively to enhance own findings or to please editors, reviewers or colleagues.</li> <li>• Withholding research results.</li> <li>• Deliberate misrepresentations in publications.</li> <li>• Improper conduct in peer review.</li> <li>• Allowing funders/sponsors to jeopardise independence in the research process or reporting of results so as to introduce or promulgate bias.</li> <li>• Expanding unnecessarily the bibliography of a study.</li> <li>• Accusing a researcher of misconduct or other violations in a retaliating, intimidating and malicious way.</li> <li>• Misrepresenting research achievements.</li> <li>• Exaggerating the importance and practical applicability of findings.</li> <li>• Delaying or inappropriately hampering the work of other researchers.</li> <li>• Misusing seniority to encourage violations of research integrity.</li> <li>• Ignoring putative violations of research integrity by others or covering up inappropriate responses to misconduct or other violations by institutions.</li> <li>• Establishing or supporting journals that undermine the quality control of research (predatory journals) (ECCRI, 2017 and UCT, 2014).</li> </ul>
Allegation of Research Non-compliance, Violation of Good Research Practice or Misconduct	A report that represents an unproven assertion.
Preliminary Informal Enquiry/Assessment	A preliminary informal process of <i>assessing</i> allegations of 1) research non-compliance, 2) violation of good research practice and 3) research misconduct that precede a formal investigation. This process is conducted by the Executive Deputy Dean of the Faculty of Humanities responsible for research.
Formal Investigation	A formal process of <i>investigating</i> the allegations of <i>continuous</i> research non-compliance or violation of good research practice or specifically <i>research misconduct</i> . This process is conducted by the DVC for Research.
Finding of Non-compliance, Violation or Misconduct	A report of research non-compliance, violation of good research practice or research misconduct that is true based on a preponderance of evidence.
HSSREC	Human Social Sciences Research Ethics Committee
SCRE	Senate Committee for Research Ethics
NWU	North-West University
REC	Research Ethics Committee
DVC for Research	Deputy Vice-Chancellor for Research

## 7 RESPONSIBILITIES

It is the primary responsibility of a REC to protect the rights and welfare of human participants in research.

Researchers must master the knowledge, methodologies and ethical practices associated with their field and follow good research practices. The researchers are expected to comply with all ethical standards, regulations, laws and conditions placed on the conduct of the study.

Persons (a researcher, any other member of a research team, a REC member, research participants or a community member) with allegations, observations or evidence of research non-compliance, violation of good research practice or research misconduct should approach the Deputy Dean Research and Innovation of the Faculty of Humanities responsible for research for advice (not the chairperson of a REC) or report the allegation to them.

The Deputy Dean Research and Innovation of the Faculty of Humanities has to launch an enquiry/assessment into the *allegations* of research non-compliance, violations of good research practice or research misconduct. This should not be an investigation. The Deputy Dean will empanel a small enquiry/assessment team including the Deputy Dean, an academic advisor and one independent person (e.g. chairperson of an ethics committee). The preliminary findings of the team are discussed with the Executive Dean of the Faculty of Humanities to decide whether the allegation will be escalated to the DVC for Research for a formal investigation.

The researcher against whom the allegations have been made must offer their full cooperation in the enquiry/assessment of the allegation by sharing experiences or providing requested documentation. It should be clear to the researcher that they are protected until such time as the allegations are determined to be defensible.

The DVC for Research has to investigate any research-related allegations of *continuous* non-compliance or *continuous* violation of good research practice or *research misconduct* that have gone through a preliminary enquiry/assessment and found to have “defensible” findings. People and Culture and/or the Legal Office supports the DVC for Research in cases that have escalated to a formal investigation.

Conflict of interest must be avoided, while the achievement of transparency and accountability is to be promoted. Enquiry of allegations must take place in accordance with the highest standard of integrity, fairness, due process and reasonableness. Persons who are tasked with enquiring into allegations must act with the utmost integrity and sensitivity (adapted from UCT, 2014).

## **8 PROCEDURE(S)**

### **8.1 Principles underpinning the Faculty of Humanities’ attitude towards allegations of research non-compliance, violations of good research practice and research misconduct**

The Faculty of Humanities believes:

- In the importance of impeccable ethical standards;
- that reporting suspected research non-compliance, violation of good research practice or research misconduct 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 investigation is dealt with in terms of existing university procedures, e.g. disciplinary and legal (adapted from UCT, 2014).

### **8.2 The principles of the process of handling allegations of research non-compliance, violations of good research practice and research misconduct**

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

### **8.3 The governance framework**

The governance framework is guided by the following questions:

- Who takes the first steps?
- Who receives the recommendations?
- Who appoints the investigators?
- Who does the investigation?
- How are the outcomes managed?

This procedural framework is explained in the rest of the document.

### **8.4 Reporting of possible research non-compliance, violation of good research conduct or research misconduct**

A person could *directly approach* the office of the Faculty of Humanities in confidence for *advice via an appointment* with the Deputy Dean of the Faculty of Humanities responsible for research or an academic advisor to determine whether he/she should proceed.

The person could also decide to use the existing SOPs on *complaints* (SOP\_HSSREC\_2.5) or *whistleblowing* (SOP\_HSSREC\_2.8).

Should the person decide to proceed with allegations based on observations or physical evidence of research non-compliance, violation of good research practice or research misconduct, it is reported to the Deputy Dean of the Faculty of Humanities responsible for research who will report it to the Executive Dean of the Faculty of Humanities.

The identity of the person who raises awareness of possible research misconduct, violation of good research practice or research misconduct will be protected and will *initially* be made known to the Deputy Dean of the Faculty of Humanities responsible for research and the academic advisor only. This will then be *extended* to the empanelled team and eventually to the Executive Dean. Confidentiality and due process will be maintained throughout the process.

Should the allegation prove to have substance and defensibility, the reporting person could be asked to testify should the allegations move to a level of investigation with possible disciplinary or legal actions.

### **8.5 The steps in handling allegations**

See diagrams 1 and 2 for the various steps:

- 1) Preliminary enquiry/assessment (not an investigation and do not make findings) (Deputy Dean of the Faculty of Humanities responsible for research).
- 2) Investigation (makes findings) (DVC for research).
- 3) Implementing the outcomes of the investigation (not punishment).

#### **8.5.1 Preliminary informal enquiry/assessment on Faculty level**

This level of inquiry/assessment is handled by the Deputy Dean of the Faculty of Humanities responsible for research and an empanelled team (head, academic advisor and independent person) appointed by the Deputy Dean without involving the Chairperson of the REC to rule out conflict of interest, bias and unfairness. The team may consult with and/or invite experts in special areas. The Deputy Dean may also request an independent audit of the research. Strained collegiality and power relationship should be prevented, especially when a respondent has positional power.

The Deputy Dean of the Faculty of Humanities responsible for research will do an initial review of the allegation and decide on the most appropriate people to involve in the enquiry/assessment team, thus establishing jurisdiction (who will make up the enquiry panel).

The team will review all written materials, interview knowledgeable sources and collect relevant documentation. It is also their responsibility to make sure that such allegations are made in good faith.

The Deputy Dean of the Faculty of Humanities responsible for research will inform the researcher about the allegation as soon as a team is empanelled to do the enquiry/assessment, as well as report on the progress of the enquiry/assessment.

The focus of this informal enquiry/assessment is to determine *whether an answerable case* can be made out and if an investigation is required:

- Is it a valid complaint (non-compliance, violation or misconduct)?
- Is it in good faith and not malicious?
- Not to disregard anonymous reporting or “bad faith” complaints and demonstrate that these have gone through “due process”

The enquiry should be prompt, discreet and effective, and should reach a decision whether to continue to an investigation ***within 10 working days***.

The Deputy Dean and the empanelled team are responsible for making a final determination confirmed by the Executive Dean if the actions remain on faculty level, or recommendations if actions are escalated to an investigation by the DVC for research.

### **(1) Handle as an enquiry/assessment on Faculty level**

If the answer points to a research non-compliance, unintended serious non-compliance or minor violations of good research practice, it can be handled by the Deputy Dean of the Faculty of Humanities responsible for research as a supportive, educative and restorative action. The Executive Dean is informed of the allegation and the recommendations.

#### ***See Diagram 1: Handling as an enquiry/assessment on Faculty level on page 8***

Possible actions after the enquiry/assessment if it remains an informal process on Faculty level:

- Have a discussion with the researcher using it as a supportive, educative, restorative or growth experience
- Explain the risks of the actions/behaviour to the researchers
- Explain future consequences if there is a reoccurrence.
- Correct non-compliance.
- Institute corrective measures to help ensure compliance.
- Attempt to mitigate any adverse effects on participants.
- Might include the executive dean in the discussions.

The researcher:

- Is expected to cooperate with any fact-finding enquiry/assessment.
- Must respond promptly in writing to all issues and questions raised.
- Must comply with all recommendations resulting from the enquiry/assessment.
- May submit a written request asking the Deputy Dean of the Faculty of Humanities responsible for research and the Executive Dean that the empanelled team reconsider its decision.

Possible actions in the informal enquiry/assessment that involve the researcher:

- Suspend or terminate the study.
- Place the study on administrative hold pending the outcome of the enquiry/assessment.
- Require periodic independent audits.
- Modify the research proposal.
- Modify the continuing review timetable to include more frequent REC reviews.
- Require additional education or training of the research team.
- Require oversight by a senior investigator.
- Limit the research of the investigator.
- Require participants be re-consented.
- Monitor the informed consent process.
- Conclude that it was a learning experience and that no further action is needed.



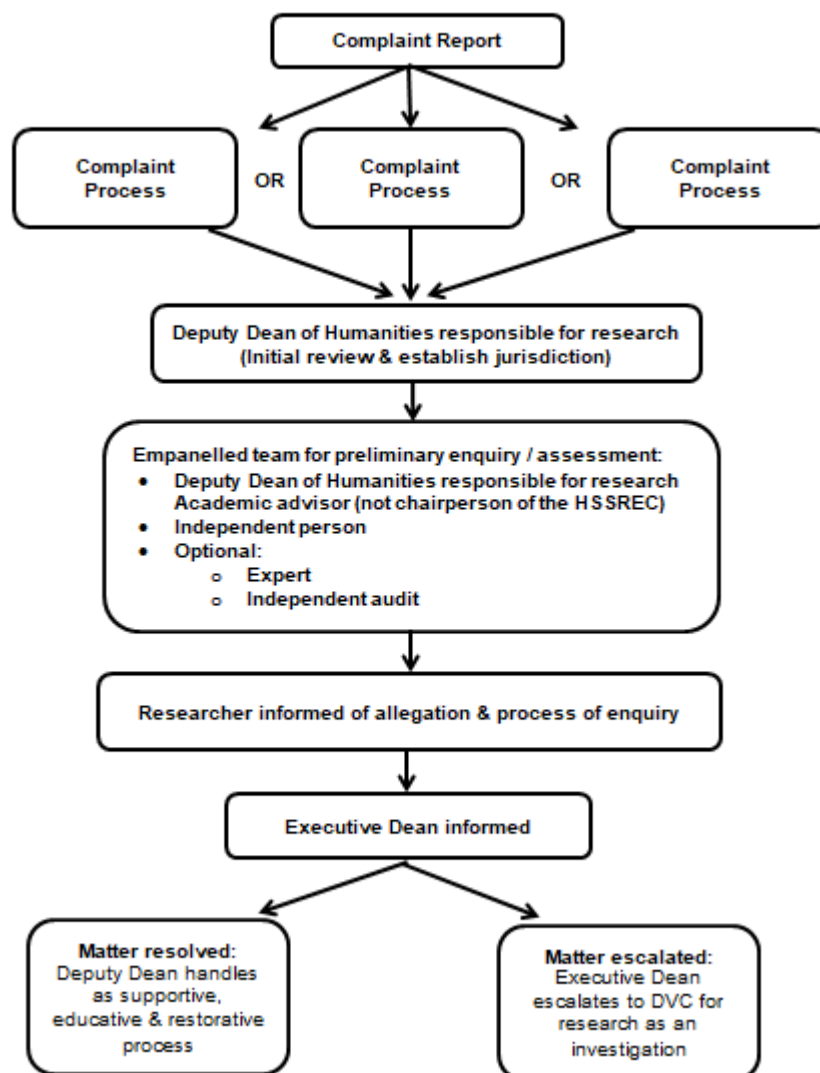
Write a factual and objective mandatory report on the preliminary enquiry/assessment:

- Name of the institution
- Title of the research project
- Name of the principal researcher
- The HSSREC reference number
- Decisions made of jurisdiction
- Detailed description of the non-compliance/complaint
- Actions the Faculty are taking to address the non-compliance
- Available evidence and record(s) of the enquiry/assessment
- Should an escalation of the allegation be required, recommendations to DVC for research by the Deputy Dean of the Faculty of Humanities responsible for research and the Executive Dean and steps described in 8.5.1 for *escalating the allegation*.

Both the person that made the allegations and the researcher are verbally informed of the recommendations of the enquiry/assessment.

A final copy of the report must be stored in the Office of the Deputy Dean of the Faculty of Humanities responsible for research and be sent to the Executive Dean of the Faculty of Humanities.

**Diagram 1: Handling as an enquiry / assessment on Faculty level**



*Adapted from the diagram of the Ethics Office compiled by Prof Minnie Greeff*

## (2) Escalate to the DVC for Research as an investigation

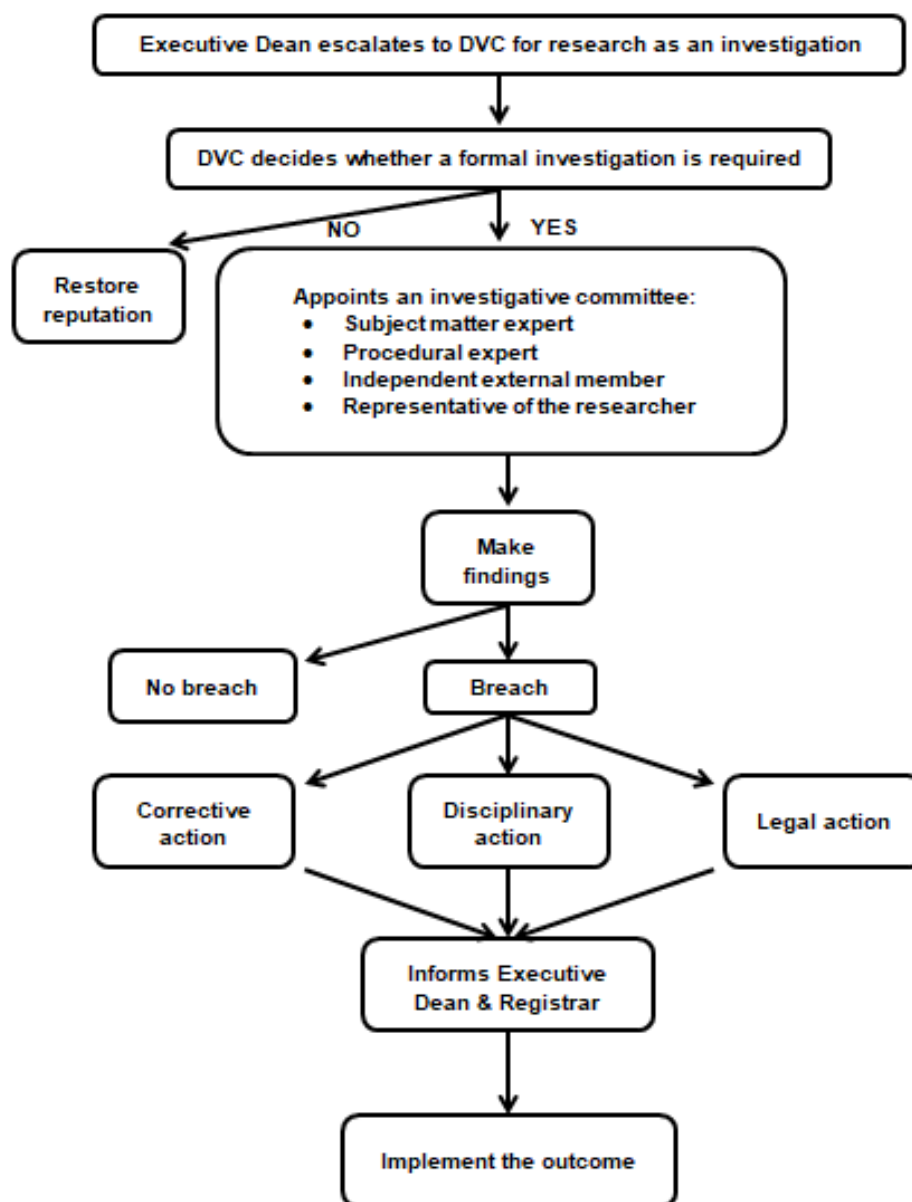
If, however, evidence shows possible *continuing or serious* non-compliance or *violation* of good research practice or *research misconduct*, the preliminary enquiry/assessment is stopped, the Executive Dean informed and advised regarding his/her further actions to escalate the case to the DVC for Research as an investigation. The Executive Dean does this escalation in writing, including the recommendation and the gathered evidence in his/her correspondence with the DVC for Research.

**See Diagram 2: Escalation to the DVC for Research as an investigation on page 10**

Note: In either case mentioned above, carefully collect and secure evidence without jeopardising the investigation:

- “Need-to-know rule” to protect both the complainant and respondent
- Evidence provided by the complainant – facts or material proof
- Record of the interview
- May need to speak to other parties.

**Diagram 2: Escalation to the DVC for research as an investigation**



*Used with permission of the Head of the Ethics Office*

## **8.5.2 Investigation by the investigative panel set up by the DVC for Research**

A brief overview of the investigation process follows. See the applicable NWU policies, processes and procedures for disciplinary actions and plagiarism that will accompany the process followed by the DVC for Research and the inclusion of the Registrar.

### **8.5.2.1 The investigative committee**

A committee should consist of at least:

- A subject matter expert
- A procedural expert
- An independent external member not from the institution
- A representative of the researcher will be allowed.

### **8.5.2.2 All relevant information will be gathered**

- From respondent and complainant
- From witnesses (ensure confidentiality)
- In writing or in person or in combination
- Allow representative.

### **8.5.2.3 A finding will be made**

- Breach / no breach **or**
- Corrective action **or**
- Disciplinary action **or**
- Legal action.

### **8.5.2.4 A report will be prepared**

- The process followed will be described
- Evidence summarised
- Finding indicates: breach / no breach
- Recommendations on recourse stated
- Parties will be allowed to respond to the draft report
- The report submitted to DVC for Research.

### **8.5.2.5 An appeals process will be available**

A researcher could activate an appeals process.

## **8.5.3 Implementing the outcomes**

Transparency is important and a risk management-based approach will be used. Procedural fairness is important.

- Interactions with funders, journals, collaborators, employment-related decisions, criminal court or other relevant bodies.
- Consequential actions.
- Communication activities.
- Making it public.
- Separate employment-related actions.
- Possible precautionary measures:
  - limit peer review
  - suspension from activities
  - place conditions on grant
  - suspend grant

## **8.5.4 Notify the REC should the study need to be suspended or terminated**

## **9 REFERENCE DOCUMENTS**

- SOP for complaint management (SOP\_HSSREC\_2.5)

- SOP for whistleblowing pertaining to research (SOP\_HSSREC\_2.8)
- SOP for non-compliance of the University of Cape Town (2013)
- SOP for ethics committees of the University of the Western Cape
- 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).

## 10 ADDENDA

No	Document name
None	