

UCT POLICY FOR BREACH OF RESEARCH ETHICS CODES AND ALLEGATIONS OF MISCONDUCT IN RESEARCH

and

ANNEXURE 1: UCT STANDARD OPERATING PROCEDURE FOR THE INVESTIGATION OF ALLEGATIONS OF MISCONDUCT IN RESEARCH

and

ANNEXURE 2: COMPLAINT TEMPLATE

and

ANNEXURE 3: RESEARCH INTEGRITY ADVISORS (RIAs)

Title	UCT policy for breach of research ethics codes and allegations of misconduct in research <u>Annexure 1</u> : UCT standard operating procedure for the investigation of allegations of misconduct in research <u>Annexure 2</u> : complaint template <u>Annexure 3</u> : research integrity advisors (rias)
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UCT POLICY FOR BREACH OF RESEARCH ETHICS CODES AND ALLEGATIONS OF MISCONDUCT IN RESEARCH

1. Introduction

The UCT Code for the Responsible Conduct of Research, describes the principles and practices for encouraging responsible conduct of research at UCT, and applies in conjunction with the policies listed in the footnote below. These codes and policies as hereafter all referred to as 'the Codes' and collectively describe the principles and practices for encouraging responsible conduct of research at UCT.¹

Misconduct in research is a serious matter. It undermines the discovery, production, and dissemination of knowledge, and carries the potential for harm that goes beyond the immediate parties. If proven, misconduct in research can have negative implications for the researcher, the institution, funding bodies, journal publishers as well as colleagues, students, and human research participants. In the case of misconduct in research involving non-human animals, prosecution in terms of the Animals Protection Act is also possible.

Processes and procedures for dealing with allegations of misconduct or inappropriate behaviour must be clear and consistent. Investigation of allegations must take place in accordance with the highest standards of integrity, fairness, procedural rigour, and a commitment to independence. The adequate separation of powers, the avoidance of conflict of interest, both perceived and actual, the protection of both more junior UCT members who may act in a 'whistle-blowing' capacity and those that may be vulnerable to being disempowered, as described in the UCT Safeguarding Policy, is essential. Persons who are tasked with investigating allegations must act with utmost integrity and sensitivity. It may thus well be desirable in some cases to avoid investigation of persons by home faculty members to ensure perceptions of bias and conflict of interest are avoided.

The Policy seeks a balance between, on the one hand, providing safeguards for those who raise genuine concerns about improper conduct and, on the other, providing protection against uninformed, inaccurate, and malicious allegations that can cause serious harm to innocent persons as well as to the University. This balance is found in an independent and formal procedure and proper investigation, preceded by a thorough preliminary process that permits inquiry into the merit of the allegation. The objective is to provide a safe and secure mechanism for raising genuine concerns about improper conduct without fear of victimisation and without encouraging the public airing of untested complaints that may bring the University into unwarranted disrepute. Once investigations are complete, restorative action should be implemented where possible regardless of whether any punitive action is determined to be appropriate.

This Policy and Procedures document outlines how to respond to allegations of research misconduct. It explains the expectations of Faculties – each should have appropriate guidance and procedures that address the nature and variety of possible research misconduct in the disciplines of the faculty, if unique challenges are anticipated. However, faculty processes must adhere fully to the overarching UCT policy.

Because the number of people with experience of dealing with these matters is small, the safeguarding and management of research integrity demands a focus on building capacity to manage these processes

¹ See <https://uct.ac.za/administration/policies> UCT Authorship Practices Policy, the Policy on Conflict of Interests at UCT, the UCT Research Ethics Code for Research Involving Human Participants and the UCT Research Ethics Code for Use of Animals in Research and Teaching, the UCT Policy Regarding Experimental Use of Non-Human Primates, the Policy for Avoiding Plagiarism, the UCT Guideline for Whistleblowing, the Code for UCT Research Ethics Committee Members, and the Conflict of Interest Policy, together with the Faculty-level Codes, Policies and Standard Operating Procedures

effectively and fairly. In the application of the policy conflicts of interest must be avoided, while the achievement of transparency and accountability is to be promoted.

2. Scope

This Policy and Procedures document applies to all teaching staff, researchers and other staff members of UCT as well as students, postdoctoral fellows and research associates, honorary research associates, visiting scholars, UCT staff on sabbatical leave or on leave without remuneration, and adjunct staff. If the respondent has left UCT, the procedures may nevertheless be used to determine the culpability of the respondent in cases which could involve criminal law rather than only violations of UCT policy .

3. Principles

The following principles underpin the university's attitude towards allegations of research misconduct or scholarly misbehaviour. The University of Cape Town believes:

- 3.1 in the importance of **impeccable ethical standards** in teaching, research, and clinical activities of all researchers at UCT and to the entire institution
- 3.2 that **reporting** suspected research misconduct is a **shared and serious responsibility** of all members of UCT
- 3.3 that the University has a **responsibility to respond** to credible reports of allegations of research misconduct
- 3.4 that the integrity of teaching, research, and clinical activities at UCT requires that allegations of research misconduct or scholarly misbehaviour must be dealt with **equitably, appropriately, confidentially, and as expeditiously as possible**, taking care to provide opportunities for all interested persons to be heard including that the principle of *Audi alteram partem* (or 'hear both sides') is specifically upheld.
- 3.5 that the **procedures** for dealing with alleged research misconduct or inappropriate scholarly behaviour must be in accordance with principles of procedural justice, namely **accessible, understandable, and fair to all parties and expeditious**
- 3.6 that the University has a **responsibility to protect the rights and reputations of all individuals**, including the person against whom an allegation is made (respondent) and the person who makes the allegation (complainant)
- 3.7 that persons who are requested to participate in investigations must do so with integrity, objectivity and without conflict of interest²
- 3.8 that the principle of **confidentiality** will be strictly upheld and that all stakeholders will be informed in advance if, during an investigation, it becomes inevitable that confidentiality will be compromised
- 3.9 that findings of research misconduct are dealt with in terms of **existing university disciplinary procedures**
- 3.10 anonymised reporting of finalised cases (Preliminary Informal Enquiries, PIEs) and Special Investigations will be made annually via the EiRC report to the SEC. PIEs will be reported in an aggregate format. This reporting requirement is to fulfil the requirement of various international funders.

² All parties involved in investigations, including complainant and respondent, must avoid frivolous, vexatious or malicious allegations of unacceptable conduct. During investigations, the reputation of the respondent must be protected, especially if the allegation is not confirmed. Similarly, the reputation of the complainant who makes an allegation in good faith must be protected. A good faith allegation is one where prima facie factual evidence supports an allegation that unacceptable conduct has occurred or is occurring. Prima facie evidence is factual information that on the face of it appears objectively to show a particular inference is reasonable.

- 3.11 that the contribution that UCT members of either the PIE or SIC committees make, are recognised towards ad-hominem promotion and that faculties should revise their promotion criteria to bring them in line with this policy.

4. Definitions

- 4.1 **Abuse of confidentiality** – taking or releasing the ideas or data of others which were shared with the legitimate expectation of confidentiality, e.g., taking ideas from others’ grant proposals, award applications, or manuscripts for publication, when tasked with reviewing same (see also **Improper conduct in peer review**).
- 4.2 **Allegation** is a written or oral statement or other indication of possible research misconduct made to the research integrity advisor.
- 4.3 **Breach of the Codes** refers to the situation where a researcher either through negligence or intentionally fails to adhere to any approved and applicable UCT Codes including but not limited to.
- the UCT Authorship Practices Policy
 - the Policy on Conflicts of Interest at UCT
 - the UCT Code for the Responsible Conduct of Research
 - the UCT Research Ethics Code for Research Involving Human Participants
 - the UCT Research Ethics Code for Use of Animals in Research and Teaching
 - Guidelines for Use of Recombinant DNA
 - Guidelines for Use of Radioactive Material
 - Guidelines for Use of Hazardous Chemicals or Biologicals
 - the Faculty-level Codes, Policies and Standard Operating Procedures
- 4.4 **Conflict of interest** refers to the situation where a member of UCT’s interests and his or her professional obligations to UCT diverge so that an independent third party might reasonably question whether the member’s professional actions or decisions are determined by considerations other than the maintenance of high ethical standards in research.
- 4.5 **Deliberate misrepresentation in publication** refers to the situation where a researcher knowingly publishes material that is likely to mislead readers, including undisclosed duplication of publication or inappropriate claims to authorship or attribution of work contrary to the UCT Authorship Practices Policy or the policies of the journal.
- 4.6 **Fabrication**³ is making up data or results and recording or reporting them in a manner that asserts their veracity.
- 4.7 **Failure to report violations of the Codes** refers to the situation where a researcher covers up or otherwise fails to report a violation observed by him or her.
- 4.8 **Falsification** is manipulating research materials, equipment, or processes, or changing or omitting data or results such that the research is not accurately represented in the research record.
- 4.9 **Improper conduct in peer review** refers to failure to disclose or to manage conflicts of interest, or inadequate disclosure of clearly limited competence (see also **Abuse of confidentiality**).
- 4.10 **Plagiarism** refers to misappropriation of use of someone else’s work, ideas, results, methods, or intellectual property without acknowledgement or permission.
- 4.11 **Property violations** refer to the situation where a researcher disposes of, tampers with or destroys the property of others, e.g., equipment, research papers and records, supplies, or products of research or scholarship.
- 4.12 **Retaliation and intimidation** refer to taking punitive action against a person thought to have reported suspected research misconduct or threatening to take such action against a person who may intend to report suspected research misconduct.

³ Falsification, Fabrication and Plagiarism are defined as per the US Office of Research Integrity definitions (<https://ori.hhs.gov/rcr-casebook-research-misconduct>)

4.13 **Suspect data is** any data that may have been falsified or fabricated.

5. Research Misconduct

Research Misconduct includes the definitions above of **fabrication, falsification, plagiarism**. It also includes intentional, or in some cases negligent breach of applicable UCT research codes, as described above. Research misconduct **does not include** honest error or honest differences in judgement of the execution of a research project. Where breaches or violations of the codes have occurred in error or because of differences in judgment or opinion, these must be dealt with appropriately by supervisors and responsible officers of UCT, including as appropriate, the Ethics in Research Committee (EIRC), Senate Animal Ethics Committee (SAEC) and Institutional Biosafety Committee (IBC) so that clarity and consistency are achieved.

6. Role Players

- 6.1 **Complainant:** Any person making a written complaint that falls within the scope of unacceptable research conduct as defined by The Policy. In the case of an anonymous whistle blower, the person receiving the complaint can document it in writing and act as 'complainant' if justified.
- 6.2 **Preliminary Informal Enquiry Committee (PIE Committee):** A standing committee of Research Integrity Advisors (RIAs). Each faculty will identify and nominate at least two members to serve as RIAs and thus to serve on this committee. The PIE committee will have a Chair, elected by the committee, an approved Terms of Reference (ToR) and be responsible for receiving allegations of research misconduct, appointing one or more members to conduct a preliminary informal enquiry (PIE) and to report back to the committee.
- 6.3 **Respondent:** Person(s) responsible for the unacceptable research conduct alleged by the complainant.
- 6.4 **Research Ethics Committee (REC):** The faculty REC can act as a complainant if research misconduct is suspected and if such misconduct falls outside of its own mandate to investigate and sanction researchers falling under its jurisdiction for failure to adhere to approved project proposals.
- 6.5 **Faculty Research Integrity Advisor (F-RIA):** Appointed and trained persons, who will usually be senior permanent academic staff, with some experience in research ethics and integrity matters, who act as research integrity champions and advisors. The ORI is responsible for providing training and support to faculty F-RIAs. (See Annexure 3 for more information.) F-RIAs also belong to the Preliminary Informal Enquiry Committee and may be requested to contribute to preliminary informal enquires (PIEs) of complaints.
- 6.6 **Special Investigation Committee (SIC):** A standing UCT committee of three or more persons appointed to conduct a formal investigation of an allegation of research misconduct based on a recommendation to do so from the PIE Committee. The SIC can co-opt additional expertise on a case-by-case basis as needed particularly in cases where disciplinary conventions require input from individuals who are familiar with the respondent's field of research. The SIC should have an approved ToR.

7. Investigation Procedure

This policy makes provision for a two-stage investigation that may then lead into a disciplinary hearing as per UCT's standard disciplinary procedures for both staff and students. It is of utmost importance that conflict of interest, or perceived conflict of interest, is avoided by all parties at every stage in the investigation process. Hence this motivates for the respondent's faculty line managers being isolated

from the process, to protect both them and the respondent from possible allegations of conflict of interest.

7.1 Details of this Investigation Procedure are contained as a separate **Annexure 1** (Standard Operating Procedure) to this Policy.

7.1.1 **Stage 1 -Preliminary Informal Enquiry (PIE)**. Faculty Research Integrity Advisors (F-RIAs) are appointed by the Dean in each faculty to provide advice on research integrity matters and to serve as faculty representatives on the PIE committee. Initial enquiries are conducted by one or more members of the PIE committee on the request of the Chair of this committee. These enquiries are triggered by a written complaint using the Annexure 2 complaints form. The member will usually belong to the faculty of the respondent unless there is a conflict of interest or potential for power differentials to influence process. If this is the case then the PIE committee chair must manage the potential conflict of interest appropriately, for example by appointing a RIA member from another faculty either alone or together with a faculty member from the respondent's own faculty, as the case may be, to conduct the PIE.

7.1.2 **Stage 2 – Special Investigation Committee (SIC)**. A SIC is a standing UCT committee appointed by the University Research Committee (URC), as per description under Section 6.6 above.

7.2 A complaints form is provided as **Annexure 2**.

ANNEXURE 1: UCT STANDARD OPERATING PROCEDURE FOR THE INVESTIGATION OF ALLEGATIONS OF MISCONDUCT IN RESEARCH

STAGE 1: Process for receiving a complaint and initiating an enquiry

1. Procedures for Complainant

- 1.1 A person who suspects research misconduct should take responsible action in terms of this policy and procedure and contact the faculty RIA (F-RIA) or the ORI, to either seek confidential advice or to indicate that they wish to lodge a complaint.
- 1.2 In some instances, an informal discussion may be sufficient to resolve the matter. However, the F-RIA must ensure that potentially valid concerns are not dismissed or minimised.
- 1.3 After consultation with the F-RIA the complainant may decide that the issue can be resolved or directed elsewhere, without lodging a written complaint. In such instances a record of the discussion or incident should be documented for further reference, by the F-RIA.
- 1.4 A complaint not resolved in terms of 1.3 must be lodged in writing using the Complaint template attached as Annexure 2. The F-RIA is responsible for submitting the written complaint to the PIE committee either via the PIE committee servicing officer, or directly to the PIE committee chairperson.
- 1.5 The PIE committee chairperson will allocate the complaint to one or more F-RIA members who will be tasked with concluding the PIE within two weeks and providing a report to the Chairperson. The Chairperson should allocate the enquiry to a F-RIA from the faculty of the complainant or respondent or both unless this is deemed inappropriate for any reason. The PIE investigation must include at least one person with expertise in the general domain of the respondent. This will ensure that the person conducting the initial investigation is familiar at least in part with the context of the complaint. If necessary, and in exceptional circumstances, the PIE Committee ToR must accommodate the co-opting of an external person to participate in the PIE.
- 1.6 If the PIE report recommends proceeding to a SIC, the report must be discussed with the full committee. Furthermore, the report must be sent to both the complainant and the respondent who can comment on the report. These comments become part of the record and should be considered by the PIE committee before a final decision to refer a complaint for a formal investigation, is made. Care must be taken to ensure that any PIE committee members with a conflict of interest are recused from these deliberations. The Chairperson in conjunction with the committee makes this decision and informs the Dean of the relevant Faculty and the DVC of the decision and justification. These processes (at 1.6) should be completed within two weeks.
- 1.7 If the PIE report recommends alternative actions to resolve the complaint without proceeding to a SIC investigation, the Chairperson, together with the members who completed the PIE can conclude the matter. This may include a report back to the Dean of the Faculty and Head of Department with a request for some remedial or restorative action if deemed appropriate.
- 1.8 If the PIE committee determines that there is prima facie evidence of wrongdoing the case should be referred to the SIC as the next step unless the findings of the PIE require immediate action. In such a case the Chairperson should discuss these findings with both the Dean of the Faculty and DVC: Research and Internationalisation. The Chairperson of the PIE committee must convey the charges to be brought against the respondent to the Chairperson of the SIC.

In Summary, once a complaint has been lodged in writing as a formal complaint, the investigation process must include (1) a Preliminary Informal Enquiry, (2) a decision on the need for a Special Investigation Committee (SIC) investigation, and if anticipated based on the PIE report, an opportunity must be provided to both respondent and complainant to comment in writing on the PIE report; these

comments taken into consideration PRIOR to a final decision that a SIC is required, (3) a SIC investigation, if so determined.

2. Urgent and High-Risk matters

- 2.1 In certain cases, the PIE Chairperson, in conjunction with the PIE committee may decide that an allegation presents a grave risk to UCT. In such cases they should discuss the issue with the relevant Faculty Dean and DVC so that they are informed and can take any urgent mitigating action that may be warranted. However, a PIE should always be concluded in order to ensure fair process.
- 2.2 The PIE is to be conducted promptly to provide a speedy determination of whether a formal investigation is warranted. A timeframe of two weeks should be adhered to with justification for any delays included in the PIE report

3. Process to follow prior to the formal SIC enquiry

If the PIE indicates the need for further action, the PIE committee should follow the process outlined here.

- 3.1 Suspect data and sufficiently detailed notes and other documentation must be retained to permit later assessment of the adequacy of the inquiry.
- 3.2 A written report must be prepared by the RIA(s) that conducted the PIE, that includes a statement of the allegation, a description of the evidence reviewed, summaries of relevant interviews, and the conclusions reached, including a determination of whether a formal investigation is warranted.
- 3.3 In the event that the allegation is found to be lacking in good faith, disciplinary action against the complainant may be recommended.
- 3.4 The respondent and the complainant must be afforded the chance to comment on the RIAs' PIE report, which comments become part of the record. They must be informed, when the request for comments is made, that their written comments on the report will become part of the record. This step is critical, must be facilitated by the RIA and must occur prior to a final decision being made that a SIC investigation is required.
- 3.5 The report, with comments from both complainant and respondent, is discussed by the PIE committee resulting in a recommendation to proceed with a SIC, recommend an alternative course of action or to consider the matter resolved. The DVC and Dean(s) are informed of the final recommendation of the PIE committee. The PIE committee chairperson should discuss the matter with the DVC prior to a final decision.
- 3.6 If no formal investigation follows, the DVC and the Dean of the Faculty must make reasonable efforts to restore the reputation of the respondent by formally corresponding with the parties to confirm the outcome. They should also protect the complainant and witnesses who in good faith made the allegation and assisted the initial investigation. The outcome, with reasonable explanation for decisions must be communicated to the respondent and complainant. This communication is from the PIE committee, under the signature of the Chairperson.

STAGE 2: Special Investigation Committee (SIC)

4. Procedures for SIC

- 4.1 A SIC investigation is a formal process conducted in accordance with the usual UCT Investigating Committee procedures.
- 4.2 A SIC is a standing UCT committee. Members and the Chairperson are appointed by the University Research Committee (URC) to conduct such investigations. The SIC will have its own Terms of Reference. Emeritus Professors are eligible for appointment.

- 4.3 Membership of the SIC should include a person who is an expert in the general academic field of the respondent and such a person can be co-opted on a case-by-case basis. If necessary, to avoid conflicts of interest, this person may be appointed from outside the university.
- 4.4 The SIC must inform the respondent that the allegations will be considered by the SIC, the SIC's composition and the charges being brought, as specified by the Chairperson of the PIE, in consultation with the DVC: Research.
- 4.5 The SIC must gather and evaluate the evidence promptly (it should aim to conclude its business within 60 calendar days) and determine whether, on the preponderance of evidence, research misconduct has occurred and whether the respondent is culpable and, if so, include recommendations of sanctions for resolution of the matter. The SIC is expected to conduct interviews with the complainant, respondent(s) and other relevant stakeholders unless it provides detailed justification for why this step is not required.
- 4.6 Once interviews are concluded both respondents and complainant are given the opportunity to review a written record of their interview and provide comment.
- 4.7 During the investigation, all reasonable efforts must be made to protect the identity of the respondent and the complainant from third parties. However, the complainant should note that the respondent is permitted to know the identity of witnesses, especially when the allegation rests on personal observation of misconduct. This means that the complainant cannot remain anonymous if he or she must give evidence of the observation.
- 4.8 The respondent and complainant may decide to engage legal representation. Legal representatives will generally not be permitted to be present during SIC interviews, as this is a UCT internal peer review process, not a legal process. However, respondents may petition the SIC Chair to allow legal representation. If the Chair grants permission the SIC may need to delay proceedings so that it can obtain its own legal representation as well.⁴
- 4.9 The ORI provides administrative support to ensure a thorough, timely, and authoritative investigation⁵

5. *Formal findings*

- 5.1 Suspect data and sufficiently detailed notes and other documentation must be retained to permit later assessment of the adequacy of the investigation
- 5.2 Summaries of interviews conducted must be prepared and interviewees given the opportunity to comment on and revise them. The summaries become part of the record.
- 5.3 A written report must be prepared that records the results of the investigation and the outcome. Both respondent and complainant must be provided with an opportunity to provide written comment on this final report, and these comments become part of the record.

⁴ For academic staff facing a disciplinary hearing legal representation is not allowed at Preliminary Enquiry (PIE-equivalent) Committee stage but is allowed at Committee of Investigation (SIC-equivalent) stage.

⁵ Prolonged investigation processes and guilty findings that take a long time to move to disciplinary action raise procedural and fairness concerns. It is desirable that the minimum time frame expectations are adhered to. Unnecessary delays and prevarication should be avoided. Past experience shows that allegations of serious misconduct can take more than 18 months to resolve, during which time considerable harm may be done to staff and students. While it is unethical and unjust to allow matters to remain pending or under submission without justification, it may not be prudent to stipulate fixed timelines that cannot accommodate unavoidable delays. The prevailing ethos of a responsible response to an allegation of research misconduct must be that it should be dealt with as swiftly as possible.

6. Resolution and outcome

- 6.1 The report is forwarded to the DVC: Research, who decides what action to take in light of the report. The DVC notifies the complainant, respondent, the Dean of the Faculty and the Registrar of the decision.
- 6.2 If disciplinary action is to be instituted, the set procedures for disciplinary action must be followed.
- 6.3 In the case of a person who is a joint medical staff member appointed on provincial or national conditions of service, the CEO/medical manager of the relevant hospital must be notified of the outcome of the investigation
- 6.4 If appropriate, after appeal avenues have been exhausted, the Registrar must inform relevant sponsors, journal editors, previous or new affiliations of the respondent, and decide whether a public statement should be made.
- 6.5 If the allegations of research misconduct are dismissed, the DVC: Research, together with the Registrar, and Dean must make all reasonable efforts to restore the reputation(s) of the respondent(s) by formally corresponding with the parties to confirm the outcome. They should also protect the complainant and witnesses who in good faith made the allegation and assisted the investigation

7. Supplementary Faculty-level Guidelines

Faculties are expected to have:

7.1 **Written and accessible guidelines in accordance with this Policy and overarching SOP.**

Faculties should have written and accessible guidelines that provide additional appropriate guidance and procedures, including timelines, for making and receiving complaints related to alleged research misconduct. Processes must ensure that the communication channels are clear, and that confidentiality and due process can be maintained without difficulty and that conflict of interest is rigorously avoided. Faculty processes must not contradict this Policy and processes.

The faculty-level processes should describe the procedures so that any interested person will know

- 7.1.1 the identity of the appointed F-RIA(s), which may include the Deputy: Dean Research or other appropriate persons delegated to fulfil this role⁶
- 7.1.2 the role of the F-RIA and the relationship between the RIA and the PIE committee
- 7.1.3 the extent to which anonymity may be afforded to complainants and contexts where complainants may become identifiable to respondents
- 7.1.4 circumstances where third parties need to be informed of complaints
- 7.1.5 steps the faculty will take to protect complainants if necessary.

7.2 **Appropriately customised guidance for discipline-specific research activities**

Faculty-level processes should include specific guidance for discipline-specific research activities and possible misconduct as described in the Policy, descriptions of the escalation procedures, and the triggers for the various decision-making points in the procedures.

- 7.2.1 Procedures must ensure that perceptions of conflict of interest, bias and unfairness are ruled out. Propriety and fairness are most important, especially at lower levels of the hierarchy of staffing and students, where collegiality and power hierarchies are likely to be strained in the context of an allegation. Special attention must be given to protection of witnesses, especially when a respondent has positional power. Their presence may have a chilling effect on the willingness of a witness to provide information.
- 7.2.2 Matters not resolved by F-RIAs collegially, at faculty level, must be submitted as a written complaint to the PIE committee. As per 1.2 above, the F-RIA must ensure that potentially

⁶ These persons should be identified by each faculty and names made easily accessible for example via the faculty web page.

valid concerns are not dismissed or minimised. Of note, F-RIAs must be prepared to refer all more serious complaints to the PIE committee.

- 7.2.3 In cases where complainants are unhappy with faculty-level processes, complainants may submit a complaint directly to the PIE committee.
- 7.2.4 Students (including all postgraduate students) should seek advice from their supervisors, if possible, but if not may approach F-RIAs for assistance. F-RIAs may take particular cases to the PIE committee if warranted.

ANNEXURE 2: COMPLAINT TEMPLATE

Complainant		Respondent	
Name		Name	
Affiliation		Affiliation	
Department		Department	
Email		Email	
Telephone		Telephone	
Additional Complainants: (i.e. willing to act in support)	List:	Additional Respondents:	List:
Time period of Alleged Research Misconduct:			
Date of Submission of complaint:			
Description of complaint/allegations in as much detail as possible:			
List of supporting documents:			
1.			
2.			
3.			
4.			

Please tick one option below:

- I/We agree that the respondent can be provided with our identity, or due to the nature of the case will know our identity
- My/Our identity as complainant must be protected; if, during the course of the investigation this becomes difficult I/we must be immediately informed prior to any breach of confidentiality.

I/We declare that this allegation was made in good faith and that the account provided above is to the best of my/our knowledge a true reflection of events.

Name:

Signature:

Date:

ANNEXURE 3: RESEARCH INTEGRITY ADVISORS (RIAs)

This policy and procedure require that faculties have RIAs who serve on the PIE Committee as per 7.1.1 of the Policy. RIAs are appointed by the Dean and must be named and visible within the Faculty, preferably by being identified on an appropriate webpage. RIAs can be REC members acting in their individual capacities. Faculty research ethics committees (RECs) should not, by default, be involved in research misconduct processes unless the matter falls directly within their jurisdiction e.g., a failure to obtain ethics approval for a project that has involved humans or animals.

1. Who should be appointed as an RIA?

Any responsible person in an academic role who has an interest in research ethics and integrity or has served on a REC for a period of time or has completed some form of training in RE/RI and is willing to take on this role can be appointed as an RIA. This person should ideally be at either a senior lecturer level as a minimum requirement, unless previous experience or qualification justifies appointment of a more junior person, for example a person who has been serving on a REC for a length of time or has been working in this field may well be considered suitable on a case-by-case basis. REC chairs can become F-RIAs but should not be appointed to cases that have involved their own committees. RIAs need to already be familiar with all related research ethics and integrity policies and processes or agree to familiarise themselves adequately with these policies.

2. Training expectations

Appointed RIAs are required to complete the core ORI four-module responsible conduct of research (RCR) training programme available on Success Factors within three months of their appointment (approximately 6 hours in total). These four modules are:

1. Introduction to Research Integrity
2. Research Misconduct and Questionable Research Practices
3. Responsible Authorship and Publication Practices
4. Research Involving Human Participants

Once these are completed, they will be expected to attend an ORI RIA training workshop (maximum half day) which will involve discussions of actual cases. The ORI will be responsible for maintaining a record of available RIAs and ensuring that training has been completed. F-RIAs will automatically become members of the PIE committee and be expected to attend meetings, discuss cases and from time-to-time conduct PIEs as allocated by the Chairperson. New RIAs will be paired with more experienced RIAs when initially requested to conduct a PIE.

3. Recognition of service as RIA

Taking on the role of RIA is likely to be intermittently time consuming but also difficult at times as inevitably conflict situations and situations where complainants, respondents, or both, are upset and angry will arise. Such contexts will have to be navigated sensitively and without bias, ensuring that all principles outlined in the policy (Section 3) are upheld. Hence it is essential that those who agree to accept these roles are adequately acknowledged and recognised for their contribution. This can be done as consideration for merit awards or ad-hominem promotion.

4. ORI support to faculty RIAs

The ORI will provide training and support to RIAs. The research integrity coordinator tasked with servicing and supporting both the PIE committee and the SIC will be based in the ORI but will not be involved in decision making. The ORI Director will not be a member of either committee.