Registrar

SENATE RULES ON ACADEMIC INTEGRITY

The Senate Rules on Academic Integrity have been drafted in accordance with para 5.1.2 of the Policy on Academic Integrity

Content

(Please click on the link to open the relevant section)

Section 1: Procedure for the investigation of instances of Academic misconduct	Approved by Senate Executive Committee on 27 November 2024
Section 2: Conceptual framework for the categorisation of alleged instances of plagiarism	Approved by Senate Executive Committee on 27 November 2024
Section 3: Management of Poor Academic Writing (PAWP) and Academic Misconduct in Teaching and Learning practices	Approved by Senate on 24 May 2023
Section 4: SOP Management of Research Non-compliance and/or violation of Good Research Practice	Approved by Senate on 23 October 2022
Section 5: NWU Senate Rules on the Responsible and Ethical Use of Artificial Intelligence	Approved by Senate on 29 May 2025 Revised version approved by Senate on 20 August 2026
Section 6: The utilisation of academic misconduct detection tools	Approved by Senate on 6 November 2025
Section 7: Mid-semester assessments and examinations	Approved by Senate on 6 November 2025

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Registrar

SENATE RULES ON ACADEMIC INTEGRITY

Approved by the Senate Executive Committee on 27 November 2024

SECTION 1: PROCEDURE FOR THE INVESTIGATION OF ACADEMIC MISCONDUCT

The investigation of academic misconduct in teaching-learning and research proceeds in various phases determined by the status of the person whose academic material is investigated being either a student, a graduand/diplomand, a graduate/diplomate, or an employee of the NWU.

1 Investigation of academic misconduct of a student

1.1 Phase 1: *Report of academic misconduct of a student (UG and PG) for a transgression in teaching-learning by means of an internal faculty process*

1.1.1 The lecturer/study leader/promoter concerned reports a case of suspected academic misconduct that had allegedly been perpetrated by an undergraduate or postgraduate student. The report is done to the school/research director in accordance with the TLI SOP.

1.1.2 An initial assessment, upon suspicion of alleged academic misconduct, is done in accordance with relevant faculty processes. In relevant instances, the faculty may consult the Campus Academic Writing Centre for advice on norms and standards of academic writing.

1.1.3 A lecturer or school/research director reports the matter to the substructure of the relevant faculty structure in accordance with either the TLI SOP (for teaching-learning instances) or the IRIMS SOP (for research-related instances), established in accordance with para 6.1.2.6 of the Policy and a resolution of the best suitable approach[1] to deal with the alleged instance of academic misconduct is taken and recorded.

1.1.4 Where appropriate, the faculty reports the case to the Student Judicial Office where a case number is allocated to the matter and a process proceeds in accordance with the NWU Policy and Manual on Student Discipline,

1.1.5 The faculty board receives regular reports from the structure mentioned above and, in turn, includes the information on these reports in the regular reporting to Senate.

1.1.6 In the instance that a process is followed in terms of 1.1.4 above, and where plagiarism, falsification or fabrication is suspected, the standard operating procedures (SOPs) prescribed in respect to the TLI process (for teaching-learning related inquiries) and in the IRIMS process (for research-related inquiries) follow.

1.1.7 Upon the conclusion of the application of the above-mentioned SOPs, and dependent on the outcome thereof, phase 2a follows; and where other forms of academic misconduct could be evident, phase 2b follows.

1.1.8 *NOTE: In the case of a transgression in research the applicable Research Integrity Standard Operating Procedure as developed for the Integrated Research Integrity Management System (IRIMS) is used. Cases of research non-compliance and violation of good research practice is managed in a restorative manner on faculty level and not escalated. Only in the case of research misconduct (fabrication, falsification and plagiarism) or a case that could be detrimental to the reputation of the NWU, is it*

[1] By determining the relevant category of offence as per Annexure 3 of the Policy and resolving on the relevant measures to correct behaviour (either in an educational or punitive manner and whether a positive discipline approach within the faculty would be followed, or whether the case would be reported in terms of para 2.1.2 of the NWU Manual on Student Discipline).

escalated to the Student Judicial Office. The Standing Research Integrity Committee (SRIC) with the support of the research integrity officer (RIO) does the reporting.

1.2 Phase 2a: *Investigation process for instances of alleged fabrication, falsification or plagiarism*

1.2.1 The registrar appoints a technical expert(s) to consider the reports as put forward by the faculty concerned in terms of 1.1.3 and 1.1.4, and to consult other sources relevant to the investigation.

1.2.2 The expert is to determine whether fabrication or falsification of data occurred; or the extent of alleged textual similarities in the suspect academic material, using Turnitin or similar similarity-index software.

1.2.3 Where fabrication is suspected, the technical expert would need to determine the extent to which the "construction and/or addition of data, observations or characterizations that never occurred in the gathering of the data or running of experiments".[2]

1.2.4 Where falsification is suspected, the technical expert would need to determine the extent to which any relevant aspect of the research process or research product had been changed to support claims or hypothesis and leading to an inaccurate research outcome.[3]

1.2.5 In the instance of suspected plagiarism, the expert performs a manual interpretation of the similarity-index indication as from the software mentioned in 1.2.1.as well as a micro-level linguistic analysis. This is done for purposes of determining whether there were indications in the linguistic strategies employed in the academic material under consideration of an intention to plagiarise.

1.2.6 A technical report is drafted by the expert and is submitted to the relevant Campus Student Judicial Officer.

1.2.7 In the instance that the technical report has substantiated the allegations of fabrication, falsification or plagiarism, a disciplinary process follows in accordance with the relevant sections of paragraph 2 of the Manual on Student Discipline.

1.2.8 NOTE: In the case of a transgression in research the applicable Research Integrity Standard Operating Procedure as developed for the Integrated Research Integrity Management System (IRIMS) is used. Cases of research non-compliance and violation of good research practice is managed in a restorative manner on faculty level and not escalated. Only in the case of research misconduct (fabrication, falsification and plagiarism) or a case that could be detrimental to the reputation of the NWU, is it escalated to the Registrar. The Standing Research Integrity Committee (SRIC) with the support of the research integrity officer (RIO) does the reporting

1.3 Phase 2b*: Investigation process for other instances of alleged academic misconduct*

In accordance with para 2.1.2 of the Manual on Student Discipline, the Manager Student Judicial Services or the Research Integrity Officer for research-related instances of misconduct, appoints an investigation officer for the purpose of the investigation of a particular case, and will, if the need arises, involve other internal and/or externaltechnical experts to assist with the said investigation.

1.4 Phase 3: *Disciplinary action following Phases 2a and 2b*

Based on the report received in accordance with 1.2.6 or 1.3 above, a charge may be laid in terms of Para 72(c) of the Statute against the student concerned.

[2] PennState University BIOET 533: Ethical Dimensions of Renewable Energy and Sustainability Systems. 2.1 Falsification, Fabrication, Plagiarism. (URL: https://www.e-education.psu.edu/bioet533/node/654) [Accessed: 2021.04.06]

[3] PennState University BIOET 533: Ethical Dimensions of Renewable Energy and Sustainability Systems. 2.1 Falsification, Fabrication, Plagiarism. (URL: https://www.e-education.psu.edu/bioet533/node/654) [Accessed: 2021.04.06]

2 Investigation of academic misconduct of a graduand/diplomand[4]

2.1 Phase 1: *Report of academic misconduct of a graduand/diplomand*

2.1.1 The director or deputy dean concerned reports a case of suspected academic misconduct during the period of enrolment as a student of the university that had allegedly been perpetrated by a graduand/diplomand. This report is done to the registrar.

2.1.2 Upon detection of a possible transgression in terms of the Policy on Academic Integrity, the examination process of the graduand/diplomand is halted, and all examiners are informed of the reason for the suspension of the examination process.

2.1.3 If fabrication, falsification or plagiarism is suspected, phase 2a follows.

Where other forms of academic misconduct could be involved, phase 2b follows.

2.1.4 Phases 3 and 4 follow ordinarily in all instances.

2.1.5 *NOTE: In the case of a transgression in research the applicable Research Integrity Standard Operating Procedure as developed for the Integrated Research Integrity Management System (IRIMS) is used. Cases of research non-compliance and violation of good research practice is managed in a restorative manner on faculty level and not escalated. Only in the case of research misconduct (fabrication, falsification and plagiarism) or a case that could be detrimental to the reputation of the NWU, is it escalated to the Registrar. The Standing Research Integrity Committee (SRIC) with the support of the research integrity officer (RIO) does the reporting.*

2.2 Phase 2a: *Investigation process for instances of alleged fabrication, falsification or plagiarism*

2.2.1 The registrar appoints a technical expert(s) to consider the reports as put forward by the faculty concerned in terms of 2.1.1, and to consult other sources relevant for the investigation.

The expert is to determine whether fabrication or falsification occurred; or the extent of alleged textual similarities in the suspect academic material, using Turnitin or similar similarity-index software.

2.2.2 Where fabrication is suspected, the technical expert would need to determine the extent to which the "construction and/or addition of data, observations or characterizations that never occurred in the gathering of the data or running of experiments".[5]

2.2.3 Where falsification is suspected, the technical expert would need to determine the extent to which any relevant aspect of the research process or research product had been changed to support claims or hypothesis and leading to an inaccurate research outcome.[6]

2.2.4 In the instance of suspected plagiarism, the expert performs a manual interpretation of the similarity-index indication as from the software mentioned in 2.2.1.as well as a micro-level linguistic analysis. This is done for purposes of determining whether there were indications in the linguistic strategies employed in the academic material under consideration of an intention to plagiarise.

2.2.5 A technical report is drafted by the expert and is submitted to the registrar.

2.2.6 The registrar informs the graduand/diplomand of the outcome of the investigation and the person is allowed at least three weeks to submit a written representation in response to the findings.

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[4] For the purpose of this procedure a "graduand/diplomand" is an NWU student who had been enrolled for a higher-degree qualification, who had submitted the dissertation or thesis for examination and who had been alleged of academic misconduct during the examination of the said dissertation/thesis.

[5] PennState University BIOET 533: Ethical Dimensions of Renewable Energy and Sustainability Systems. 2.1 Falsification, Fabrication, Plagiarism. (URL: https://www.e-education.psu.edu/bioet533/node/654) [Accessed: 2020.04.06]

[6] PennState University BIOET 533: Ethical Dimensions of Renewable Energy and Sustainability Systems. 2.1 Falsification, Fabrication, Plagiarism. (URL: https://www.e-education.psu.edu/bioet533/node/654) [Accessed: 2020.04.06]

2.3 Phase 2b: *Investigation process for other instances of alleged academic misconduct*

2.3.1 The registrar, in consultation with the executive dean concerned and the DVCs Teaching-Learning and Research and Innovation, appoints an appropriately qualified expert to determine the extent of the alleged misconduct.

2.3.2 The appointed expert considers all relevant factors in relation to the alleged misconduct and drafts a report and submits such to the registrar who needs to discuss the report with the functionaries mentioned in 2.3.1.

2.3.3 The registrar informs the graduand/diplomand of the outcome of the investigation and the person is allowed at least three weeks to submit a written representation in response to the findings.

2.4 Phase 3: *Adjudication process (fabrication, falsification or plagiarism and other forms of academic misconduct)*

2.4.1 The registrar requests the executive dean concerned to provide the names of at least two appropriately qualified subject-matter experts (internal/external) working in the research field concerned who are capable of expertly evaluating the outcomes of the technical report mentioned in 2.2.5.

The registrar contacts the subject-matter experts requesting their availability for the task and enters into an agreement regarding the terms and conditions of the commission.

The mentioned technical report is forwarded to the subject-matter experts and a meeting is convened where the expert on fabrication, falsification or plagiarism briefs the subject-matter experts on the relevant technical aspects of the report. A report is drafted from the observations by the subject-matter experts.

2.4.2 The registrar convenes a panel comprising the executive dean concerned or his/her delegate, the DVC Teaching-Learning, the DVC Research and Innovation, the registrar, the subject-matter experts and the fabrication, falsification or plagiarism expert(s) to consider all relevant aspects with a purpose to draft a final report on the matter.

2.4.3 The report is submitted to the faculty board of the relevant faculty for internal handling and reporting to Senate.

3 Investigation of academic misconduct of a graduate or diplomate

3.1 Phase 1: *Report of academic misconduct of a graduate*

3.1.1 The director or deputy dean concerned reports a case of suspected academic misconduct that had allegedly been committed by a graduate/diplomate during the period of enrolment as a student of the university. This report is done to the registrar.

3.1.2 If fabrication, falsification or plagiarism is suspected, phase 2a follows.

Where other forms of academic misconduct could be evident, phase 2b follows.

3.1.3 Phases 3 and 4 follow ordinarily in all instances.

3.1.4 *NOTE: In the case of a transgression in research the applicable Research Integrity Standard Operating Procedure as developed for the Integrated Research Integrity Management System (IRIMS) is used. Cases of research non-compliance and violation of good research practice is managed in a restorative manner on faculty level and not escalated. Only in the case of research misconduct (fabrication, falsification and plagiarism) or a case that could be detrimental to the reputation of the NWU, is it escalated to the Student Judicial Office. The Standing Research Integrity Committee (SRIC) with the support of the research integrity officer (RIO) does the reporting.*

3.2 Phase 2a: *Investigation process for instances of alleged fabrication, falsification or plagiarism*

3.2.1 The registrar appoints a technical expert(s) to consider the reports as put forward by the faculty concerned in terms of 3.1.1, and to consult other sources relevant for the investigation.

The expert is to determine whether fabrication or falsification occurred; or the extent of alleged textual similarities in the suspect academic material, using Turnitin or similar similarity-index software.

3.2.2 Where fabrication is suspected, the technical expert would need to determine the extent to which the "construction and/or addition of data, observations or characterizations that never occurred in the gathering of the data or running of experiments".[7]

3.2.3 Where falsification is suspected, the technical expert would need to determine the extent to which any relevant aspect of the research process or research product had been changed to support claims or hypothesis and leading to an inaccurate research outcome.[8]

3.2.4 In the instance of suspected plagiarism, the expert performs a manual interpretation of the similarity-index indication as from the software mentioned in 3.2.1.as well as a micro-level linguistic analysis. This is done for purposes of determining whether there were indications in the linguistic strategies employed in the academic material under consideration of an intention to plagiarise.

3.2.5 A technical report is drafted by the expert and is submitted to the registrar

3.2.6 The registrar informs the graduate/diplomate of the outcome of the investigation and the person is allowed at least three weeks to submit a written representation in response to the findings.

3.2.7 The registrar requests the executive dean concerned to provide the names of at least two appropriately qualified scholars working in the research field concerned who are capable of expertly evaluating the outcomes of the technical report mentioned in 3.2.5.

The registrar contacts the subject-matter experts requesting their availability for the task and enters into an agreement regarding the terms and conditions of the commission.

The mentioned technical report is forwarded to the subject-matter experts and a meeting is convened where the fabrication, falsification or plagiarism expert briefs the subject-matter experts on the relevant technical aspects of the report. A report is drafted from the observations by the subject-matter experts.

3.2.8 The registrar convenes a panel comprising the executive dean concerned or his/her delegate, the DVC Teaching-Learning, the DVC Research and Innovation, the registrar, the subject-matter experts and the fabrication, falsification or plagiarism expert(s) to consider all relevant aspects with a purpose to draft a final report on the matter.

3.3 Phase 2b: *Investigation process for other instances of alleged academic misconduct*

3.3.1 The registrar, in consultation with the executive dean concerned and the DVCs Teaching-Learning and Research and Innovation, appoints an appropriately qualified expert(s) to determine the extent of the alleged misconduct.

3.3.2 The appointed expert considers all relevant factors in relation to the alleged misconduct and drafts a report and submits such to the registrar who needs to discuss the report with the functionaries mentioned in 3.3.1.

3.4 The registrar informs the graduate/diplomate of the outcome of the investigation and the person is allowed at least three weeks to submit a written representation in response to the findings

[7] PennState University BIOET 533: Ethical Dimensions of Renewable Energy and Sustainability Systems. 2.1 Falsification, Fabrication, Plagiarism. (URL: https://www.e-education.psu.edu/bioet533/node/654) [Accessed: 2020.04.06]

[8] PennState University BIOET 533: Ethical Dimensions of Renewable Energy and Sustainability Systems. 2.1 Falsification, Fabrication, Plagiarism. (URL: https://www.e-education.psu.edu/bioet533/node/654) [Accessed: 2020.04.06]

3.5 Phase 3: *Independent legal evaluation of the evidence*

3.5.1 At the request of the registrar the council appoints an independent legal expert to:

3.5.1.1 evaluate all reports and evidence emanating from phases 1 and 2;

3.5.1.2 report on such evaluation; and

3.5.1.3 make recommendations to senate on the best way to dealing with the matter.

3.5.2 The independent legal expert is assisted by an external attorney as recommended by the NWU Legal Services Department and has, as chairperson of the external review process, the mandate to request the presence of the functionaries mentioned in 3.2.8 to be present at the meeting or to request the services or other appropriately skilled experts

3.5.3 The registrar acts as secretary of the processes relevant to phase 3.

3.6 Phase 4: *Consequences of academic misconduct*

3.6.1 The final recommendations of the panel are submitted by the registrar to the Senate to deal with the matter in terms of paragraph 77(2) of the NWU Statute.

3.6.2 The Senate makes a recommendation to Council

3.6.3 If the Council, in its consideration of all the reports submitted, expresses the view that a graduate/diplomate obtained the qualification concerned by dishonest means, a resolution in this regard is made and the registrar is tasked to ensure the completion of the involved legal process to revoke the qualification.

4 Investigation of academic misconduct of an employee

4.1 Phase 1: *Report of academic misconduct of an employee*

4.1.1 The deputy dean or executive dean concerned reports a case of suspected academic misconduct perpetrated by an employee to the registrar.

4.1.2 If fabrication, falsification or plagiarism is suspected, phase 2a follows.

Where other forms of academic misconduct are involved, the report must set out the details of the suspected misconduct, in which case phase 2b follows.

4.1.3 Phases 3 and 4 follow ordinarily in all instances.

4.1.4 *NOTE: In the case of a **transgression in research** the applicable Research Integrity Standard Operating Procedure as developed for the Integrated Research Integrity Management System (IRIMS) is used. Cases of research non-compliance and violation of good research practice is managed in a restorative manner on faculty level and not escalated. Only in the case of research misconduct (fabrication, falsification and plagiarism) or a case that could be detrimental to the reputation of the NWU, is it escalated to the Student Judicial Office. The Standing Research Integrity Committee (SRIC) with the support of the research integrity officer (RIO) does the reporting.*

4.2 Phase 2a*: Investigation process in case of suspected fabrication falsification or plagiarism*

4.2.1 The registrar appoints a technical expert(s) to consider the reports as put forward by the faculty concerned in terms of 4.1.1, and to consult other sources relevant for the investigation.

The expert is to determine whether fabrication or falsification occurred; or the extent of alleged textual similarities in the suspect academic material, using Turnitin or similar similarity-index software.

4.2.2 Where fabrication is suspected, the technical expert would need to determine the extent to which the "construction and/or addition of data, observations or characterizations that never occurred in the gathering of the data or running of experiments".[9]

[9] PennState University BIOET 533: Ethical Dimensions of Renewable Energy and Sustainability Systems. 2.1 Falsification, Fabrication, Plagiarism. (URL: https://www.e-education.psu.edu/bioet533/node/654) [Accessed: 2020.04.06]

4.2.3 Where falsification is suspected, the technical expert would need to determine the extent to which any relevant aspect of the research process or research product had been changed to support claims or hypothesis and leading to an inaccurate research outcome.[10]

4.2.4 In the instance of suspected plagiarism, the expert performs a manual interpretation of the similarity-index indication as from the software mentioned in 4.2.1.as well as a micro-level linguistic analysis. This is done for purposes of determining whether there were indications in the linguistic strategies employed in the academic material under consideration of an intention to plagiarise.

4.2.5 A technical report is drafted by the expert and is submitted to the registrar

4.2.6 The registrar informs the employee of the outcome of the investigation and the person is allowed at least three weeks to submit a written representation in response to the findings.

4.2.7 The registrar requests the executive dean concerned to provide the names of at least two appropriately qualified scholars working in the research field concerned who are capable of expertly evaluating the outcomes of the technical report mentioned in 4.2.5.

The registrar contacts the subject-matter experts requesting their availability for the task and enters into an agreement regarding the terms and conditions of the commission.

The mentioned technical report is forwarded to the subject-matter experts and a meeting is convened where the fabrication, falsification or plagiarism expert briefs the subject-matter experts on the relevant technical aspects of the report. A report is drafted from the observations by the subject-matter experts.

4.2.8 The registrar convenes a panel comprising the executive dean concerned or his/her delegate, the DVC Teaching-Learning, the DVC Research and Innovation, the registrar, the subject-matter experts and the fabrication, falsification or plagiarism expert(s) to consider all relevant aspects with a purpose to draft a final report on the matter.

4.3 Phase 2b*: Investigation process for other instances of alleged academic misconduct*

4.3.1 The registrar, in consultation with the executive dean concerned and the DVCs Teaching-Learning and Research and Innovation, appoints an appropriately qualified expert(s) to determine the extent of the alleged misconduct.

4.3.2 The appointed expert considers all relevant factors in relation to the alleged misconduct and drafts a report and submits such to the registrar who needs to discuss the report with the functionaries mentioned in 4.3.1.

4.4 The registrar informs the employee of the outcome of the investigation and the person is allowed at least three weeks to submit a written representation in response to the findings

4.5 Phase 3: *Independent legal evaluation of the evidence*

4.5.1 At the request of the registrar, the council appoints an independent legal expert:-

4.5.1.1 to evaluate all reports and evidence emanating from phases 1 and 2;

4.5.1.2 to report on such evaluation; and

4.5.1.3 to make recommendations to the Vice-Chancellor on the best way to dealing with the matter.

4.5.2 The independent legal expert is assisted by an external attorney as recommended by the NWU Legal Services Department and has, as chairperson of the external review process, the mandate to request the presence of the functionaries mentioned in 4.2.8, or any other expert on the matter, to be present at the meeting.

4.5.3 The registrar acts as secretary of the processes relevant to phase 3.

[10] PennState University BIOET 533: Ethical Dimensions of Renewable Energy and Sustainability Systems. 2.1 Falsification, Fabrication, Plagiarism. (URL: https://www.e-education.psu.edu/bioet533/node/654) [Accessed: 2020.04.06]

4.6 Phase 4: *Consequences of academic misconduct*

4.6.1 The final recommendations of the panel are submitted by the registrar to the Vice-Chancellor to deal with the matter in terms of paragraph 68 of the Statute.

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SENATE RULES ON ACADEMIC INTEGRITY

Approved by the Senate Executive Committee on 27 November 2024

SECTION 2: CONCEPTUAL FRAMEWORK FOR THE CATEGORISATION OF ALLEGED INSTANCES OF PLAGIARISM

The following framework provides the backdrop for the qualification of instances where the lifting of text is evident. (Note that not all sub-categories need to be true or substantiated in order to categorise the patterns of lifting that become evident from an investigation).

	Poor academic-writing practice (PAWP)[1]	**Category 1 offence[2]**	**Category 2 offence[3]**	**Category 3 offence[4]**	**Category 4 offence[5]**
	The work in question includes (but is not limited) to answering to the following characteristics:				
(i)	Limited amount of material/copied text/ideas/concepts taken from the work of others (or Artificial Intelligence) in the words of the researcher/student, but without proper citation/referencing.	Short blocks of material/copied text[6] expressing ideas or concepts taken from the work of others (or Artificial Intelligence) without appropriate citation. Short blocks of copied text that is cited, but without proper referencing or adherence to conventions to utilize quotation marks	Significant or numerous blocks of material or text copied that express ideas or concepts taken from the work of others (or Artificial Intelligence) without proper referencing *or adherence* to conventions to utilize quotation marks. *(Note that the line between category 1 and category 2 offences is to be determined by the levels of similarity*	The evaluation takes place with due regard to substantiation in terms of Categories 1 and 2 measures. However, the investigation process must determine whether proof exists in terms of the level of severity regarding instances of copied text/material. The evaluation must take into consideration the possible mitigating and aggravating circumstances.	The investigation process must determine the severity of the offence and the risks to the university.
(ii)	Limited amount of material/copied text, although referenced in the text and/or bibliography, but not properly cited.	Short blocks of material/copied text, although referenced in the text and/or bibliography, but not properly cited	Significant or numerous blocks of material/copied text, although referenced in the text and/or bibliography, but not properly cited		

[1] Poor academic writing practice is understood to involve possible collaboration or poor citation practice in which evidence is obvious that (i) the researcher/student did not appreciate the rules for academic writing, or (ii) where the extent of copied material is considered to be of minor impact or slight copying.

[2] Category 1 offence is understood as evidence that is in breach of the conventions of academic writing by presenting the material of others as the researcher's/student's original work.

[3] Category 2 offence is understood as being committed when copied material represents a significant proportion of the work.

[4] Category 3 offence would have been committed when a researcher/student has undergone corrective action in terms of a Category 1 or Category 2 outcome on a previous occasion. In instances where no time existed for remedial action in Categories 1 and 2 offences and evidence to this extent exists, a subsequent commitment of plagiarism will be dealt with as a PAWP, Category 1 or Category 2 offence. Also known as a repeat offence. If not in terms of a so-called *repeat offence,* the investigation needs to point to cheating.

[5] Category 4 offence is committed in instances where a Category 3 offence is substantiated and in which the intent to deceive is clearly demonstrable, of which the sanction by the disciplinary committee may be expulsion of students or dismissal of employees.

[6] Short blocks of text may be as small as two continuing lines.

	Poor academic-writing practice (PAWP)[1]	**Category 1 offence[2]**	**Category 2 offence[3]**	**Category 3 offence[4]**	**Category 4 offence[5]**
	The work in question includes (but is not limited) to answering to the following characteristics:				
(iii)	Limited amount of material/copied text that has been adjusted linguistically or stylistically, with or without citation.	Short blocks of material/copied text that has been adjusted linguistically or stylistically and presented as the researcher's own work, with or without citation	Significant or numerous blocks of material/copied text that has been adjusted linguistically or stylistically and presented as the researcher's own work, with or without citation		
(iv)	Limited amount of material/copied text that is cited, but not adhering to conventions of citation such as quotation marks	Short blocks of material/copied text that is cited, but not adhering to conventions of citation such as quotation marks	Significant or numerous blocks of material/copied text that is cited, but not adhering to conventions of citation such as quotation marks		
(v)	Evidence of instances of limited collaboration between researchers/students as evidenced by (i) source, (ii) structure or (iii) copied text	Collaboration between researchers/students as evidenced by (i) source, (ii) structure or (iii) copied text (incl copied texts that have been adjusted linguistically or similar bibliographies)	Collaboration between researchers/students as evidenced by (i) source, (ii) structure or (iii) copied text (incl copied texts that have been adjusted linguistically or similar bibliographies)		
(vi)			Blocks of copied code, or computer files, or experimental results copied from sources without proper referencing.		

	Suggested action for managing PAWP:	Suggested action for managing Category 1 offences:	Suggested action for managing Category 2 offences:	Suggested action for managing Category 3 offences:	Suggested action for managing Category 4 offences:
	A formal written warning and the completion of an online remedial course and – in the instance of students – penalising in terms of the marks awarded for the assignment	Students found guilty of this category of text lifting will obtain a zero score. If the zero mark might lead to a failure in terms of the participation/module marks, a resubmission might be considered for a capped (e.g. 40% or 50%) mark. A first-time offence in this category will lead to the mark of the student being withheld. The student will be directed to an online remedial course. If this course is completed within 7 days, the resubmission of the assignment is allowed, but the mark will be capped at 50% A second offence of this category will result in a mark of 0% being awarded. The student will be directed to do an in-persons session at the writing center. A third offence in this category will lead to the student being referred to SJS. The mark of the assignment will be withheld until the outcome of the SJS investigation. In all of these instances, the student will have the opportunity to ask for a review of the reported incident.	Students found guilty of this category of text lifting will obtain a zero score for the assignment but will be required to rework the assignment for the purposes of fulfilling the learning outcomes. However, the resubmission of such an assignment will not provide the option of a further resubmission. A first-time offence in this category will lead to the mark of the student being withheld. The student will be directed to an online remedial course. If this course is completed within 7 days, the resubmission of the assignment is allowed, but the mark will be capped at 50% A second offence of this category will result in a mark of 0% being awarded. The student will be directed to do an in-persons session at the writing center. A third offence in this category will lead to the student being referred to SJS. The mark of the assignment will be withheld until the outcome of the SJS investigation. In all of these instances, the student will have the opportunity to ask for a review of the reported incident.	General remarks: • In the instance that it becomes clear that substantiation exists that that this is a second offender and that the offence lies within the scope of a Cat 1 offence, the second offence is dealt with as a Cat 2 offence. • In the instance that it becomes clear that this is a second offender and either of the offences is a Category 2 offence, the sanction in terms of the second offence is that of a Cat 3 offence that adds the recommendation for possible disciplinary action. • In the instance that it is a first offence, but in which cheating and intention to deceive is evident, the matter is considered a Cat 3 offence. • In the instance that it is a first offence, committed in regard of an examination piece in the higher degrees environment, for which a declaration has been made that the work is the sole and independent work of a post-graduate student and in terms of which the study leader/promoter has given permission for submission	The disciplinary case must take its full course (for both students and employees) in accordance with the stipulations in the Statute and relevant disciplinary codes. Suggested appropriate sanctions include expulsion, revoking of degrees or dismissal. Reporting to all relevant governance bodies, statutory bodies, editorial boards is to be done by the Registrar.

	Suggested action for managing PAWP:	Suggested action for managing Category 1 offences:	Suggested action for managing Category 2 offences:	Suggested action for managing Category 3 offences:	Suggested action for managing Category 4 offences:
				for examination, the penalty as stated below will be effective. In addition, consideration is to be given to penalties for study leaders/ promoters.	
		For employees: Investigation to be followed by a formal report and letter from the Registrar to the editorial board of the journal in which the article had been published with a notice of plagiarism, withdrawing article from journal and keeping researcher responsible for paying back the page fees.	For employees: Investigation to be followed by a formal report and letter from the Registrar to the editorial board of the journal in which the article had been published with a notice of plagiarism, withdrawing article from journal and keeping researcher responsible for paying back the page fees.	For employees found guilty, a letter from the Registrar to the editorial board of the journal in which the article had been published with a notice of plagiarism, withdrawing article from journal and keeping researcher responsible for paying back the page fees. In addition, disciplinary action is to be considered against employees found guilty of a Cat 3 offence	

TEACHING AND LEARNING INTEGRITY Standard Operating Procedures			
Title	**Management of Poor Academic Writing (PAWP) and Academic Misconduct in Teaching and Learning practices**		
SOP no	SOP _Academic Integrity for Teaching and Learning _1	Version	**2**
Date of approval	**24 May 2023**	**Revision date**	
Web address		**Page no**	

Responsible	Accountable	System	Consulted	Informed
For SOP: Registrar	Registrar	NA	DVC TL	Executive Deans

1. COMPILATION AND AUTHORITY

Action	Designated person	Date	Signature
Compiled by:	Prof Anné H. Verhoef & Dr Mariette Fourie	May 2023	
Checked and authorised by:	Quality Manager Academic Programmes Director: Quality Office	May 2023	
Reviewed and approved	Registrar: Prof Marlene Verhoef Deputy Vice-Chancellor: Prof Robert Balfour Legal Office: Mr Kobus Joubert		
Approved by:	Senate		
Incorporated into the NWU Academic Integrity Policy, 2021, as annexure	Registrar: Prof Marlene Verhoef		

2. DISTRIBUTION

Department/Unit	Name	Date	Signature
Faculties and Schools and Support Departments	Executive Deans Deputy Deans: Teaching and Learning		

3. DOCUMENT HISTORY

Date	Version no	Action
20 October 2022	1	Senate to take note and refer to faculties for input
24 May 2023	2	Senate to approve

4. PREAMBLE

The North-West University's *Policy on Academic Integrity* was updated in 2021 and it provides for clear guidance and directions on the topic of academic integrity in both teaching and learning and research.

The *Policy on Academic Integrity* requires faculty boards and academic units to establish processes and procedures for the effective implementation thereof, and to ensure adequate training of academic employees and students, agreement to codes of conduct, provision of information on the topic in study guides and faculty yearbooks and the reporting and record keeping of any reported misconduct.

Successful implementation of the Policy must ensure ongoing professional development initiatives in faculties, schools and support departments which can assist in the enhancement of academic integrity (AI). In the light of the impact of the COVID-19 pandemic on online teaching and learning and especially on assessment practices, a renewed educational focus on the dissemination of information and processes related to the Policy was urgently required. The need to develop Standard Operating Procedures (SOPs) was identified in this process.

The Teaching and Learning Integrity SOP is based on the *Policy on Academic Integrity* and intends to provide guidelines and procedures in the teaching and learning environment when and where poor academic writing practices (PAWP) and academic misconduct are suspected or alleged. The SOP must be interpreted and applied in a manner consistent with related policies such as the:

- Research Ethics Policy, 2018 and SOPs for Academic Integrity in Research, 2021.
- Intellectual Property Policy of the North-West University, 2021.
- Policy and Manual on Student Discipline, 2019.
- Behavioural Policy and Behavioural Manual for Employees, 2011.
- NWU Values Statement (2022) and the NWU Code of Ethics.
- Assessment Policy and the NWU A-rules.

5. ABBREVIATIONS AND/OR DEFINITIONS

To be read in conjunction with the extensive Glossary of Terms relating to Academic Integrity (Policy on Academic Integrity, 2P_2.4.3.2, 2021).

Abbreviation	Description
Academic Misconduct	Noncompliance and/or violations of good TL integrity practices by students in accordance with the NWU Policy on Academic Integrity. These include but are not limited to: PAWP, plagiarism, self-plagiarism, collaboration or collusion, falsification, fabrication, sabotage, impersonating, exam transgressions and cheating.
ALDA/ALDE	Academic Literacy Module as developed by the Academic Literacy subject group within the School of Languages.
AIITSA	Academic Integrity Information Technology System Application – a system devised for the management and recording of information regarding student transgressions, actions taken and outcomes

AI Policy	Academic Integrity Policy, 2021, of the NWU.
AIROC-P	Academic Integrity Remedial Online Course for PAWP that students should do on eFundi.
AIROC-1	Academic Integrity Remedial Online Course for Category 1 and 2 transgressions which students must do on eFundi.
Allegation	A report that represents an unproven assertion.
Alleged	The student accused of poor academic writing practices or Category 1-4 transgressions.
Cheating	Cheating involves unauthorised use of information, materials, devices, technology, sources, or practices in completing academic activities. These can include i) use of sources beyond those authorised by the instructor in writing papers, preparing reports, solving problems, or carrying out other assignments; ii) acquisition, without permission, of tests or other academic material belonging to a member of the university faculty or staff; iii) engagement in any behaviour specifically prohibited by a faculty member in the course syllabus or class discussion, iv) work presented by a student as their own that originated (was generated) by means of artificial intelligence (e.g., ChatGPT and paraphrasing tools).
Contract cheating	Contracting or outsourcing a third party to provide work, which is then used or submitted as part of a formal assessment as though it is the Registered Student's own work.
Collaboration or Collusion	Working with others and using the ideas or words of this joint work without acknowledgment, as though it is the Registered Student's own work, or allowing others to use the ideas or words of joint work without acknowledgment; working with others in completing assignments or assessments when it is not allowed.
CTL	Centre for Teaching and Learning
DD:T&L	Deputy Dean: Teaching and Learning
Disciplinary action	The formal departmental or institutional process of a disciplinary procedure taken against a student or staff member.
ED	Executive Dean
Fabrication	The Academic Integrity Policy defines fabrication as: Making up data or results and recording or reporting the fabricated material. In other words: Fabrication is the making up of results and recording it as if they were real. This type of academic misconduct involves creating unauthorized information in an academic document or activity. For instance, making up data instead of collecting it through an actual experiment, or creating a non-existent source of information are examples of fabrication.
Falsification	The Academic Integrity Policy defines falsification as: Manipulating research materials, equipment, or processes or changing or omitting data or results such that the research is not accurately represented in the research records. In other words: Falsification is the act of manipulating material, equipment, or processes, or altering, omitting, or suppressing data or results without valid justification. This includes the unauthorized modification of information in academic documents or activities.

	For instance, falsification may involve artificially changing data when it should be collected from an actual experiment or inventing a source of information that does not exist.
FAIC	Faculty Academic Integrity Committee
FAIRC	Faculty Academic Integrity Review Committee. This committee can review cases on procedural basis and/or on substantial basis. The case can be upheld, dismissed, or referred to SJS as another category of transgression if needed.
FAIW	Face-to-face Academic Integrity Workshop developed and presented by the Writing Centre.
Formal investigation	The process of a formal investigation into academic misconduct (e.g., 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 2021).
Impersonating (or being impersonated)	In an examination or other assessment or arranging for someone to impersonate someone else by sitting their examination. This includes having another person show up to write a test or exam in your place (or being the person who writes the test in someone else's place), but it also includes having someone else (or an AI programme) write an online test for you (or taking an online test for someone else).
Mispresentation	Presentation of data, results or other outputs or aspects of research, including documentation and participant consent, or presenting or recording such data, etc, as if they were real.
PAWP	Poor Academic Writing Practices. This is understood to involve poor citation practice in which evidence is obvious that (i) the researcher/student did not appreciate/apply the rules for academic writing in terms of accepted source integration techniques, or (ii) where the extent of copied material is considered to be of minor impact or slight copying.
Plagiarism	The Academic Integrity Policy definition of plagiarism is: 1) The use without appropriate acknowledgement of another's ideas, hardcopy or electronic texts, images, computer programmes, sounds, designs, performance, or any form of creative work as one's own work, including activities such as appropriating the knowledge, insights, processes results, wording, or formulation of anybody else's (or an AI programme's) work. 2) Since the intention to deceive is a key notion in the understanding of plagiarism the findings in an investigation of plagiarism must be presented in a continuum ranging from "strong intention to deceive" (presenting the work as original and/or as the author's own) to" weak intention to deceive" (careless writing and/or improper referencing. 3) Unconscionable lifting of text. In other words: Plagiarism is a type of cheating in which someone adopts another person's (or an AI programme's) ideas, words, design, art, music, etc., as his or her own without acknowledging the source, or, when necessary, obtaining permission from the author.

	The term “plagiarism” includes but is not limited to the use, by paraphrase or direct quotation, of the published or unpublished work of another person (or an AI programme) without full and clear acknowledgment. Plagiarism also includes the unacknowledged use of materials prepared by another person or agency engaged in the selling of term papers or other academic materials.
PMP	Academic Literacy material on academic integrity, as well as continuous self-education material regarding writing practices, academic misconduct, and academic integrity, which is available on eFundi as the Preventative Measurements Package (PMP).
QE	Quality Enhancement
Review	A request lodged by an alleged after an assessment or investigation finding a potential breach in academic integrity to the Faculty Academic Integrity Review Committee.
Sabotage	Sabotage involves disrupting or destroying another person's work so that the other person cannot complete an academic activity successfully. For example, destroying another person's artwork, experiment, or design is considered sabotage. Failure to contribute as required to a team project can also be considered academic sabotage.
Self-plagiarism	The Academic Integrity Policy definition is: 1) Self-plagiarism occurs when authors improperly re-use their own work, or sections of their own work presenting the work as new and original. 2) Self-plagiarism may infringe the copyright of others involved in the publication of the original work. In other words: Self-plagiarism is submitting the same piece, or part, of work for more than one course without the instructor’s permission. You are not allowed to receive course credit for the same work twice. This means that a student can’t use an essay from a course he/she took last semester/year in one of his/her current courses, even if the topic is the same.
SD	School Director
SJS	Student Judicial Services
Student Academic Record	Official and permanent academic record of a student.
Student Record Card	Internal record card of students that is used throughout his/her academic life at the NWU, but not recorded permanently.
Text-lifting	The submission contains portions of which the content is greatly similar and/or identical to that of existing original source(s); The content of other sources has been utilised and presented (passed-off) as the original work of the student; It undermines the academic integrity principles of submitting “original research products for assessment, examination and review” as well as “honest scholarship”.

6. PURPOSE OF THE TL INTEGRITY SOP

The TL Integrity SOP was developed to provide guidelines and procedures for the preservation of academic integrity in the teaching and learning environment, within the framework of

existing policies and procedures and to ensure clarity and consistency in terms of the governance of cases where the NWU's value statement is contravened. The following principles underpin this SOP:

- An educational approach.
- Procedural fairness.
- Natural justice.
- Due process.
- Integrity.
- Confidentiality ("need-to-know rule").
- Practicality (easy to implement and use).
- Proper data management and record keeping.

The SOP aims to guide the following stakeholders in all faculties on how to manage cases of noncompliance and/or violations of good TL integrity practices by students in accordance with the Policy on Academic Integrity:

- Executive Deans (ED).
- Deputy Deans of Teaching and Learning (DD: T&L).
- All employees involved with teaching and learning (T&L).
- Staff members of relevant support departments at the NWU:
    - Student Judicial Services (SJS),
    - Quality Enhancement (QE) office,
    - Centre for Teaching and Learning (CTL), and
    - NWU Writing Centres.

7. STRATEGY TO ADDRESS ACADEMIC INTEGRITY AT THE NWU

A strategy, based on a holistic approach regarding several critical aspects in the teaching and learning environment, was followed to drive academic integrity across all eight faculties. These are (i) institutional aspects (ii) engagement and the empowerment of the lecturers, as well as (iii) engagement and the empowerment of the students (Annexure A – CTL/UCDG 2021 Year-End Report). These aspects provided for the structural, cultural, and agential development of standard operating procedures (SOPs) Academic Integrity for Teaching and Learning that are applicable to students to ensure preventative measures on institutional level as well as a faculty-based educational approach It further assisted in developing the processes required for promoting Academic Integrity at the NWU and to identify the role-players on faculty level (pre-transgression), as well as the NWU role-players for post-transgression processes and corrective education on a NWU disciplinary level (Annexure B – CoPAI, SOP, Final Draft, 31 May 2022). It is imperative that educational and remedial intentions be emphasised and applied throughout the implementation of the SOP. At the same time, the SOP should serve as an unambiguous and practical guideline for employees of the NWU with aligned structures and processes between role players in faculties and schools.

Acceptance of a Standardised Academic Integrity approach

- The approach followed in the development of this SOP was based on consideration of attributes, advantages, and disadvantages of a *Standardised Academic Integrity* approach versus a lecturer-based academic integrity approach. The decision to support one of the options was considered as crucial as it impacted on development of the SOP. For a comparative review of the two approaches please see Annexure B.

- The SOP was developed primarily following the *Standardised Academic Integrity* approach with elements of a lecturer-based approach incorporated.
- A *Standardised Academic Integrity* approach has the benefits of ensuring consistency in the application of the NWU Policy on Academic Integrity within schools and faculties, and across support departments, providing for efficacious training opportunities, ensuring improved quality control, and representation of faculty interest in Academic Integrity matters. The standardised approach also ensures that only matters related to suspected integrity transgressions are properly dealt with, that the procedural and administrative burden on individual lecturers is alleviated, and that transparency, objectivity, and procedural fairness are promoted. It furthermore assists in alleviating interpersonal conflict between lecturer and transgressing students, ensures standardised record keeping, and provides for a central point of contact between external role players, faculties, and schools. In addition, the proposed Faculty Academic Integrity Committee (FAIC) will act as the complainant on behalf of the faculty/school in the matter, and a single line of reporting to the faculty and school management is established ensuring coherence and consistency. Furthermore, the proposed Faculty Academic Integrity Review Committee (FAIRC) renders an oversight function to ensure that reported transgressions and FAIC decisions are dealt with in a fair and transparent manner.
- This *Standardised Academic Integrity* approach addresses various measures, actions and role players in the teaching and learning environment on institutional, school and faculty level to deal with alleged academic misconduct. At the same time, it also allows for addressing the various categories (Category 1 to 4) of alleged instances of plagiarism (Policy on Academic Integrity, 2021) and PAWP, and provides for clear guidance which procedures and processes deemed appropriate to investigate and manage these misbehaviours of students.

8. CATEGORIES OF ALLEGED INSTANCES OF PAWP AND ACADEMIC MISCONDUCT

With any alleged academic misconduct committed by a student, the lecturer (or FAIC and FAIRC as needed) should determine and decide what type of academic misconduct occurred with proper categorisation. The categories, from Poor Academic Writing Practices (PAWP) to Category 4, are characterised by increasing levels of severity or seriousness of the alleged transgression. PAWP is not yet a transgression, while Category 1 is less severe and Category 4 the most severe.

A possible transgression can be identified by the lecturer as PAWP (not an offense) or any other possible form of ACADEMIC MISCONDUCT (as a transgression). If a possible transgression is identified as academic misconduct, it will be referred to FAIC who must ensure it is categorised correctly so that the transgression can be dealt with immediately within the category's procedures. The process does not necessarily have to start at the PAWP category and then escalate to the different categories. The transgression is reported and dealt with depending on the type and category of the academic misconduct that is suspected by the lecturer and FAIC.

PAWP, in the context of academic misconduct, is normally related to issues regarding plagiarism (intentional and/or unintentional), but not necessarily restricted to it. As contained

in Annexure 3 of the *Policy on Academic Integrity* (2021) the first category of alleged instances of *plagiarism* is described as PAWP:

> *Poor academic writing practices (PAWP)* is understood to involve possible collaboration or poor citation practices in which evidence is obvious that (i) the researcher/student did not appreciate the rules for academic writing or (ii) where the extent of the copied material is considered to be of minor impact or slight copying.

PAWP is not understood as an academic integrity offense but as an indication that the student needs more knowledge, training, and skills to write in an academically acceptable way with the needed source integration techniques: e.g., in-text citations, paraphrasing, proper quotations, and complete referencing list. This transgression is therefore not further categorised as a category 1 to 4 offense. This is only the case with academic misconduct offenses.

ACADEMIC MISCONDUCT in Teaching and Learning practices can involve plagiarism, fabrication, falsification, summative (examination) cheating, and any other unlawful and academic cheating that is in contravention of the *NWU Academic Integrity Policy* (e.g., as provided in the list above at point 5) and the NWU values These types of academic misconduct can include but are not limited to: plagiarism, self-plagiarism, text-lifting, collaboration or collusion, falsification, fabrication, sabotage, impersonating, contract cheating, exam transgressions and cheating. In categorising these transgressions, the *Academic Integrity Policy* explicates the different categories for plagiarism, and this can serve as an example for other transgressions.

As contained in Annexure 3 of the *Policy on Academic Integrity* (2021) the various categories of alleged instances of *plagiarism* are:

> *Category 1:* Understood as evidence that is in breach of the conventions of academic writing by presenting the material of others as the researcher's/students/s original work. For example: short blocks (may be as small as two continuing lines) of material (copied text) expressing ideas of concepts taken from the work of others without proper citation.
> *Category 2:* Understood as committed when copied material represents a significant portion of the work. For example: significant or numerous blocks of material or text copied that express ideas or concepts taken from the work of others without proper referencing or adherence to conventions to utilise quotation marks.
> *Category 3:* Also known as a repeat offence. If not in terms of a so-called repeat offence, the investigation needs to point to cheating. The investigation must determine the level of severity regarding instances of copied text or material. The offence is of such nature that a recommendation for possible disciplinary action is made.
> *Category 4:* Committed in instances where a Category 3 offence is substantiated and in which the intent to deceive is clearly demonstrable, of which the sanction by the disciplinary committee may be expulsion of students or dismissal of employees. This offence might typically include some risks to the university.

The procedures for dealing with these transgressions within the specific categories (as described in point 10 below) require that a lecturer should first decide if the suspected transgression is a PAWP transgression or more serious as ACADEMIC MISCONDUCT. A PAWP transgression could mainly refer to poor citation practices associated with poor writing practices as described above. With academic misconduct, Category 1 and 2 transgressions are predominantly more serious plagiarism or other cases, while Category 3 and 4 will typically

be reserved for more serious cases of academic misconduct (like cheating, falsification, and fabrication), but also for severe cases of plagiarism. Category 3 also typically serves for repeat offenders of Category 1 or 2 transgressions. Category 3 and 4 cases will normally be referred to SJS for further investigation. More detail is given below in the discussion of each category.

9. FACULTY-BASED STRUCTURES

The *Standardised Academic Integrity* approach necessitates that each faculty should establish the following faculty-based structures: FAIC and FAIRC.

9.1 Faculty Academic Integrity Committee (FAIC)

Responsible	Accountable	System	Consulted	Informed
Executive Dean	DVC TL	NA	DD TL	DVC TL

All faculties should establish at least one Faculty Academic Integrity Committee (FAIC). Depending on the faculty context (size and shape), the extent of programmes, and the varying needs in faculties, more than one FAIC can be established. For example, school based FAICs could also be established.

FAIC(s) in each faculty should comply with the following:

- There should be a minimum of one FAIC per faculty with a minimum of three members per FAIC.
- There should be a Terms of Reference or revision of an existing committee's ToR adopted in the faculty for the FAIC(s).
- Members of the FAIC should be duly elected and appointed by the Faculty Board within the ToR and mandate.
- Membership should be representative of all sites of delivery (if applicable and possible) – with no less than one (1) member per campus where the faculty (or school) has a footprint (to ensure cross-campus collaboration and quality assurance).
- The chairperson should be a senior academic member (senior lecturer or higher).
- Membership is based on size of faculty (or school) staff component, student numbers, and programmes it serves to ensure efficiency of this committee.
- FAIC should be a sub-structure of the Faculty Board.
- The membership of this committee should be reflected in the Performance Agreement (e.g., 10% of KPA's as Community Engagement) of employees and the reporting line should be to the Faculty Board.

9.2 Faculty Academic Integrity Review Committee (FAIRC)

Responsible	Accountable	System	Consulted	Informed
Executive Dean	DVC TL	NA	DD TL	DVC TL

All faculties should establish a Faculty Academic Integrity Review Committee (FAIRC).

The following applies for FAIRC:

- Adoption of Terms of Reference or revision of an existing committee's ToR.

- This committee shall only constitute when reviews are required.
- This Committee should consist of a minimum of three senior academic staff members:
    - chaired by a member of the Faculty Management Committee, as designated by the Executive Dean,
    - a T&L Committee member should have representation on the FAIRC.
- FAIC members are not permitted to serve on the FAIRC or vice versa.
- FAIRC is a substructure of the Faculty Board, elected, or appointed by the Faculty Board and with clear terms of reference and mandate. The reporting line is to the Faculty Board.
- The membership of this committee should be reflected in the Performance Agreement of employees (e.g., 10% of KPA's as Community Engagement).

10. PROCEDURES

The *Standardised Academic Integrity* approach resulted in the involvement of various role players and utilisation of several faculty and institutional structures with the aim of the optimal implementation of the Policy. The following procedures were therefore developed to address the various categories of alleged instances of academic misconduct. These procedures include Poor Academic Writing Practices, Category 1, 2, 3 and 4 transgressions under the following headings:

- Preventative Measures
- Faculty Processes and Stakeholders
- Institutional disciplinary processes and role-players.

10.1 POOR ACADEMIC WRITING PRACTICES (PAWP)

10.1.1 Preventative Measures

Responsible	Accountable	System	Consulted	Informed
CTL (Institutional) Executive Dean (Faculty level)	DVC TL	NA	DD TL	DVC TL

Poor Academic Writing Practices are dealt with by following preventative measures on institutional and faculty level:

- Institutional Preventative Education regarding academic misconduct is provided through the academic literacy (ALDE) course to all students. This material, as well as continuous self-education material regarding writing practices, academic misconduct, and academic integrity, are available on eFundi as the Preventative Measurements Package (PMP) and is made accessible after the ALDE course.
- A link to the PMP on eFundi must be included in all study guides/MODs.
- Faculty-based educational programmes could be developed as needed and made available on eFundi to inform the specific faculty's students regarding their specific conventions regarding academic integrity, referencing, and referencing style. Provision should be made for formal and continuous self-education, which is faculty specific where needed and applicable, by the specific faculty.

10.1.2 Faculty level: Process and role players

The following should be implemented across, and with consideration of the entire student's life cycle, including all modules, programmes, and qualifications.

10.1.2.1 Identification, reporting, and remedial action of and with suspected transgressions

Responsible	Accountable	System	Consulted	Informed
Lecturer	School Director	AIITSA	FAIC	Student Lecturer

Lecture-based evaluation is taking place and the responsible lecturer (or marking assistant) should identify possible transgressions. The lecturer must consult with the FAIC if uncertainty exists regarding the transgression's classification (type) and or the severity thereof.

- A transgression can, for example, be reckoned as Category 1 to 4 by FAIC and not as PAWP necessarily, where the transgression should be dealt with according to the procedures provided for in the category.
- Where fabrication or falsification is suspected, the matter should not be dealt with under the provisions of the PAWP category, but the processes provided for in Category 3 and 4 must be adhered to.

In instances where Poor Academic Writing Practices (for the first four instances) are identified:

a) The responsible lecturer should assess the extent of the suspected PAWP and decide if it can be reckoned as PAWP or a type of academic misconduct.
b) The PAWP incident should be reported by the responsible lecturer on the Academic Integrity IT System Application (AIITSA) which will automatically
    1) issue a PAWP warning to the student, and
    2) instruct the student to complete the compulsory Academic Integrity Remedial Online Course for PAWP (AIROC-P) within seven (7) days from receiving notice.
    3) If the student has already received a PAWP warning and instruction within the last seven (7) days, he/she will not be expected to do another AIROC-P during this time.
c) The responsible lecturer should correctively grade the assessment (e.g., as per rubric that allots 10-15% to Academic Integrity). Substantive and constructive feedback must be provided to the student regarding concerns and/or inconsistencies as needed. A recommendation should be made to the student to consult with the lecturer as needed.
d) The completion of AIROC-P by the student on eFundi will be automatically captured on the AIITSA and kept on record.
e) Failure to complete the AIROC-P for at least three times escalates this transgression to a Category 1 transgression due to *non-compliance*. AIITSA will notify the relevant student, lecturer, and FAIC about this transgression. The student will be automatically required by FAIC to do AIROC-1 as a remedial action for a Category 1 transgression (with the option to request a review of the decision).
f) In instances where PAWP are reported for the fifth time, the matter will be automatically elevated to a Category 1 transgression due to *non-adherence*. AIITSA will notify the relevant student, lecturer, and FAIC about this transgression. The student will be

automatically required by FAIC to do FAIW (Face-to-face Academic Integrity Workshop) as a remedial action for a Category 1 transgression (with the option to request a review of the decision)..

Responsible	Accountable	System	Consulted	Informed
Student (AIROC complete)	Student	AIITSA	NA	Student Lecturer

10.1.2.2 Faculty Academic Integrity Committee (FAIC)

In instances where PAWP are identified no involvement of the FAIC is required (except when a student received a fifth PAWP referral). FAIC should only be consulted by the lecturer where uncertainty exists about the academic integrity evaluation of the assessment.

10.1.2.3 Faculty Academic Integrity Review Committee (FAIRC)

There is no faculty-based review process available for the PAWP process.

10.1.3 Institutional disciplinary level: Processes and Role-players

There should be no SJS involvement in this PAWP category. If a matter is deemed sufficiently serious to warrant referral to Student Judicial Services (SJS), the transgression category must be reconsidered. If the reconsideration confirms that the transgression can be categorised as PAWP, then again, no SJS referral should take place.

10.2 CATEGORY 1 AND 2

10.2.1 Preventative Measures

The same preventative measures (PMP) apply here as with the PAWP category.

10.2.2 Faculty level: Process and Role Players

The following should be implemented across, and with consideration of the entire student's life cycle, including all modules, programmes, and qualifications.

10.2.2.1 Identification and reporting of suspected transgressions

Responsible	Accountable	System	Consulted	Informed
Lecturer	FAIC	AIITSA	School director if needed	Student Lecturer

The responsible lecturer (or marking assistant) should:

a) identify the possible transgression and report the matter to the FAIC on AIITSA within ten (10) days from submission of the suspected transgression,
b) upload the assessment of the student in question (or provide a link to it),
c) withheld the mark/grade until the remedial action is completed,
d) wait for further instructions from FAIC.

The student will be informed of the referral of the matter by the lecturer to FAIC through AIITSA. The referral will be recorded by AIITSA. The student will receive further instructions from FAIC through AIITSA, as well as the option to ask for a review from FAIRC, depending on the decision of FAIC.

10.2.2.2 Faculty Academic Integrity Committee (FAIC)

Responsible	Accountable	System	Consulted	Informed
FAIC	Executive Dean	AIITSA	NA	NA

FAIC should evaluate the assessment submission to determine

- whether the suspicion/concern is valid,
- the extent of the transgression, and
- the potential category of transgression based on Annexure 3 of the AI Policy.

FAIC should consider previous transgression(s) on record and advise on appropriate or prescribed processes which should be followed. Upon confirmation of the suspicion or concern FAIC should:

- propose appropriate remedial action in consultation (as needed) with the relevant reporting lecturer, and/or the relevant subject group leader, and/or the director.
- Provide feedback to the referring lecturer within seven (7) days from date of referral.
- capture on AIITSA the outcome of the academic integrity evaluation, the prescribed remedial action and process and the outcome of the processes, upon adherence /non-adherence to the remedial process.

Where fabrication and falsification (and other more serious forms of academic misconduct) are reported it should not be dealt with by FAIC under Category 1 and/or 2 but referred to Category 3 and 4 processes as per Annexure 3 of the Policy.

Flowchart of the tasks and role of FAIC:

START: Chair of FAIC will receive referral from lecturer about possible academic misconduct by the student (email through AIITSA).
CHAIR must appoint an evaluator to evaluate the case. This must be done within 24 hours.

- Evaluator must be a member of FAIC. It can be the chair or the lecturer.
- Evaluator cannot be the lecturer who reported the incident (if the lecturer is part of FAIC).

EVALUATOR must first:

- Evaluate the validity of the alleged academic misconduct as reported by the lecturer (report of lecturer on AIITSA)
- Scrutinise the submitted assessment of the student (attached to lecturer's report or via the link provided)
- Keep previous transgression of the student in mind with evaluation of this case (AIITSA provide this record with report of the lecturer)

EVALUATOR must then DECIDE (with consultation with FAIC members if needed; and complete the online AIITSA report within 4 working days since his/her appointment as evaluator):

1) To CONFIRM the lecturer's finding, regarding
    i. the type and category level of the transgression
    ii. the category level but change the type of transgression.
    iii. With these confirmations remedial actions will be implemented and the student (and lecturer) will be informed through AIITSA.
2) To DISMISS the lecturer's finding, and
    i. the case is closed
    ii. the student and lecturer will be informed through AIITSA.
3) To CHANGE the lecturer's finding of the transgression
    i. to PAWP, or
    ii. to a different category transgression (e.g., Category 3).
    iii. Remedial actions to be implemented for PAWP or Category 1-2 transgression. Referral to SJS will follow with the change to a Category 3-4 offense. The student and lecturer will be informed through AIITSA.

CHAIR must confirm the finding of the evaluator on AIITSA.

10.2.2.3 Faculty-based remedial action with a first transgression

When a ***first transgression*** is reported by the lecturer, the following procedures should be followed by FAIC, the lecturer and the student:

a) FAIC should confirm the transgression and issue a warning, and this must be recorded on AIITSA. This warning should contain the finding and a description of the transgression committed. It should also state that it constitutes a first transgression, and that remedial action is required. It must also inform the student of the option and procedure to request a review of FAIC's decision.
b) FAIC should inform the student (through AIITSA) that a compulsory Academic Integrity Remedial Online Course on Level 1 (AIROC-1) should be completed (within 7 days from when notice is given) and proof of the completion of the course submitted to the FAIC (automatically through AIITSA).
    i. If no previous AIROC-P was done by the student before, this needs to be completed as well.
    ii. If the student is still busy with an AIROC-1 (he/she received notice within the last 7 days for another transgression), the student will be afforded the time to complete that AIROC-1 first. Only a warning will be issued to the student and the lecturer can cap the mark at 50% (as described at point e below).
c) FAIC should add an official note to the Student Record Card (through AIITSA) regarding the transgression and the actions taken.
d) Resubmission of student assignments should be afforded (within 7 days), but with the resubmission the student can only correct the transgression or inconsistencies (e.g., adding of references, rephrasing of lifted material) and not alter or improve substantive content.
e) The mark allocated for the resubmitted work should not exceed 50% of the total assessment mark. In other words: The new mark must be capped at 50% of the assessment mark which implies that the highest attainable mark is 50%.

f) The adjusted mark should only be released upon the completion of the remedial action required such as resubmission and proof of attendance of the AIROC-1.
g) A mark of zero (0) is awarded if prescribed remedial action (resubmission and completion of AIROC-1) is not adhered to or where the necessary proof is not provided.

10.2.2.4 Faculty-based remedial action with a second transgression

On the reporting of a ***second transgression***, the following procedures should be followed:

a) FAIC should confirm the transgression and issue a warning, and this must be recorded on AIITSA. The warning should contain the finding and a description of the transgression committed. It should also state that it constitutes a second transgression, and that remedial action is required. It must also inform the student of the option and procedure to request a review of FAIC's decision.
b) FAIC should inform the student (through AIITSA) that a compulsory Face-to-face Academic Integrity Workshop (FAIW) should be completed at the Writing Centre (within 7 days from when warning is given), and proof of completion of FAIW should be submitted to FAIC (through AIITSA).
c) FAIC should add an official note to the Student Record Card (through AIITSA) regarding the transgression and the actions taken.
d) A mark of zero (0) to be awarded by the lecturer.

In instances where a third transgression is recorded no jurisdiction is allowed for FAIC to deal with this under Category 1 or 2 transgression and the matter must be escalated to a Category 3 process.

10.2.2.5. Faculty Academic Integrity Review Committee (FAIRC)

Responsible	Accountable	System	Consulted	Informed
FAIRC	Executive Dean	AIITSA	NA	NA

In instances where a first or second transgression review is required, a written request for such a review must be lodged (by the student) to the FAIRC within seven (7) days from the date when the warning was issued to the student. The motivation should be between 100 and 150 words in length and ignorance cannot be a motivation for review.

FAIRC should consider the written request for review within seven (7) days from the date on which the request was lodged. FAIRC should consider the following:

- the report by lecturer,
- the report by FAIC,
- adherence to procedural fairness,
- justification of remedial action imposed and
- the merit of the request.

FAIRC should decide if the case is upheld, dismissed, or to be referred to SJS as another category of transgression. The decision of FAIRC is final, and the outcome of the review

should be captured on AIITSA. There is no authority for reviews of third transgressions by FAIRC. With a third transgression the matter escalates to Category 3 transgression.

Flowchart of the tasks and role of FAIRC:

START: Chair of FAIRC will receive a review request from the student (email through AIITSA). CHAIR must appoint an evaluator to evaluate the case. This must be done within 3 working days.

- Evaluator must be a member of FAIRC. It can be the chair.
- Evaluator cannot be a FAIC member or the lecturer who reported the incident (if the lecturer is part of FAIRC).

EVALUATOR must first evaluate the motivation for the review request, and decide then to:

1) REJECT the motivation to review (e.g., ignorance given as motivation is not acceptable). The case if now referred back to FAIC and their findings stand. The student, lecturer and FAIC will be informed through AIITSA.
2) ACCEPT the motivation to review. The evaluator must now:
   - Evaluate the validity of the alleged academic misconduct as reported by FAIC (report of lecturer and FAIC on AIITSA)
   - Scrutinise the submitted assessment of the student (attached to lecturer's report or via the link provided)
   - Keep previous transgression of the student in mind with evaluation of this case (AIITSA provide this record with report of the lecturer)

EVALUATOR must then DECIDE (with consultation with FAIRC members if needed; and complete the online AIITSA report within 4 working days since his/her appointment as evaluator):

1) To CONFIRM the finding of FAIC, regarding
   iv. the type and category level of the transgression
   v. the category level but change the type of transgression.
   vi. With these confirmations remedial actions will be implemented and the student, lecturer, and FAIC will be informed through AIITSA.
2) To DISMISS the finding of FAIC, and
   i. the case is closed
   ii. the student and lecturer will be informed through AIITSA.
3) To CHANGE the finding of FAIC of the transgression
   i. to PAWP, or
   ii. to a different category transgression (e.g., Category 3).
   iii. Remedial actions to be implemented for PAWP or Category 1-2 transgression. Referral to SJS will follow with the change to a Category 3-4 offense. The student and lecturer will be informed through AIITSA.

CHAIR must confirm the finding of the evaluator on AIITSA.

10.2.3 Institutional disciplinary level: Processes and Role-players

10.2.3.1 Reporting to Student Judicial Services (SJS)

Where a third transgression is recorded the matter should be reported to SJS as per prescribed manner and documentation. The referral documentation should include a report

from the FAIC and if any, the FAIRC reports and evidentiary material (Turnitin report, sources, etc.). SJS should place blocks on applicable module marks until the outcome of the investigation is recorded.

10.2.3.2 Investigation by SJS

Following a reported incidence to SJS an impartial investigation should take place by SJS. It is the responsibility of SJS to determine the accountability of the matter and to provide feedback to FAIC and advise on the processes to be instituted.

10.2.3.3 Remedial action per relevant policy

Should SJS find the matter to be actionable, the disciplinary process as per policy on student Discipline and institutional Policy on Academic Integrity should be adhered to. The outcome of the investigation should be recorded on AIITSA by SJS.

Should SJS find that the matter is not actionable, the matter should be referred back to the FAIC with instructions on recommended actions or disposal by SJS. The outcome of these deliberations should be recorded on the AIITSA by SJS.

10.3 CATEGORY 3 AND 4

10.3.1 Preventative Measures

The same preventative measures (PMP) apply here as with the PAWP category.

10.3.2 Faculty level: Process and Role Players

The following should be implemented across, and with consideration of the entire student's life cycle, including all modules, programmes, and qualifications.

10.3.2.1 Identification and reporting of suspected transgressions

The responsible lecturer (or marking assistant) should:

a) identify the possible transgression and report the matter to the FAIC on AIITSA within ten (10) days from submission of the suspected transgression,
b) withheld the mark/grade until the remedial action is completed.

The student should be informed of the referral of the matter by the lecturer to the Committee through AIITSA. It will be recorded on AIITSA.

10.3.2.2 Faculty Academic Integrity Committee (FAIC)

In instances where Category 3 and 4 transgressions are reported, FAIC should:

a) evaluate the transgression (e.g., assessment submission) to determine whether the suspicion or concern is valid, the extent of the transgression and the potential category of transgression based on Annexure 3 of the AI Policy.

b) consider any previous Category 1 or 2 transgressions which are on record and sufficient proof of such transgressions should be available.
c) consider other previous transgressions and the appropriate process to be followed, e.g., referral to SJS.
d) issue a warning in relation to previously considered or reported matters where needed.
e) refer the matter to SJS where fabrication, falsification, and summative examination cheating (or other serious academic misconduct instances) are recorded. In these cases, no previous transgression is required to refer it to SJS.
f) provide feedback to the referring lecturer within seven (7) days from date of referral.

In instances where a Category 4 transgression is reported, specific considerations are applicable. FAIC should consider whether the matter is of such concern that it poses a severe risk to the University and will severely undermine the principles of academic integrity. In all cases where the concern is substantial, FAIC must advise and facilitate referral to SJS.

10.3.2.3 Faculty-based remedial action

There is no role for faculty-based remedial action where Category 3 and 4 transgressions are reported, and the matter should be reported to SJS by FAIC.

10.3.2.4 Faculty Academic Integrity Review Committee (FAIRC)

There is no role for faculty-based review authority where Category 3 and 4 transgressions are reported.

10.3.3 Institutional disciplinary level: Processes and Role-players

10.3.3.1 Reporting to Student Judicial Services (SJS

Where a category 3 or 4 transgression is recorded the matter should be reported to SJS as per prescribed manner and documentation. The referral documentation should include a report from the FAIC and if any the FAIRC reports and evidentiary material (Turnitin report, sources, etc.). SJS should place blocks on applicable module marks until the outcome of the investigation is recorded.

10.3.3.2 Investigation by SJS

Following a reported incident to SJS, an impartial investigation should take place by SJS. It is the responsibility of SJS to determine the accountability of the matter and to provide feedback to FAIC and advise on the processes to be instituted.

The lecturer for the relevant module and/or the FAIC representative should be available to testify at a disciplinary hearing if so required.

Should SJS find the matter to be actionable, the disciplinary process as per policy on student Discipline and institutional Policy on Academic Integrity should be adhered to. The outcome of the investigation should be recorded on AIITSA and on the Student Academic Record by SJS.

Should SJS find that the matter is not actionable the matter should be referred to the FAIC with instructions on recommended actions or disposal. The outcome of these deliberations should be recorded on AIITSA by SJS.

11. REFERENCE DOCUMENTS

Sources used for definitions:
Academic Dishonesty Definition and Types | Academic Integrity Tutorial | Northern Illinois University (niu.edu)
Definition of academic misconduct | Plagiarism and Academic Misconduct (cam.ac.uk)
Definitions of Academic Misconduct - Academic Integrity (boisestate.edu)
Types of Academic Misconduct | Students - Wilfrid Laurier University (wlu.ca)

Other sources referred to:
NWU Code of Ethics FINAL 1.1
Behavioural Manual Policy (nwu.ac.za)

12. ADDENDA

NO	DOCUMENT NAME
Annexure A	CTL/UCDG 2021 Year-End Report
Annexure B	CoPAI, SOP, Final Draft, 31 May 2022 Proposed CoPAI SOP Final Draft July 2022 - Google Docs

13. RASCI NOTES

Some indication has been given in the text, e.g.:

Responsible	Accountable	System	Consulted	Informed
FAIC	Executive Dean	AIITSA	NA	NA

Other important RASCI notes (see full document at RACI SOP CoPAI - Google Sheets):

1. The registrar is responsible and accountable for the SOP as a part of the Academic Integrity Policy.
2. Responsibilities of students and lecturers are clearly elaborated on and explained under each category.
3. FAIC and FAIRC's role has also been clarified. The Executive Dean is accountable for these faculty committees.
4. The development of the PMP, AIROC-P and AIROC-1, is the responsibility of the Registrar (with consultation with the DVC TL). Maintenance of these will be the responsibility of CTL with the DVC TL as the accountable person.
5. The development of AIITSA is the responsibility of the Registrar. The operational support and management remain the responsibility of the Registrar which is also the accountable person.
6. The development of FAIW is the responsibility of the Registrar. The operational support and management will be the responsibility of the Writing Centre with the Director of the School of Language the accountable person.

7. The development of continuous professional development (CPD) (for training of staff for using the SOP), is the responsibility of the Registrar (with consultation with the DVC TL). Maintenance, presentation, and management of it will be the responsibility of CTL with the DVC TL as the accountable person.

STANDARD GUIDELINES FOR THE INTEGRATED RESEARCH INTEGRITY MANAGEMENT SYSTEM OF THE NORTH-WEST UNIVERSITY

1 HISTORY

Since 2018 the North-West University (NWU), has managed to build up an effective *research ethics system* that consists of either Faculty Research Ethics Committees (FRECs) for the review of research with a minimal risk and five National Health Research Ethics Council (NHREC) registered RECS for the review of research that involves health or health-related research, animal research, research with vulnerable participants or research that has a greater than minimal risk. A formal research integrity (RI) system was however, still lacking. In the absence of a RI system to handle cases of potential 1) research non-compliance, 2) violation of good research practice and 3) research misconduct, these aspects were handled by the Executive Dean (ED), Deputy-Dean: Research and Innovation (DD: R&I) (in larger Faculties) or the Research Director (RD) but also differed amongst Faculties. As far as possible any potential conflict of interest was managed according to the case at hand. No standard guidelines or SOPs existed to handle these cases. The approach mostly followed was that if the actions of a researcher (academic or postgraduate student) involved potential research non-compliance and/or violation of good research practice, it was handled in the Faculty by the ED of the Faculty or the DD: R&I (in larger Faculties) or the Research Director (RD) or the Chairperson of a Faculty REC or the Head of the Ethics Office. This opened many potential risky areas in the management of breaches/transgressions in research integrity. In the case of potential research misconduct (fabrication, falsification, or plagiarism), or other breaches/transgressions in Responsible Conduct of Research (RCR)/research integrity (RI), the case was escalated to the Deputy Vice-Chancellor: Research and Innovation (DVC: R&I), the Registrar, or the Student Judicial Office should there be enough proof of potential research misconduct or other breaches. It would then be the DVC: R&I, the Registrar, or the Student Judicial Office that would launch a formal investigation into potential research misconduct or breaches in RCR, either going the route of disciplinary or legal action pending the nature of the case.

In 2018 two changes occurred: 1) the appointment of *Deputy Deans* in the five larger Faculties (FEDUC, FEMS, FHS, FHUM, and FNAS), and 2) the NWU approving a "*Policy on Academic Integrity (2018, revised 2021)*". The mentioned policy includes both *teaching-learning* and *research practices*. It provides guidelines on how the office of the Registrar or Student Judicial Office, not the DVC: R&I, will handle a formal internal and external investigation into potential academic (teaching-learning or research) misconduct of an undergraduate or postgraduate student or a staff member. These two changes, as well as an *increase in cases* of research non-compliance, violation of good research practice and research misconduct in Faculties, created a greater awareness of the importance of research integrity (RI) and the need to foster a climate of RCR, as well as the need to find more effective, comprehensive, standard ways to manage RI in the Faculties.

The management of RI was then delegated specifically to the DD: R&I (DD: R&I) in the five larger Faculties (FEDUC, FEMS, FHS, FHUM, and FNAS) but remained the responsibility of the EDs in the three smaller Faculties (FENG, FLAW, and FTHEO). In 2018 the Faculty of Health Sciences (FHS) took the first step to create a greater awareness of RI within the FHS. This was accomplished by presenting several two-hour training sessions in RI on all three campuses to both academics and postgraduate students. Since 2019 RI training became an integral part of the two-day Research Ethics Training course in the FHS with the first morning dedicated to an introduction to RI. Towards the latter part of 2019 it was decided to develop an extensive system called the *Integrated Research Integrity Management System (IRIMS), and its accompanying processes and procedures* during 2020 under the auspices of the DD: R&I and a dedicated Research Integrity Officer (RIO), envisaged to roll out in the FHS during 2021. The role out was completed in 2021 and IRIMS now fully incorporated into the functioning of the FHS. During 2020 a decision was taken by the Registrar and the DVC: R&I to hold back on a similar role out in other Faculties and first sort out potential problems with IRIMS in the FHS. Towards the end of 2021 it was decided to roll out an adjusted IRIMS in 2022 to the rest of the Faculties.

In February 2022 the guidelines and IRIMS SOPs were adjusted and roll out started in earnest in March 2022 and was completed in August 2022 with all the various Faculty Boards accepting and approving IRIMS and senate acknowledging this system in October 2022. Administrative systems to support IRIMS are being set up in all Faculties and continuous training provided to the deanery, RDs, academics, and postgraduate students. Attention is being given to fully integrate the system into the Faculties and staff internalizing the system as their own.

2 PURPOSE OF THESE GUIDELINES

These guidelines provide guidance (see webpage link https://www.nwu.ac.za/irims) to staff and students (undergraduate and postgraduate) on the "*Integrated Research Integrity Management System*" (IRIMS) of a Faculty. It provides an overarching document that will link the various processes and procedures to ensure:

1) The fostering of a climate of *Responsible Conduct of Research* (RCR) through the approved "*Framework for fostering Responsible Conduct of Research*" (See **Annexure A**).
2) The effective *management of potential breaches in RCR/RI* through acts of:

   i) Research non-compliance.

   ii) Violation of good research practice.

   iii) Research misconduct.

   (See IRIMS RI SOPs 1 to 7).
3) The effective management of possible *appeals* processes stemming from assessments on an *intra-faculty level*.

These IRIMS guidelines and accompanying SOPs are formulated with the understanding that *research ethics* and *research integrity* differ as constructs and in processes yet are closely linked. See **Annexure B** for a visual understanding of both these mentioned constructs and how they interlink in the *Tree Metaphor* created by Greeff (2021).

Research Ethics:

Research ethics refers to a set of rules based on specific *ethics principles* and governed by *norms and standards* of conduct for researchers on how research is performed and how it is disseminated (Wallace & Sheldon, 2015:272, Greenwood, 2016:514). These principles as well as norms and standard are reflected in the DoH, 2015 guidelines.

The three principles underlying research ethics:

- Beneficence and non-maleficence.
- Distributional justice (equality).
- Respect for persons (dignity and autonomy).

The eight key norms and standards:

- Relevance and value.
- Scientific integrity.
- Role-player engagement.
- Favourable risk-benefit ratio.
- Fair selection of participants.
- Informed consent.
- Ongoing respect for enrolled participants.
- Research competence and expertise.

Research Integrity:

Research integrity refers to the active adherence to specific *research integrity principles* and *responsibilities* that becomes visible in Responsible Conduct of Research (RCR). The principles and responsibilities are stated in the Singapore Statement for Research Integrity (2010).

The four principles:

- Honesty in all aspects of research.
- Accountability in the conduct of research.
- Professional courtesy and fairness in working with others.
- Good stewardship of research on behalf of others.

The fourteen responsibilities of research integrity:

- Integrity (trustworthiness).
- Adherence to regulations etc.
- Employ appropriate research methods, critical analysis, and report findings fully and objectively.
- Share research findings openly and promptly.
- Take responsibility for authorship. Include all those that should be included and only those who meet the criteria of authorship.
- Acknowledge those who made significant contributions.
- Ensure that peer review is fair, prompt, and rigorous. Respect confidentiality.
- Disclose all conflicts of interest.
- Limit professional comments during public communication to recognised expertise and not personal views.
- Report irresponsible research practices.
- Respond to irresponsible research.
- Create and sustain research environments that encourage integrity.
- Recognize ethical obligations to weigh societal benefits against risks inherent in the research.

3 ABBREVIATIONS AND/OR DEFINITIONS USED IN VARIOUS SOPs

Abbreviation	**Description**
DD: R&I	Deputy Dean: Research and Innovation
ED	Executive Dean
RD	Research Director
SD	School Director
RIO	Research Integrity Officer in the office of the DVC: R&I
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
RCR	Responsible Conduct of Research
Concepts	**Definitions**
Research	Research includes the activities that are aimed at improving knowledge of any discipline through enquiry or systematic investigation. This applies to Research, whether in the public interest or not, or whether the Research is published or not. It refers to all academic Research conducted as part of any academic programme in any subject, including Agricultural Sciences, Earth Sciences, Economic Sciences, Education, Health/Medical Sciences, Humanities, Life Sciences, Mathematical Sciences, Physical Sciences,

	Social Sciences, Theology and Technological and Engineering Sciences. Scientific Research conducted by public or private bodies (regardless of whether the Research is privately or publicly funded). Commercial or industrial Research aimed at developing or improving products or services. Technological development and demonstration (e.g., prototype development, testing, user trials). (Adapted for the ASSAF Draft POPIA Code of Conduct for research, 2022).
Larger Faculties	Faculty of Education (EDUC) Faculty of Economic and Management Sciences (FEMS) Faculty of Health Sciences (FHS) Faculty of Humanities (FHUM) Faculty of Natural and Agricultural Sciences (FNAS)
Smaller Faculties	Faculty of Engineering (FENG) Faculty of Law (FLAW) Faculty of Theology (FTHEO)
Research Ethics	Research ethics refers to a set of rules based on specific *principles* and governed by *norms and standards* of conduct for researchers on how research is performed and how it is disseminated (Wallace & Sheldon, 2015:272, Greenwood, 2016:514).
Research Integrity	The active adherence to specific *research integrity principles* and *responsibilities* that becomes visible in Responsible Conduct of Research (RCR).
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 of a *formal intra-faculty research integrity assessment* (research non-compliance, violation of good research practice or plagiarism) or *preliminary intra-faculty research integrity investigation* (fabrication or falsification) that a researcher has transgressed/potentially transgressed in responsible conduct of research/research integrity based on the mentioned acts.
Academic misconduct	Conducting an act of fraud with intentional deception by a student or an academic.
Non-compliance	Any violation of: • Any institutional and/or REC *policies, procedures* and *regulation* governing human, animal, or environmental research or other types of research practices that might impact society. • 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, animals, or environment. • Affect the safety of society due to other types of research practices. • 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 ("*honest human errors*"). • Misunderstanding or oversight. • Missed deadline for a continuing review (adapted from UCT, 2013).
Serious Non-compliance	An activity that jeopardises: • The safety, rights or welfare of human participants or animals. • The environment. • The integrity of the data during research. Examples include but are not limited to: • Conducting research without Scientific Committee approval. • Conducting research with humans, animals, or the environment without REC approval. • Conducting any other type of research with an indicated risk factor without REC approval. • Not using approved REC documentation. • Using NWU student or staff data for research purposes without the necessary approval from specified structures i.e., RDGC (gatekeeper). • Inadequate training and supervision of researchers (academics and students). • 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 participants' 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 for disciplinary *action*. 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 the related SOP.
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 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 national codes of conduct for researchers and 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. • Self-citing to enhance own research index. • Deliberate misrepresentations in publications. • Expanding unnecessarily the bibliography of a study. • Establishing or intentionally supporting journals that undermine the quality control of research (predatory journals). • Using ghost writers to produce articles. • Incorrectly using university affiliation to gain access to subsidized funding. • Not following "good practice" guidelines in collaborative research.

	• Withholding research results. • Exaggerating the importance and practical applicability of findings. • Misrepresenting research achievements. • Inflating own research image during research assessment within the university or with external bodies or inflating own research profile. • Improper conduct in peer review. • Delaying or inappropriately hampering the work of other researchers (academics or students). • 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.
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, processes, or findings, 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), as well as copying text in various sections of a research report without referencing the earlier use. *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, violation of good research practice, or research misconduct by a researcher (academic or student) as the alleged.
Alleged	The researcher (academic or student) 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 Intra-faculty Research Integrity Assessment	An initial informal intra-faculty research integrity assessment process conducted by the DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) of the Faculty and the RIO linked to the office of the Deputy Vice-Chancellor: Research and Innovation (DVC: R&I) , into the *merits of the allegation* or *formal grounds* of potential 1) research non-compliance, 2) violation of good research practice, or 3) research misconduct before proceeding to the more formal intra-faculty research integrity assessment or preliminary intra-faculty research integrity investigation. The type of conduct will guide the process that follows and which RI SOP to follow.
Formal Intra-faculty Research Integrity Assessment	A formal intra-faculty research integrity assessment process into the allegations of 1) research non-compliance, 2) violation of good research practice, or 3) research misconduct (plagiarism). This process is conducted by the DD: R&I (larger Faculties) or ED (smaller Faculties) of the Faculty, as chairperson, the RIO in the office of the DVC: R&I 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.
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 of the Faculty (in the larger Faculties) or the ED (in the smaller Faculties), as chairperson, the RIO in the office of the DVC: R& I, the appointed Standing Research Integrity Committee (SRIC), and the appointed independent consulting attorney in the legal office when deemed necessary, should the allegation seem to have merit and formal grounds and if it justifies a formal investigation by the office of the Registrar or the student judicial office.
Preliminary Intra-faculty Research Integrity Investigation (Acts of *Fabrication or Falsification*)	A preliminary intra-faculty research integrity investigation into allegations of research misconduct through an act of *fabrication, falsification*. This process is conducted by the DD: R&I (larger Faculties) or ED (smaller Faculties) of the Faculty, as chairperson, the RIO in the office of the DVC: R&I, the appointed Standing Research Integrity Committee (SRIC), as well as specified independent ad hoc members (attorney in the legal

	office 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 (involving People and Culture) or student (involving the student judicial office).

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 or the student judicial office (See the NWU Policy on Academic Integrity, 27 September 2018, revised October 2020).
	
	Or
	
	The process of referring a "defensible" finding of *potential research misconduct* for a *formal investigation into academic misconduct* by the office of the Registrar of the University or the student judicial office (See the *NWU Policy on Academic Integrity, 27 September 2018, revised 2021*). Always with cases of research misconduct (fabrication, falsification, plagiarism) and ccopyright infringement.
	
	However, other cases of serious breaches must also be referred to the office of the Registrar of the student judicial office.
	
	Examples:
	
	• Not obtaining Scientific Committee or Research Ethics Committee approval for any research (academics or students) at the NWU.
	• Using NWU student or staff data for research purposes without the necessary approval from specified structures i.e., RDGC (gatekeeper).
	• Inflating own research image during research assessment within the university or with external bodies.
	• Intentional publication in predatory journals.
	• Acts described in the Staff behavioural manual i.e.:
	  o Any act or behaviour which has an element of dishonesty and/or misappropriation which could cause/causes detriment to the University and/or other person.
	  o Any conduct that negatively affects the integrity, good name and/or public image of the University.
	  o Any violation of any regulation governing human, animal or environmental research or any deviation from the REC approved proposal/protocol.
	  o Insubordination and defying the authority.
	• Any act that caused reputational damage to the Faculty and/or the NWU.

Formal Investigation	The process of an investigation into research misconduct (fabrication, falsification, plagiarism) by the Registrar and people appointed by him/her to conduct the various phases of the investigation or the student judicial office (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 1) research non-compliance and/or violation of good research practice, 2) continuous research non-compliance and/or violation of good research practice or 3) research misconduct is true based on the preponderance of the evidence.
Finding of a Breach in Research Misconduct	A result concluding that an allegation of research misconduct (fabrication, falsification and/or plagiarism) is true based on the preponderance of the evidence.
Research Integrity Officer (RIO)	A person appointed in the office of the DVC: R&I to facilitate research integrity (RI) within the Faculty through various functions, i.e. expanding the development of IRIMS, supporting the development and maintenance of processes, procedure and SOPs related to research integrity on Faculty level, as well as managing RCR/RI within the Faculties through guidance of how to foster a climate of Responsible Conduct of Research (RCR), as well as handling reported breaches/transgressions in RI/RCR. Also acts in an advising capacity to the DVC: R&I, ED, and DD: R&I. The person is not appointed in a research management position to ensure no potential conflict of interest.
Standing Research Integrity Committee (SRIC)	A Standing Research Integrity Committee (SRIC) appointed in the Faculty and consisting of specific members. **In the five larger Faculties:** • Chairperson: DD: R&I. • Research Integrity Officer in the office of the DVC: R&I. • Chairperson of the Faculty Research Ethics Committee (Faculty REC) or if such a person exists within the Faculty, the Head of the Ethics Office. • An elected Research Director in the Faculty (*appointed for three years*). • Secretariat provided by the Faculty (to sign a confidentiality agreement). In cases of *plagiarism* a consulting attorney in the legal office may be included. In cases of *fabrication and falsification* the following independent ad hoc members are included: • Consulting attorney in the legal office. • Two subject experts appropriate to the case at hand. **In the four smaller Faculties:** ***Faculty of Engineering:*** • Chairperson: ED: R&I. • Research Integrity Officer in the office of the DVC: R&I. • Chairperson of the Faculty Research Ethics Committee (Faculty REC). • An elected Research Director in the Faculty (*appointed for three years*). • Secretariat provided by the Faculty (to sign confidentiality agreement). ***Faculty of Law:*** • Chairperson: ED.

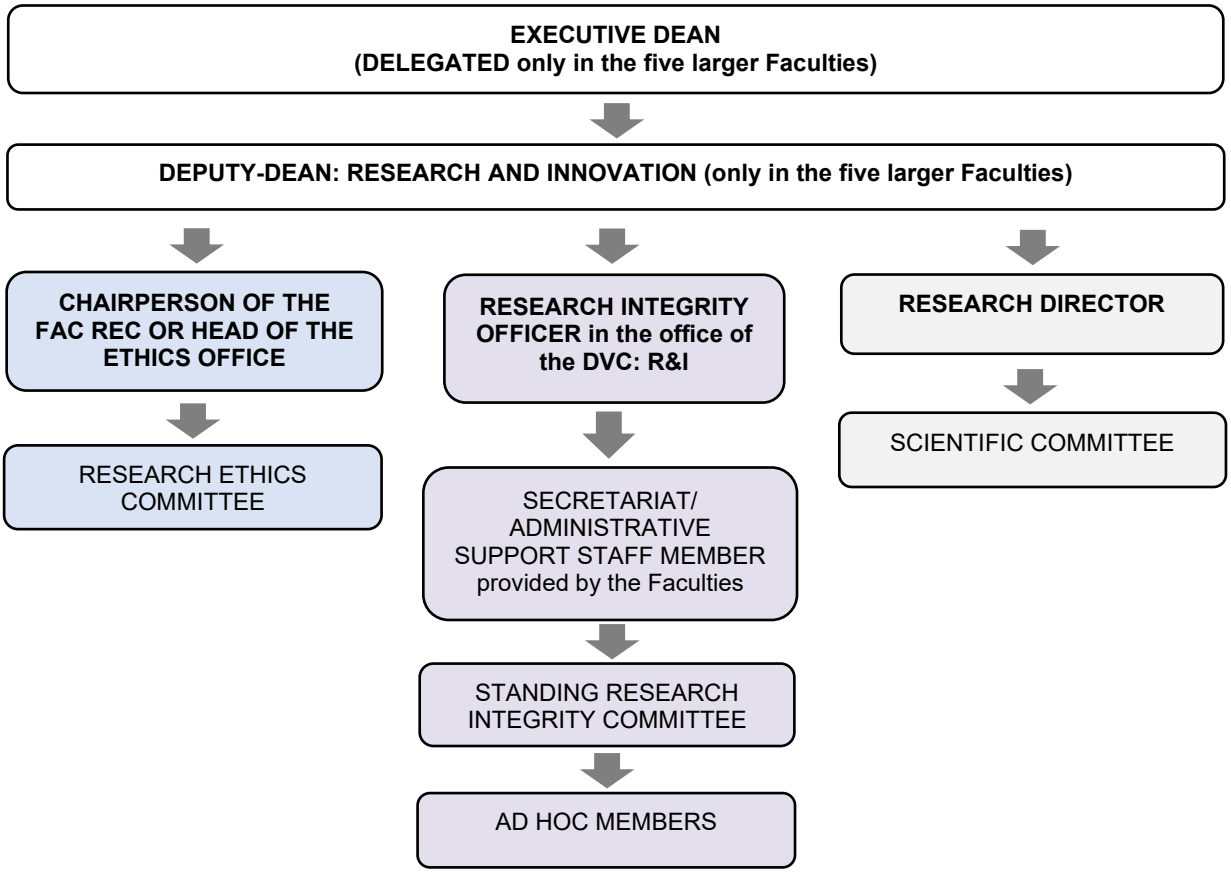
	• Research Integrity Officer (in the office of the DVC: R&I). • Chairperson of the Faculty Research Ethics Committee (Faculty REC). • The Research Director in the Faculty. • The Postgraduate Director. • Secretariat: Provided by the Faculty (to sign confidentiality agreement). ***Faculty of Theology:*** • Chairperson: ED. • Research Integrity Officer in the office of the DVC: R&I. • Research Directors of the research entities in the Faculty. • Secretariat provided by the Faculty (to sign a confidentiality agreement). In cases of *plagiarism* a consulting attorney in the legal office may be included. In cases of *fabrication and falsification* the following independent ad hoc members are included: • Consulting attorney in the legal office. • 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 (larger Faculties) or ED (smaller Faculties) 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 appointed Standing Research Integrity Committee (SRIC) and specific ad hoc members that will differ according to each new case at hand. **Members:** Standing Research Integrity Committee (SRIC). And Ad Hoc Members: • Research Director (RD) (unit in which the alleged resides). • School Director (SD) (school in which the alleged resides). • An independent person (expert on the required research integrity issue at hand).
Restorative Actions	Specific corrective measures under an appointed mentor and time frames prescribed by the DD: R& I (in larger Faculties) or the ED (in smaller Faculties) and the RIO in the office of the DVC: R&I to correct the consequences of a breach in research integrity by the researcher and to prevent future reoccurrences and ensure responsible conduct of research by him/her. The actions expected from the researcher falls within a specific time frame and are aimed at specific research knowledge, skills, and capacity development under the mentorship of an appointed mentor. The approach by the DD: R& I (in larger Faculties) or the ED (in smaller Faculties) and the RIO in the office of the DVC: R&I is supportive, educative, and restorative, with a growth experience as the result. **Note:** Under no circumstances does this include any disciplinary measures.
Mentor	An appropriately knowledgeable and skilled senior person appointed by the DD: R& I (in larger Faculties) or the ED (in smaller Faculties) and the

	RIO in the office of the DVC: R&I to mentor a researcher found in breach of RCR. Mentorship will be for a specific identified period with specific responsibilities expected of the person and regular reporting to the RD.
Appeal	A request lodged by an alleged after an assessment finding of a potential breach in research integrity on an *intra-faculty level*. The request is made to the DD: R&I (FEDUC, FEMS, FHS, FHUM, and FNAS) and the RIO in the office of the DVC: R&I or the ED (FENG, FLAW, and FTHEO) and the RIO in the office of the DVC: 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. **Note:** This does not apply to cases escalated to the Registrar or the student judicial office.
Appeals panel	A group of people empanelled by the ED with the support of the RIO in the office of the DVC: R&I for the purpose of handling a research integrity appeals request. The appeals panel consists of: • Chairperson: ED (for FEDUC, FEMS, FHS, FHUM, and FNAS) or an appointed ED from another Faculty (for FENG, FLAW, and FTHEO). • Research Integrity Officer in the office of the DVC: R&I. • The RD of the research entity in which the alleged resides. • Two independent expert panellists knowledgeable about the specific RI issue at hand. • Secretariat provided by the Faculty.
Integrated Research Integrity Management System	The integrated system used by the Faculty to manage research integrity in such a way that it: 1) Fosters a climate of *Responsible Conduct of Research* (RCR). 2) Effectively manages potential breaches in RCR/RI through acts of: i) Research non-compliance. ii) Violation of good research practice. iii) Research misconduct. 3) Effectively manages possible appeals stemming from research integrity assessments or investigations on an intra-faculty level.

4 SCOPE OF THE GUIDELINES

The responsibility of the execution of the *Integrated Research Integrity Management System* (IRIMS) of the Faculty is vested in the office of the Deputy Dean: Research and Innovation (DD: R&I) as a delegated function of the Executive Dean (ED) in the FEDUC, FEMS, FHS, FHUM, and FNAS and the ED in the FENG, FLAW, and FTHEO. A Research Integrity Officer (RIO) appointed in the office of the Deputy Vice-Chancellor (DVC: R&I) supports the functioning of the system. Two *linked systems* provide the full spectrum of research integrity within the Faculty: 1) the Research Ethics Committee or the Research Ethics Office if such a system exists, as well as 2) the various Scientific Committees in the Faculty.

Figure 1: Organisational structure for research integrity



Overarching IRIMS guidelines.

Various Standard Operating Procedures (SOPs) describe the functioning of the system:

1) SOP_NWU Research Integrity_1. Management of Research Non-compliance and/or Violation of Good Research Practice.
2) SOP_NWU Research Integrity_2. Management of Continuous Research Non-compliance and/or Violation of Good Research Practice.
3) SOP_NWU Research Integrity_3. Management of Research Misconduct.
4) SOP_NWU Research Integrity_4. Management of the Research Integrity Appeals Process.
5) SOP_NWU Research Integrity_5. Management of Plagiarism and/or Copyright Infringement by External Authors.
6) SOP_NWU Research Integrity_6. Management of a Referral Received from the Registrar as a Breach in Research Integrity.
7) SOP_NWU Research Integirty_7. Management of Whistleblowing Pertaining to Research Ethics and Research Integrity.

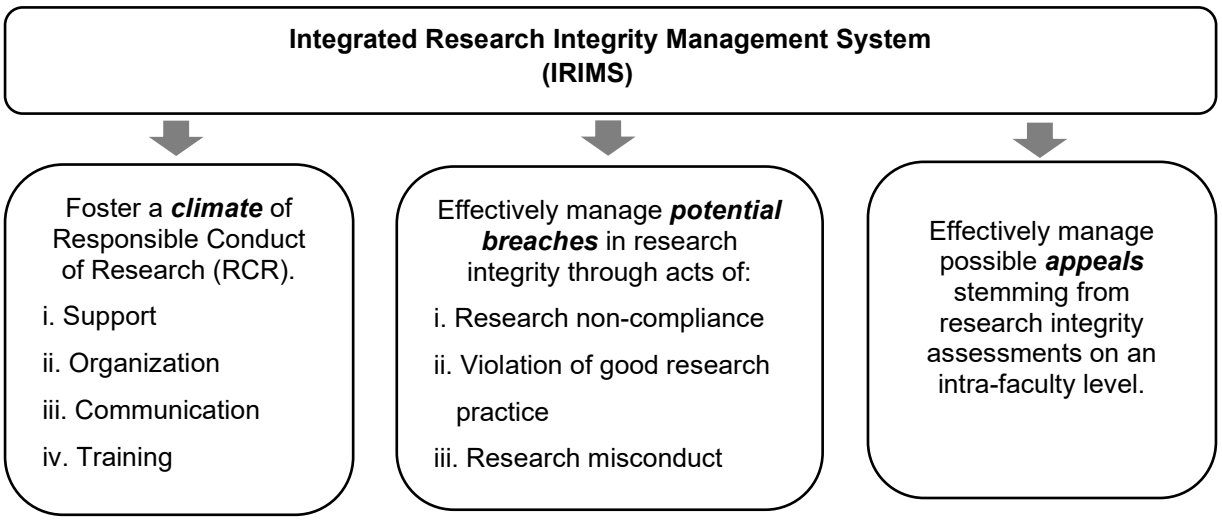
5 RESPONSIBILITIES

The responsibilities of the various role players in each of the processes of the *Integrated Research Integrity Management System (IRIMS)* are clearly spelled out in the various SOPs indicated under section 4.

6 THE INTEGRATED RESEARCH INTEGRITY MANAGEMENT SYSTEM

The Integrated Research Integrity Management System (IRIMS) adopted by the North-West University is built on the belief that such a system should be: 1) conducive to creating and fostering a climate of Responsible Conduct of Research (RCR), but also 2) take full responsibility to act should any researcher (staff or student) fail to follow good research practices that could lead to: a violation of professional responsibilities; damaging the research process; degrading relationships amongst researchers; undermining trust and the credibility of the research; wasting resources; and exposing research participants, users, society or the environment to unnecessary harm.

Figure 2: Integrated research integrity management system



6.1 Fostering a climate of responsible conduct in research

The value and benefits of research are vitally dependent on the integrity of research (Singapore Statement, 2010). The practices of a scientific community should promote confidence and trust in their research findings through Responsible Conduct of Research (RCR). This will become possible if a scientific community builds its practices on sound *ethical and research integrity principles* and adhere to specific accepted *ethical norms and standards* as well as *professional responsibilities.* Both the individual and the institution should accept accountability for this.

The North-West University strives to foster such a climate of RCR through the following actions:

6.1.1 Formulating the principles of research, we will follow

The North-West University adapted the four research integrity principles described in the Singapore Statement on Research Integrity (2010) as supported by the NWU Code of Conduct for Researchers.

- ***Honesty*** in all aspects of research.
- ***Accountability*** in the conduct of research.
- ***Professional courtesy and fairness*** in working with others.
- ***Good stewardship*** of research on behalf of others.

6.1.2 Defining the criteria for proper research behaviour

The behaviour of all researchers (staff and students) is defined by the 14 responsibilities of researchers described in the Singapore Statement on Research Integrity (2010) and the 8 practice guidelines described by the European Code of Conduct (2017).

6.1.3 Maximising the quality and robustness of our research

The Faculty adheres to the Integrated Research Integrity Management System (IRIMS) described in this document. It further maximises the quality and robustness of our research through two further well-managed and linked systems:

1) The *Scientific Committee System* for the review and approval of all future studies (for academics and students) to ensure the quality and integrity of science conducted in the Faculty.
2) The *Research Ethics System* managed by the Chairperson of the Faculty REC or the Head of the Research. The Faculty strives to develop a strong sense of ethical responsibility in each of its researchers.

6.1.4 The framework for fostering a climate of responsible conduct of research

The Faculties have accepted the "*Framework for fostering a climate of Responsible Conduct of Research (RCR)*" indicating the essential ***four areas*** (support, organization, communication, and training) and their accompanying ***15 elements*** (indicated below) to ensure such a climate. It includes the *created environment*, as well as the *everyday practice of research*.

It is believed that effective:

- **Support** (The research environment, research study supervision, and mentoring).
- **Organization** (The research ethics structure, scientific committee structure, IRIMS, data management system and management practices, and fair research assessment practices).
- **Communication** (Research collaboration, declaration of interest, stakeholder/external organization communication, publication and communication, and research ethics and research integrity webpage).
- **Training** (Research ethics and research integrity training to both academics and postgraduate students).

Will

- Prevent.
- Discourage.
- Stop any questionable research practices.

See **Annexure A** for the detail "*Framework for Fostering a Climate of Responsible Conduct of Research*" developed by Greeff (2021, revised 2022).

6.2 Management of potential breaches in research integrity

The NWU strongly believes and supports the notion of an adequate response to any threats to, or violations of, RCR/RI and will not hesitate to do so. *Section 6.2* gives direction on which research integrity SOPs to consult and follow. Each SOP gives a detailed clear layout of the processes and procedures to follow to ensure *consistency* and *transparency* for these processes and procedures.

For purposes of making research integrity manageable, acts of potential breaches/transgressions are placed on a *continuum of seriousness*. Although there is this suggested continuum, the Faculty views all these acts as harmful to maximising the quality and robustness of our research and as such will act appropriately to manage and ameliorate the effects of such acts. However, even if an act is placed on the less serious side of the continuum, with specific standard operating procedures of how to handle it, it may in some instances be justified to immediate escalate it to *disciplinary action involving people and Culture* or even *escalate it to the office of the Registrar (for an academic) or student judicial office (for a student) for a formal investigation.*

Figure 3: Continuum of breaches in responsible conduct of research/research integrity

6.2.1 Structures used in the Integrated Research Integrity Management System

There are *four* important structures that become active in various processes or phases of managing potential breaches in research integrity.

- **The DD: R&I (in the five larger Faculties) or ED (in the three smaller Faculties) and RIO (in the office of the DVC: R&I)**
  For any initial informal intra-faculty assessments.

- **The Standing Research Integrity Committee (SRIC):**
  A Standing Research Integrity Committee (SRIC) appointed in the Faculty and consisting of the following members in the ***larger Faculties*** (FEDUC, FEMS, FHS, and FHUM):
  - Chairperson: DD: R&I (larger Faculties) and ED (smaller Faculties).
  - Research Integrity Officer (in the office of the DVC: R&I).
  - Chairperson of the Faculty REC or the Head of the Ethics Office.
  - An elected Research Director in the Faculty (*appointed for three years*).
  - Secretariat appointed by the Faculty.

  In the case of *plagiarism* an independent consulting attorney in the legal office may be added.

  In cases of *fabrication or falsification* the following independent ad hoc members are included:
  - Consulting attorney in the legal office.

  Note: In the smaller Faculties (FENG, FLAW, and FTHEO) the composition differs as indicated in the definitions section.

- **Empanelled Research Integrity Committee (ERIC):**

  For research non-compliance and/or violation of good research practice, as well as continuous research non-compliance and/or violation of good research practice:

  A research integrity committee specifically empanelled and chaired by the DD: R&I (in the five larger Faculties) or the ED (in the three smaller Faculties) with the support of the RIO (in the office of the DVC: R&I) for a specific formal intra-faculty research integrity assessment of an alleged responsible conduct of research/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).

  And

  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).

Or

For research misconduct (fabrication, falsification, or plagiarism):

A Standing Research Integrity Committee (SRIC) appointed in the Faculty.

And

In cases of *plagiarism* an independent consulting attorney in the legal office may be included.

In cases of *fabrication and falsification* the following independent ad hoc members are included:

- Consulting attorney in the legal office.
- Two subject experts appropriate to the case at hand.

- **Appeals panel:**

  A group of people empanelled by the ED with the support of the RIO in the office of the DVC: R&I for the purpose of handling research integrity appeals request for intra-faculty processes.

  The appeals panel consists of:

  - Chairperson: ED (in the five larger Faculties) or an appointed ED of another Faculty (in the three smaller Faculties to prevent any potential conflict of interest).
  - Research Integrity Officer in the office of the DVC: R&I.
  - The RD of the research entity in which the alleged resides.
  - Two independent expert panellists knowledgeable about the specific RI issue at hand.
  - Secretariat provided by the Faculty.

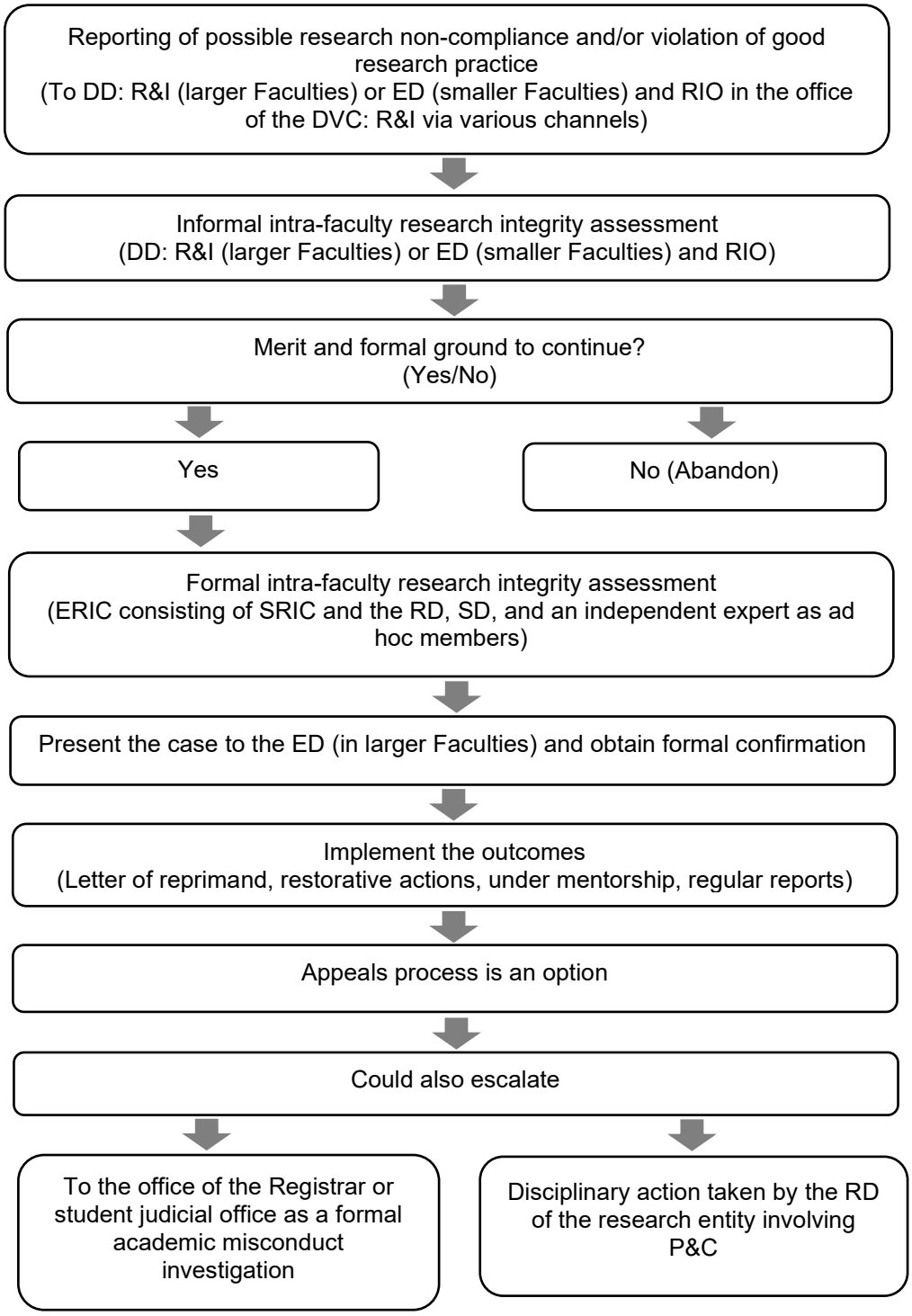
6.2.2 Various forms of breaches in research integrity

The *various processes and procedures* to follow during a potential breach through acts of 1) *research non-compliance and/or violation of good research practice*, 2) *continuous research non-compliance or/or violation of good research practice*, or 3) *research misconduct* (fabrication, falsification, or plagiarism) is displayed separately by only referring to the applicable SOP and providing a flow diagram.

6.2.2.1 Research non-compliance and/or violation of good research practice

Applicable SOP: SOP_NWU Research Integrity_1. Management of Research Non-compliance and/or Violation of Good Research Practice.

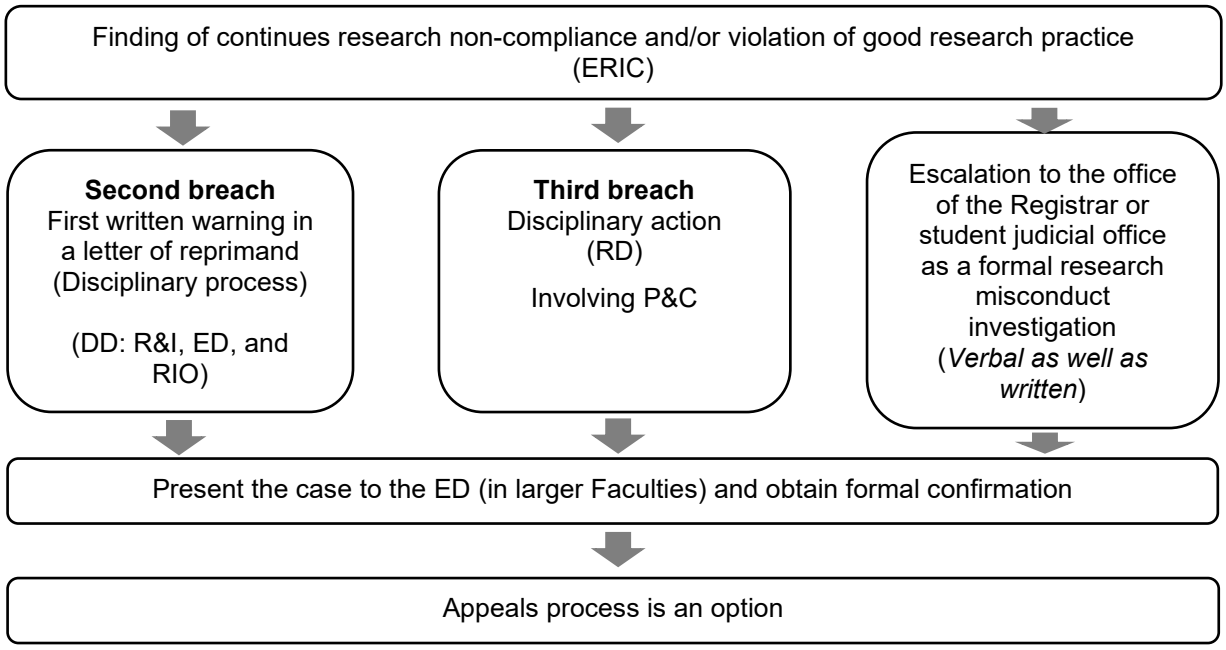
Diagram 1: Processes and procedures for the management of research non-compliance and/or violation of good research practice



6.2.2.2 Continuous research non-compliance and/or violation of good research practice

Applicable SOP: SOP_NWU Research Integrity_2. Management of Continuous Research Non-compliance and/or Violation of Good Research Practice.

Diagram 2: Processes and procedures for the management of continuous research non-compliance and/or violation of good research practice



6.2.2.3 Research misconduct

Applicable SOP: SOP_NWU Research Integrity_3. Management of Research Misconduct.

Diagram 3: Structure for the management of research misconduct

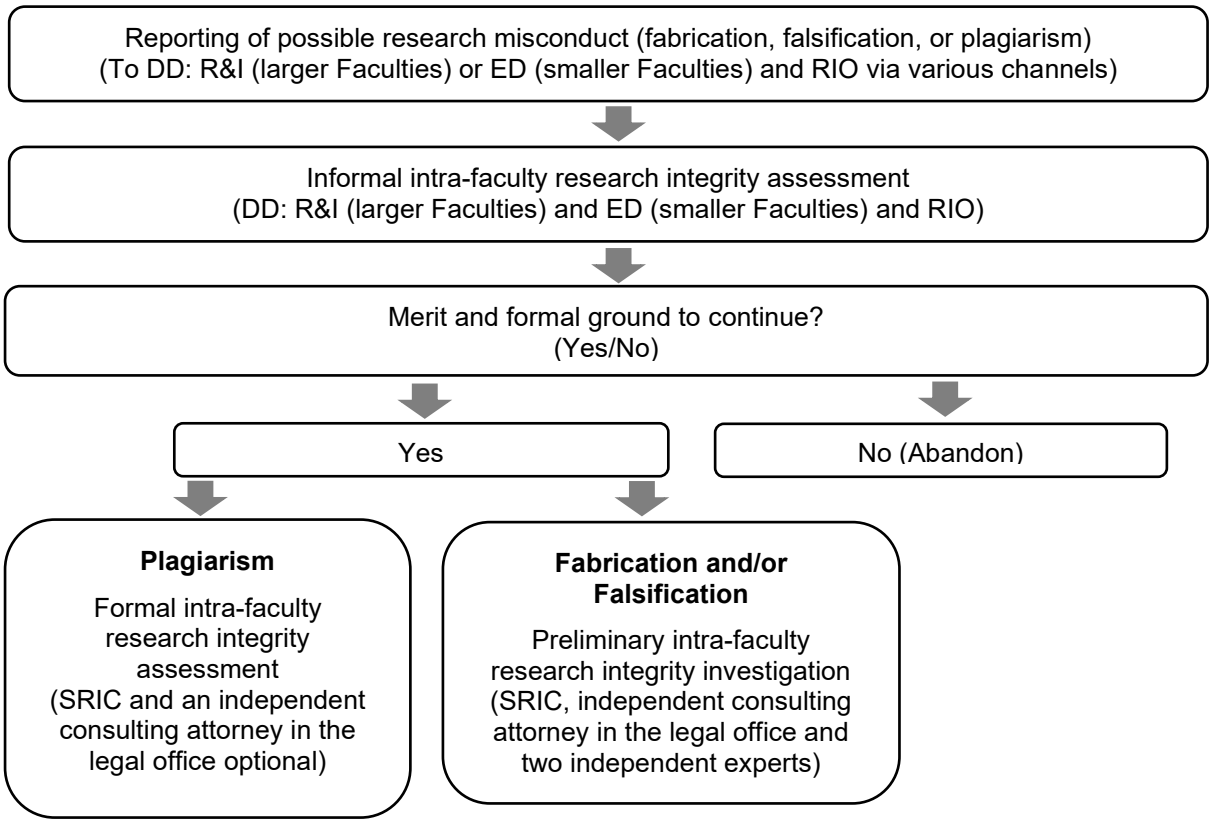


Diagram 3a: Processes and procedures for the management of research misconduct (plagiarism)

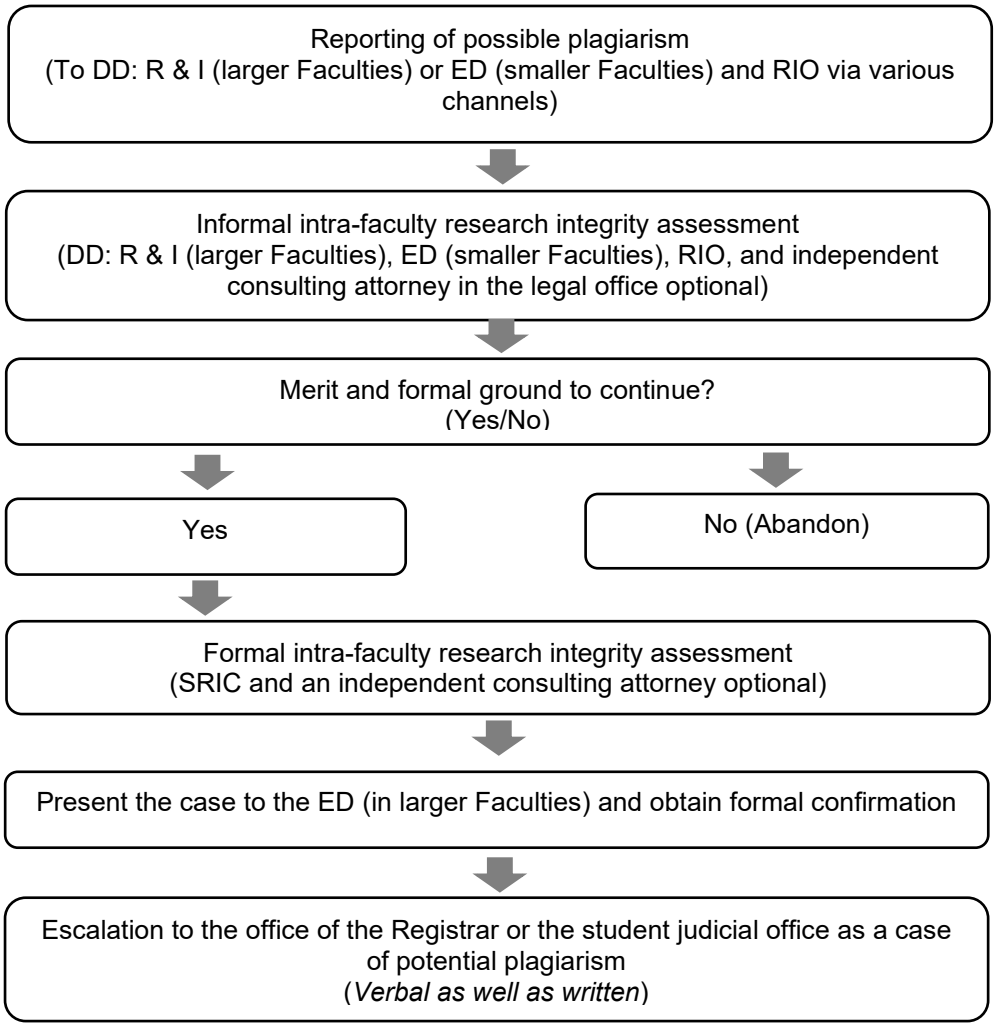
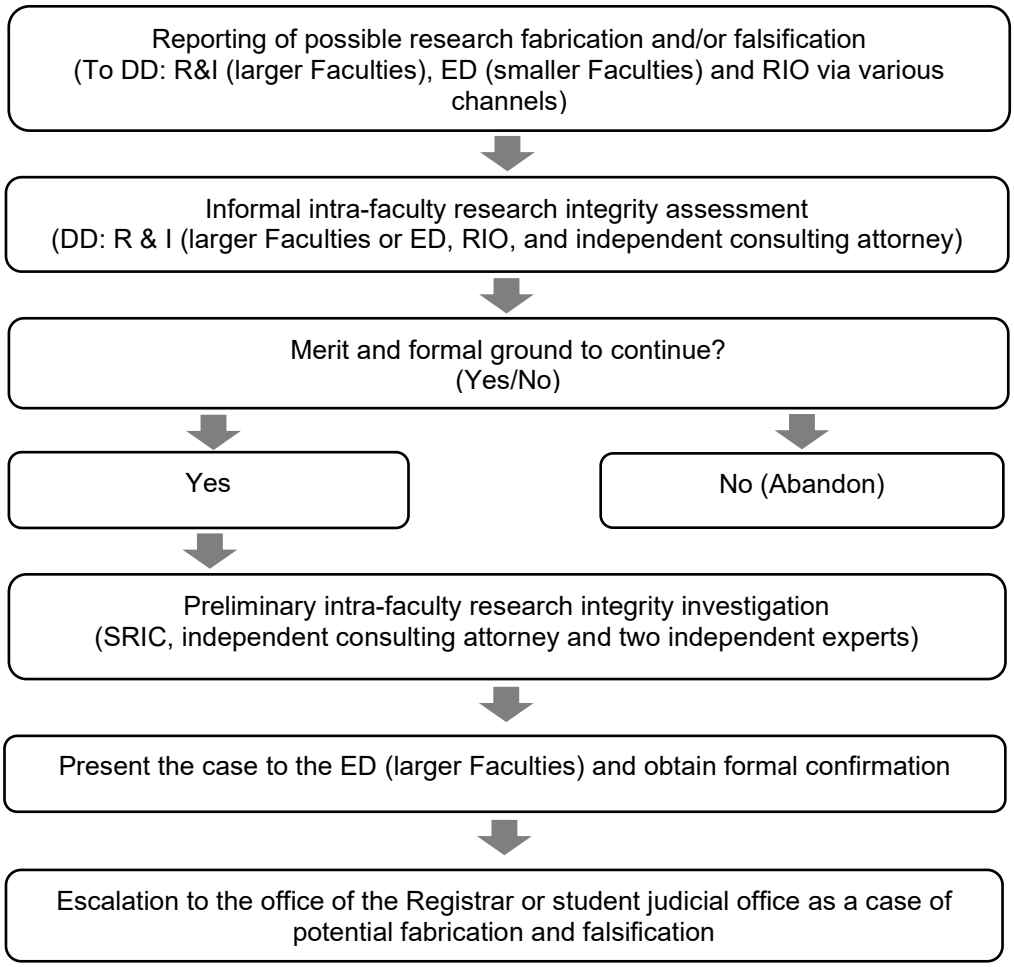


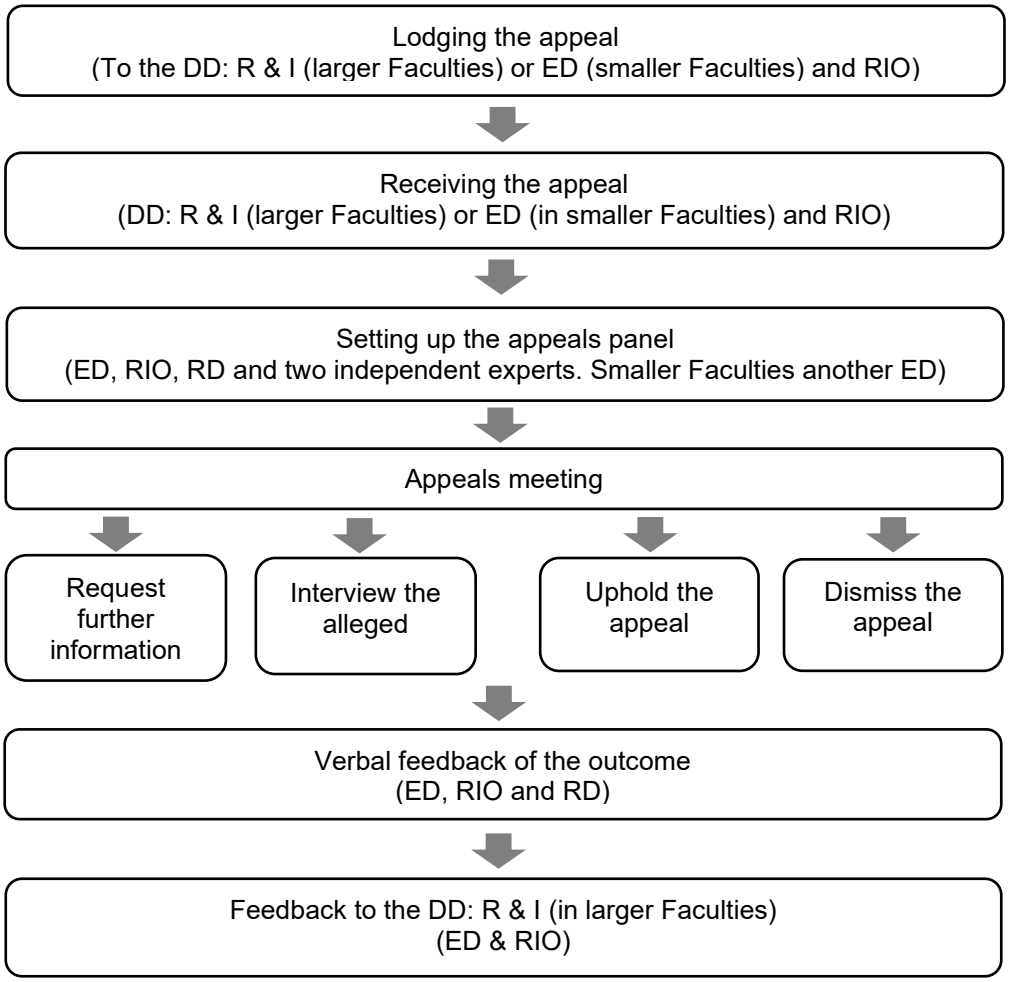
Diagram 3b: Processes and procedures for the management of research misconduct (fabrication and falsification)



6.2.3 Research integrity appeals process

Applicable SOP: SOP_NWU Research Integrity_4. Management of the Research Integrity Appeals Process.

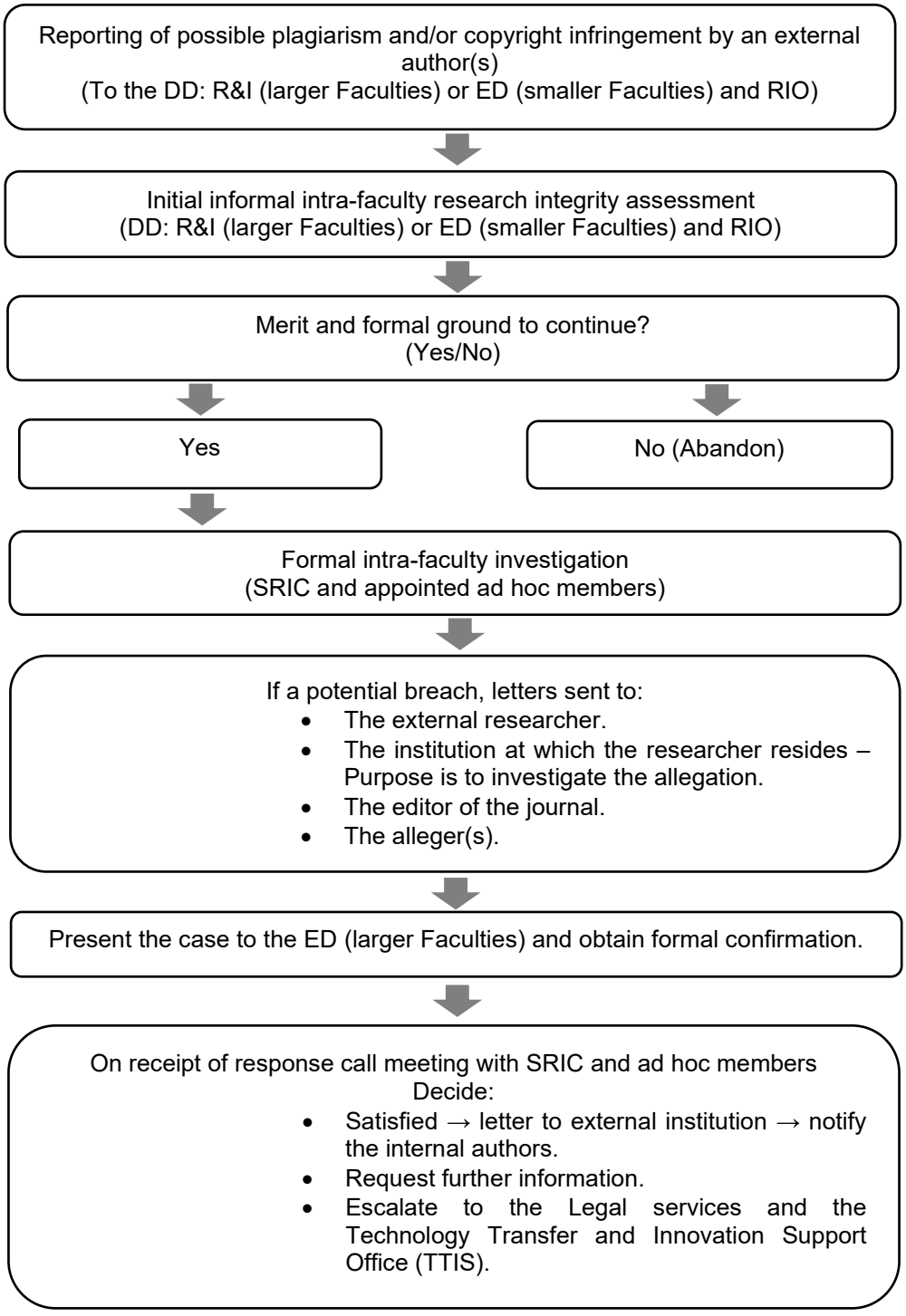
Diagram 4: Processes and procedures for the management of the appeals process



6.2.4 Plagiarism and/or copyright infringement by external authors

Applicable SOP: SOP_NWU Research Integrity_5. Management of Plagiarism and/or Copyright Infringement by External Authors

Diagram 5: Processes and procedures for management of plagiarism and/or copyright infringement by external authors



6.2.5 Referral received from the Registrar

Applicable SOP: SOP_NWU Research Integrity_6. Management of a Referral Received from the Registrar as a Breach in Research Integrity.

Diagram 6: Processes and procedures for managing referrals from the Registrar of an alleged breach in research integrity against an NWU Researcher by an external source

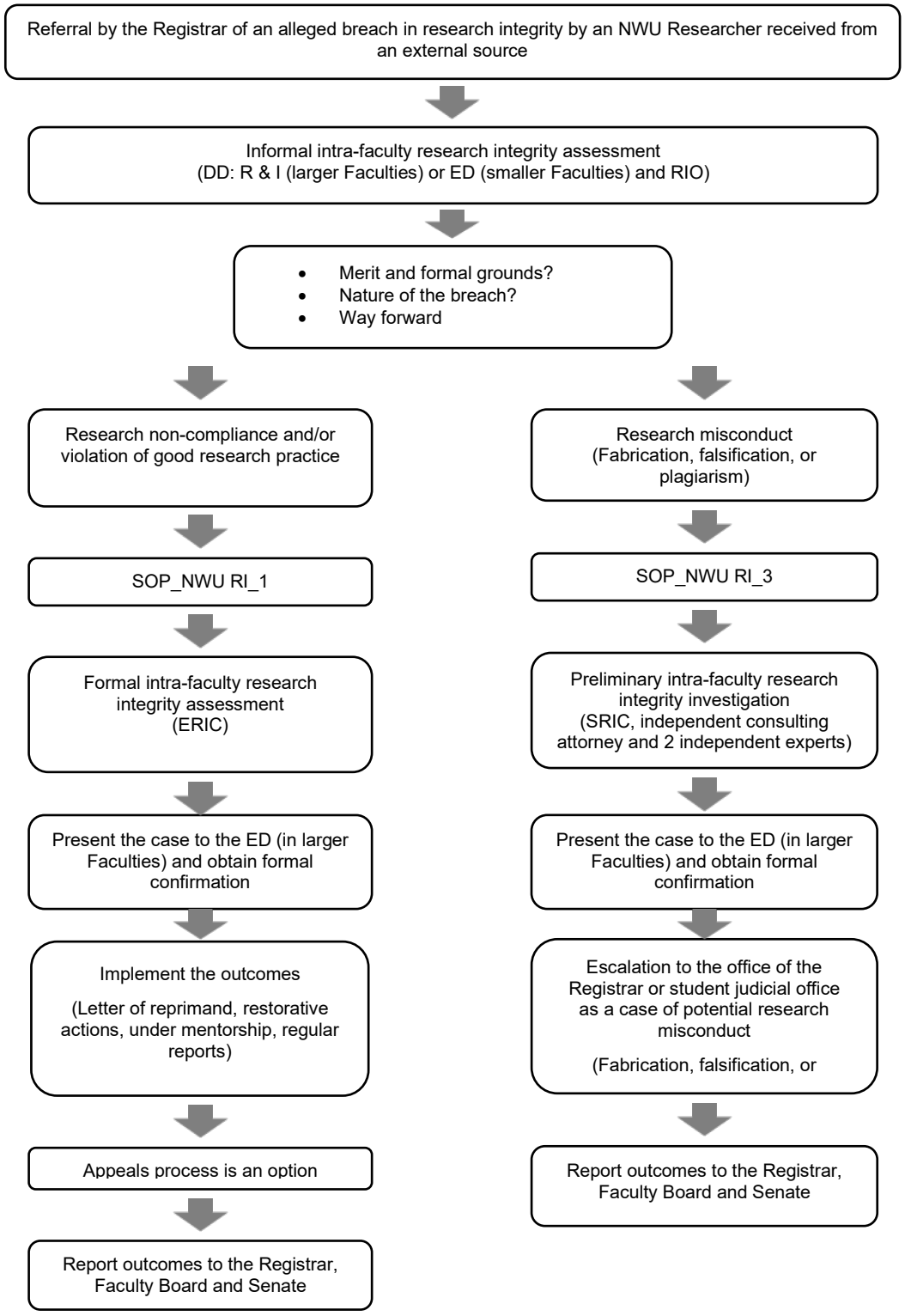
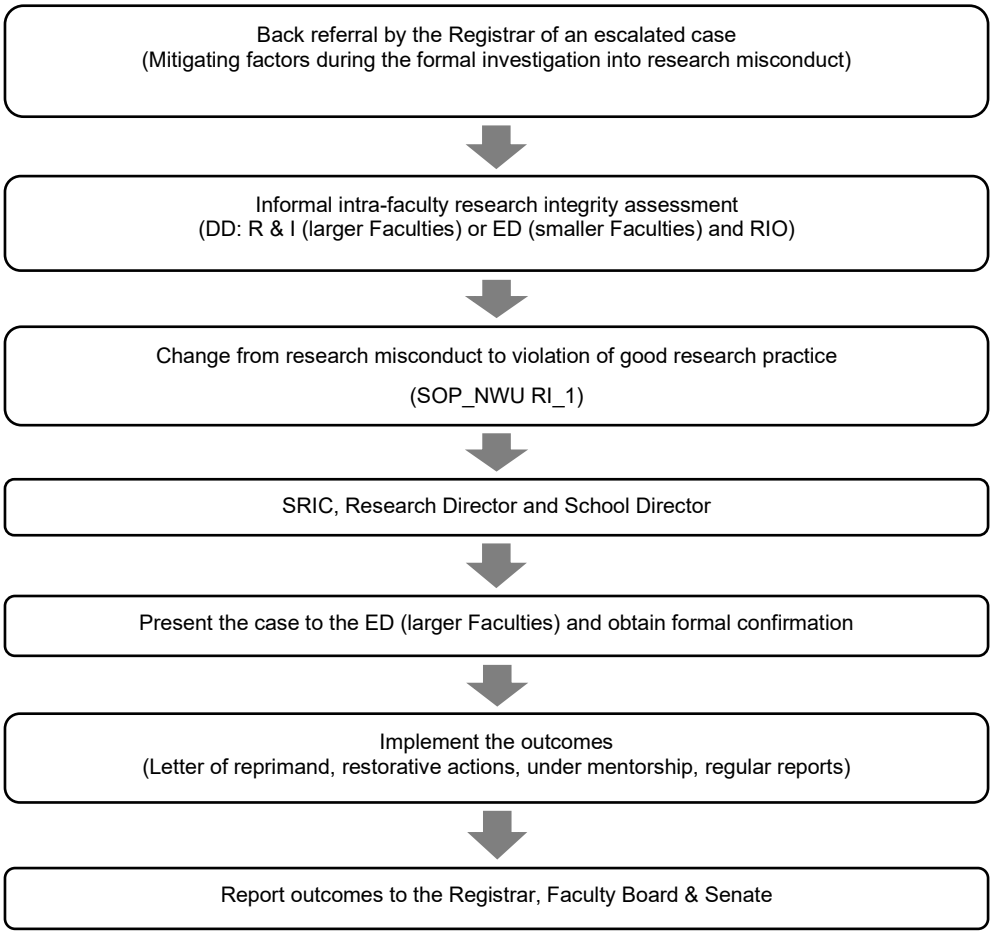


Diagram 7: Processes and procedures for managing a back referral from the Registrar of an escalated research misconduct case



6.2.6 Whistleblowing pertaining to research ethics and research integrity

Applicable SOP: SOP_NWU Research Integrity_7. Management of Whistleblowing pertaining to Research Ethics and Research Integrity

** No flow diagram as it is just another form of reporting. Important however, is the specific form that should be completed.*

7 REFERENCE DOCUMENTS

- The Singapore Statement on Research Integrity, 2010.
- The European Code of Conduct, 2017.
- The National Health Act, No. 61 of 2003.
- Ethics in Health Research: Principles, Processes and Structures (Department of Health, 2015).
- South African National Standard: The Care and Use of Animals for Scientific Purposes (SANS 10386:2008).
- The NWU research ethics policy, 2018.
- The Rules for the Management of Research Ethics at the North-West University, 2018.
- All the SOPs linked to the Ethics Office of the Faculty of Health Sciences for Research, Training and Support.

8 ADDENDA

No	Document name
1	NWU Code of Conduct for Researchers.
2	NWU Policy on Academic Integrity, 2018 revised 2021.
3	SOP_NWU Research Integrity_1. Management of Research Non-compliance and/or Violation of Good Research Practice.
4	SOP_NWU Research Integrity_2. Management of Continuous Research Non-compliance and/or Violation of Good Research Practice.
5	SOP_NWU Research Integrity_3. Management of Research Misconduct.
6	SOP_NWU Research Integrity_4. Management of the Research Integrity Appeals Process.
7	SOP_NWU Research Integrity_5. Management of Plagiarism and/or Copyright Infringement of by External Authors.
8	SOP_NWU Research Integrity_6. Management of a Referral Received from the Registrar a Breach in Research Integrity.
9	SOP_NWU Research Integrity_7. Management of Whistleblowing pertaining to Research Ethics and Research Integrity.

Developed by: Prof Minrie Greeff, February 2022, revised November 2022.

Approved: August 2022 by the Faculty Boards of the Faculties.

Guidelines for the Integrated Research Integrity Management System of the Faculty of Health Sciences, April 2022, revised November 2022.

File reference:

Annexure A:

A FRAMEWORK FOR FOSTERING A CLIMATE OF RESPONSIBLE CONDUCT OF RESEARCH (RCR)

Area	Element
Support	**Research environment:** • Research Director specific management activities: ➢ Culture building. ➢ Diversity issues. ➢ Entity specific education and training. ➢ Fair, transparent, and responsible assessment procedures during 1) task agreements, 3) appointments, and 3) promotions. ➢ Managing competition and publication pressure. ➢ Supporting RCR on and entity level i.e., administrative support, support in generating Turnitin reports and interpretation, critical readers etc. • Faculty consultation services on *research ethics* and *integrity* related matters for researchers.
	Research study supervision: • Clear guidelines for study supervision and postgraduate students i.e., Higher degrees manual and Faculty specific additional guidelines. • Annual study supervisor- postgraduate student contract. • Recording contact sessions and specific session outcomes. • Skills training for study supervision.
	Mentoring: • Postgraduate students. • Young scientists through formal programs. • Ongoing throughout the career of a researcher by appointed long term mentors. • Mentorship on research integrity related matters for researchers after a breach.
Organization	**Research ethics structure:** • Establish and maintain a research ethics structure and clearly described SOPs. • Provide high quality ethics review processes by dedicated Faculty RECs and NHREC registered RECs. • Provide clear review guidelines for REC members and researchers. • Provide training for REC members on review and governance of research ethics. • Provide training for researchers on research ethics and administration.
	Scientific committee structure: • Establish and maintain a scientific committee structure and clearly described SOPs. • Provide high quality scientific review processes by research entity scientific committees. • Provide clear review guidelines for members and researchers. • Provide training for committee members on the review process. • Provide training for researchers on scientific review and administration.
	Integrated Research Integrity Management System (IRIMS): • Foster Responsible Conduct of Research (RCR) practices. ➢ Clear and effective practices to enhance *support, organizational* structures, *communication* and facilitate *training* opportunities for both academics and postgraduate students. • Management of integrity breaches through the offices of the deanery:

	➢ Formalized transparent procedures and processes for both *restorative intra-faculty* processes and *escalated disciplinary* processes. ➢ Appointment of a Standing Research Integrity Committee (SRIC). ➢ Protect whistle-blowers. ➢ Fairly handle those accused of breaches. ➢ Mentorship for breaches handled on an intra-faculty level (restorative actions). ***Intra-faculty:*** • Restorative. • Appeals process. • Intra-faculty disciplinary process moved from IRIMS and involving People & Culture. ***Institutional:*** • Disciplinary or legal. • Registrar (academics) and student judicial office (postgraduate students). • May be referred back to IRIMS in the Faculty.
	Data management system and management practices: • Data management system (infrastructure) for secure data collection, storage, retention, archiving, and sharing. • Data management plan. • Curate and share according to FAIReR principles. (FAIR = findable, accessible, interoperable, reusable, and responsible).
	Fair research assessment practices: • Clear examination guidelines. • Clear peer review guidelines.
Communication	**Research collaboration:** • Establish sound rules for transparent working agreements. • Have MOUs in place. • Have MTAs/DTAs in place for samples or data. • Ensure that collaborators all have practices for protection of personal information in place (POPIA).
	Declaration of interests: • Clear guidance on the university's approach to declaring interest and handling of conflict of interest. • Ensure transparent declarations of interest (financial e.g., funding, personal interests, or professional activities e.g., per review, evaluation, assessment, promotion, and collaboration). • Ensure that conflicts are handled adequately. • Clear guidelines for contract research.
	Stakeholder/external organization communication: • Clear guidelines available on the research integrity processes of the Faculty.
	Publication and communication: • Clear which guidelines for authorship are being used i.e., COPE. • Clear guidelines for publication practices e.g., entity/faculty specific plagiarism guidelines. • Ensure openness and clarity in public engagement. • Base dissemination or public speaking on scientific grounds
	Research ethics and research integrity webpage: • Enhance communication with academics and postgraduate students. • Provide resources on research integrity.
Training	**Research ethics and research integrity training**
	Academics | ***Postgraduate students***

	• Introduction to research ethics (including review and administration). • Introduction to research integrity and Responsible Conduct of Research (RCR). • Research related policies, guidelines, and SOPs National and institutional). • Refresher courses on research methodology. • Moral character development. • Research project planning and management. • Latest trends on plagiarism. • On being a "good" scientist. • Study supervision: How to become an effective study supervisor. • Mentorship: How to be a mentor. • Faculty Research Mentorship Program. • Future Professors' Program for Mid-level Academics. • How to do effective peer review for: ➢ Publications. ➢ Post graduate examination (Guidelines on how to examine). ➢ A scientific committee. ➢ A research ethics committee. ➢ Promotion. ➢ Grant/funding applications. ➢ Appointments. ➢ Etc. • Effective publication practices: ➢ Publication ethics. ➢ Authorship. ➢ Writing for publication. • Data management. • How to engage with the public on sharing research results.	• Introduction to research ethics (including review and administration). • Introduction to research integrity and Responsible Conduct of Research. (RCR). • Research related policies, guidelines, and SOPs (National and institutional). • Introduction to research methodology. • Moral character development. • Research project planning and management. • Plagiarism. • On being a "good" student in research. • Scientific writing skills development.

Greeff, 2021 (revised 2022).

Additional notes on the element "Research environment" (under the first area – Support) referring to management activities for a supportive research environment by specifically the Research Directors:

These notes come from various documents provided in the ***toolkit of sop4ri.eu****.*

1. Culture building

Research culture encompasses the *behaviours, values, expectations, attitudes,* and *norms* of our research communities.

Culture building thus refers to community building for *positive research* where the environment is *collaborative, positive, inclusive,* and *enriching* by focussing on *inclusivity, support, performance management and well-being.*

Culture building further focusses on *inclusive excellence*. On how you can *promote the cultural conditions* that will best enable excellent research and researchers in your faculty or entity and

elsewhere to flourish in the future. The focus is on the *assessment of research and researchers, researcher career development,* and *open science*

Five common themes of culture building (1):

1.1 Recognition and Esteem

Current measures of recognition and esteem in the academic environment are disproportionately based on *quantitative metrics* such as *grant income; citation counts* and the *impact factor of the journals* in which they published.

1.2 Setting Culture

"Cultures are not set by policy statements or by distributing a leaflet, but through the people with whom we meet in thousands of seemingly insignificant interactions on perfectly ordinary days. We should all ask ourselves whether we display the characteristics that we value and want to see embedded within the cultures in which we work. Some people are more visible than others, but none of us are invisible and we all have a part to play in developing an inclusive and supportive research culture for all."

(Professor Tom Welton OBE).

1.3 A Culture of Mobility

Mobility refers to the ability of individuals in the research community to *move between roles and careers*.

1.4 Open Science

Open science encompasses research that is *accessible to all*, as discussed in the Royal Society's previous report. Science as an open enterprise. This includes making *research papers available at zero cost* to the reader. Openness also requires ways of enabling the public and other *non-academic audiences such as decision-makers, to understand and engage with research*.

1.5 Fostering Scientific Leadership

Leading scientists are described in terms of individuals *pushing the boundaries* of research in academia and industry.

By contrast, *scientific leaders* of research groups, programmes and institutions are identified as having a *responsibility to advocate for the researchers of the future and develop the talents and skills* of their research teams.

2. Diversity issues

Research institutions should foster *diversity, equity,* and *inclusion*.

"*Diversity is being crushed by narrower and narrower criteria for assessing success*."

(Dame Ottoline Leyser FRS).

3. Entity specific education and training

A list is provided in the framework but there could also be an *entity specific need for training*.

4. Fair, transparent, and responsible assessment procedures during 1) task agreements, 2) promotions, and 3) appointments

The Hong Kong principles: The Hong Kong principles (HKPs) aim to *recognize and reward researchers who commit to robust, rigorous, and transparent research practices*.

Not only based on research metrics and indicators.

Ensuring the use of FAIReR = FAIR (*Findable, Accessible, Interoperable, Reusable*) + *Responsible*.

5. Managing competition and publication pressure

There is wide range of influences effects scientific research:

- Funding mechanisms.
- Publishing models.
- Career structures.
- Governance processes.

6. Supporting RCR and a responsible research process

Looking at available *codes of conduct* and *guidelines.*

It could also include *more direct support* from the Research Director:

- Administrative support.
- Support in generating Turnitin reports and interpretation.

Critical readers etc.

Annexure B: Research Ethics and Research Integrity Tree (Greeff, 2021)

RESEARCH INTEGRITY	Standard Operating Procedure		
Title	Management of Research Non-compliance and/or Violation of Good Research Practice		
SOP no	SOP_NWU Research Integrity _1	**Version No.**	2
Date of approval	April 2022	**Revision date**	November 2025
Web address	https://www.nwu.ac.za/irims	**Page No.**	Page 1 to 23

1 COMPILATION AND AUTHORISATION

Action	Designated person	Date	Signature
Compiled by:	Prof Minrie Greeff	Febr 2022	
Checked and authorised by:	Deputy Vice-Chancellor: Research and Innovation (Prof Jeffrey Mphahlele)	Febr 2022	
	Deputy Deans: Research and Innovation (FEDUC, FEMS, FHS, FHUM, FNAS). Executive Deans (FENG, FLAW, FTHEO).	March 2022	
Reviewed and approved by:	Registrar (Prof Marlene Verhoef) Legal Office (Mr Kobus Joubert)		Jan 2021
Approved by:	Faculty Board		August 2022

2 DISTRIBUTION

Department/Unit	Name	Date	Signature
To research and School Directors, academic staff and postgraduate students in the Faculty.	DD: R&I (FEDUC, FEMS, FHS, FHUM, FNAS). ED (FENG, FLAW, FTHEO).	August 2022	

3 DOCUMENT HISTORY

Date	Version no	Reason for revision
April 2022	1	SOP approved
November 2022	2	SOP updated

4 PURPOSE OF THE SOP

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

It is in the interest of society and the research community that allegations of research non-compliance and/or violations of good research practice be handled *consistently* and *transparently,* with clear processes and procedures for dealing with these allegations. If such allegations are proven to be true, this can have negative implications (e.g., reputational damage) for the researcher, the research entity, the Faculty, the University, as well as colleagues, students, human research participants or animals used in research, funding bodies and journal publishers (adapted from UCT, 2014).

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

i) Providing safeguards for those who raise genuine concerns about allegations of research non-compliance and/or violations of good research practice, and

ii) Providing protection against uninformed, inaccurate, and malicious allegations that can cause serious harm to innocent persons as well as to the University (adapted from UCT, 2014).

The balance is found in:

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

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

Note: Should a researcher engage in *continuous research non-compliance and/or violation of good research practice,* the process will be managed in a different way as described in a separate Research Integrity SOP for the management of *continuous research non-compliance and/or more violation of good research practice* (SOP_ NWU Research Integrity_2).

5 SCOPE

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

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

2) Violations of good research practice

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

It also briefly mentions how to escalate a "defensible" finding of *continuous* research non-compliance and/or violation of good research practice, to:

a) A disciplinary process for a staff member (See *NWU Behavioural Manual*).

b) A disciplinary process for an undergraduate or postgraduate student (See *NWU Policy on Student Discipline, 26 September 2019*).

c) A formal *investigation into academic misconduct* by the office of the Registrar of the University or the student judicial office (See the *NWU Policy on Academic Integrity of 27 September (2018, revised 2021*).

Note: The DD: R&I, ED, RIO (in the office of the DVC: R&I) and the ERIC always retain the right to escalate any case of research non-compliance and/or violation of good research practice they deem worthy of escalation as stated in a) to c) above even if it falls within the defined acts of non-compliance or violation of good research practice covered in this SOP.

6 ABBREVIATIONS AND/OR DEFINITIONS

Abbreviation	**Description**
DD: R&I	Deputy Dean: Research and Innovation
ED	Executive Dean
RD	Research Director
SD	School Director
RIO	Research Integrity Officer in the office of the DVC: R&I
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
RCR	Responsible Conduct of Research
Concepts	**Definitions**
Research	Research includes the activities that are aimed at improving knowledge of any discipline through enquiry or systematic investigation. This applies to Research, whether in the public interest or not, or whether the Research is published or not. It refers to all academic Research conducted as part of any academic programme in any subject, including Agricultural Sciences, Earth Sciences, Economic Sciences, Education, Health/Medical Sciences, Humanities, Life Sciences, Mathematical Sciences, Physical Sciences, Social Sciences, Theology and Technological and Engineering Sciences. Scientific Research conducted by public or private bodies (regardless of whether the Research is privately or publicly funded). Commercial or industrial Research aimed at developing or improving products or services. Technological development and demonstration (e.g., prototype development, testing, user trials). (Adapted for the ASSAF Draft POPIA Code of Conduct for research, 2022).
Larger Faculties	Faculty of Education (EDUC)

	Faculty of Economic and Management Sciences (FEMS) Faculty of Health Sciences (FHS) Faculty of Humanities (FHUM) Faculty of Natural and Agricultural Sciences (FNAS)
Smaller Faculties	Faculty of Engineering (FENG) Faculty of Law (FLAW) Faculty of Theology (FTHEO)
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 of a *formal intra-faculty research integrity assessment* (research non-compliance, violation of good research practice or plagiarism) or *preliminary intra-faculty research integrity investigation* (fabrication or falsification) that a researcher has transgressed/potentially transgressed in responsible conduct of research/research integrity based on the mentioned acts.
Non-compliance	Any violation of: • Any institutional and/or REC *policies, procedures* and *regulation* governing human, animal, or environmental research or other types of research practices that might impact society. • 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, animals, or environment. • Affect the safety of society due to other types of research practices. • 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 ("*honest human errors*"). • Misunderstanding or oversight. • Missed deadline for a continuing review (adapted from UCT, 2013).
Serious Non-compliance	An activity that jeopardises: • The safety, rights or welfare of human participants or animals. • The environment. • The integrity of the data during research. Examples include but are not limited to: • Conducting research without Scientific Committee approval. • Conducting research with humans, animals, or the environment without REC approval. • Conducting any other type of research with an indicated risk factor without REC approval.

	• Not using approved REC documentation. • Using NWU student or staff data for research purposes without the necessary approval from specified structures i.e., RDGC (gatekeeper). • Inadequate training and supervision of researchers (academics and students). • 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 participants' 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 for disciplinary *action*. 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 the related SOP.
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 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 national codes of conduct for researchers and 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. • Self-citing to enhance own research index. • Deliberate misrepresentations in publications. • Expanding unnecessarily the bibliography of a study. • Establishing or intentionally supporting journals that undermine the quality control of research (predatory journals). • Using ghost writers to produce articles. • Incorrectly using university affiliation to gain access to subsidized funding. • Not following "good practice" guidelines in collaborative research. • Withholding research results. • Exaggerating the importance and practical applicability of findings. • Misrepresenting research achievements. • Inflating own research image during research assessment within the university or with external bodies or inflating own research profile. • Improper conduct in peer review. • Delaying or inappropriately hampering the work of other researchers (academics or students). • 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.
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, processes, or findings, 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), as well as copying text in various sections of a research report without referencing the earlier use. *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, violation of good research practice, or research misconduct by a researcher (academic or student) as the alleged.
Alleged	The researcher (academic or student) 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 Intra-faculty Research Integrity Assessment	An initial informal intra-faculty research integrity assessment process conducted by the DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) of the Faculty and the RIO linked to the office of the Deputy Vice-Chancellor: Research and Innovation (DVC: R&I) , into the *merits of the allegation* or *formal grounds* of potential 1) research non-compliance, 2) violation of good research practice, or 3) research misconduct before proceeding to the more formal intra-faculty research integrity assessment or preliminary intra-faculty research integrity investigation. The type of conduct will guide the process that follows and which RI SOP to follow.
Formal Intra-faculty Research Integrity Assessment	A formal intra-faculty research integrity assessment process into the allegations of 1) research non-compliance, 2) violation of good research practice, or 3) research misconduct (plagiarism). This process is conducted by the DD: R&I (larger Faculties) or ED (smaller Faculties) of the Faculty, as chairperson, the RIO in the office of the DVC: R&I 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 (involving People and Culture) or student (involving the student judicial office).
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 or the student judicial office (See the NWU Policy on Academic Integrity, 27 September 2018 revised 2021). Or

	The process of referring a "defensible" finding of *potential research misconduct* for a *formal investigation into academic misconduct* by the office of the Registrar of the University or the student judicial office (See the *NWU Policy on Academic Integrity, 27 September 2018, revised 2021*). Always with cases of research misconduct (fabrication, falsification, plagiarism) and ccopyright infringement However, other cases of serious breaches must also be referred to the office of the Registrar of the student judicial office. **Examples:** • Not obtaining Scientific Committee or Research Ethics Committee approval for any research (academics or students) at the NWU. • Using NWU student or staff data for research purposes without the necessary approval from specified structures i.e., RDGC (gatekeeper). • Inflating own research image during research assessment within the university or with external bodies. • Intentional publication in predatory journals. • Acts described in the Staff behavioural manual i.e.: o Any act or behaviour which has an element of dishonesty and/or misappropriation which could cause/causes detriment to the University and/or other person. o Any conduct that negatively affects the integrity, good name and/or public image of the University. o Any violation of any regulation governing human, animal or environmental research or any deviation from the REC approved proposal/protocol. o Insubordination and defying the authority. • Any act that caused reputational damage to the Faculty and/or the NWU.
Formal Investigation	The process of an investigation into academic misconduct (fabrication, falsification, plagiarism) by the Registrar and people appointed by him/her to conduct the various phases of the investigation or the student judicial office (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 1) research non-compliance and/or violation of good research practice, 2) continuous research non-compliance and/or violation of good research practice or 3) research misconduct is true based on the preponderance of the evidence.
Research Integrity Officer (RIO)	A person appointed in the office of the DVC: R&I to facilitate research integrity (RI) within the Faculty through various functions, i.e. expanding the development of IRIMS, supporting the development and maintenance of processes, procedure and SOPs related to research integrity on Faculty level, as well as managing RCR/RI within the Faculties through guidance of how to foster a climate of Responsible Conduct of Research (RCR), as well as handling reported breaches/transgressions in RI/RCR. Also acts in an advising capacity to the DVC: R&I, ED, and DD: R&I. The person is not appointed in a research management position to ensure no potential conflict of interest.
Standing Research Integrity Committee (SRIC)	A Standing Research Integrity Committee (SRIC) appointed in the Faculty and consisting of specific members. **In the five larger Faculties:** • Chairperson: DD: R&I. • Research Integrity Officer in the office of the DVC: R&I.

	• Chairperson of the Faculty Research Ethics Committee (Faculty REC) or if such a person exists within the Faculty, the Head of the Ethics Office. • An elected Research Director in the Faculty (*appointed for three years*). • Secretariat provided by the Faculty (to sign a confidentiality agreement). In cases of *plagiarism* a consulting attorney in the legal office may be included. In cases of *fabrication and falsification* the following independent ad hoc members are included: • Consulting attorney in the legal office. • Two subject experts appropriate to the case at hand. **In the four smaller Faculties:** ***Faculty of Engineering:*** • Chairperson: ED: R&I. • Research Integrity Officer in the office of the DVC: R&I. • Chairperson of the Faculty Research Ethics Committee (Faculty REC). • An elected Research Director in the Faculty (*appointed for three years*). • Secretariat provided by the Faculty (to sign confidentiality agreement). ***Faculty of Law:*** • Chairperson: ED. • Research Integrity Officer (in the office of the DVC: R&I). • Chairperson of the Faculty Research Ethics Committee (Faculty REC). • The Research Director in the Faculty. • The Postgraduate Director. • Secretariat: Provided by the Faculty (to sign confidentiality agreement). ***Faculty of Theology:*** • Chairperson: ED. • Research Integrity Officer in the office of the DVC: R&I. • Research Directors of the research entities in the Faculty. • Secretariat provided by the Faculty (to sign a confidentiality agreement). In cases of *plagiarism* a consulting attorney in the legal office may be included. In cases of *fabrication and falsification* the following independent ad hoc members are included: • Consulting attorney in the legal office. • 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 (larger Faculties) or ED (smaller Faculties) 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 appointed Standing Research Integrity Committee (SRIC) and specific ad hoc members that will differ according to each new case at hand. **Members:** Standing Research Integrity Committee (SRIC). And Ad Hoc Members: • Research Director (RD) (unit in which the alleged resides). • School Director (SD) (school in which the alleged resides).

	• An independent person (expert on the required research integrity issue at hand).
Restorative Actions	Specific corrective measures under an appointed mentor and time frames prescribed by the DD: R& I (in larger Faculties) or the ED (in smaller Faculties) and the RIO in the office of the DVC: R&I to correct the consequences of a breach in research integrity by the researcher and to prevent future reoccurrences and ensure responsible conduct of research by him/her. The actions expected from the researcher falls within a specific time frame and are aimed at specific research knowledge, skills, and capacity development under the mentorship of an appointed mentor. The approach by the DD: R& I (in larger Faculties) or the ED (in smaller Faculties) and the RIO in the office of the DVC: R&I is supportive, educative, and restorative, with a growth experience as the result. **Note:** Under no circumstances does this include any disciplinary measures.
Mentor	An appropriately knowledgeable and skilled senior person appointed by the DD: R& I (in larger Faculties) or the ED (in smaller Faculties) and the RIO in the office of the DVC: R&I to mentor a researcher found in breach of RCR. Mentorship will be for a specific identified period with specific responsibilities expected of the person and regular reporting to the RD.
Appeal	A request lodged by an alleged after an assessment finding of a potential breach in research integrity on an *intra-faculty level*. The request is made to the DD: R&I (FEDUC, FEMS, FHS, FHUM, and FNAS) and the RIO in the office of the DVC: R&I or the ED (FENG, FLAW, and FTHEO) and the RIO in the office of the DVC: 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. **Note:** This does not apply to cases escalated to the Registrar or the student judicial office.
Appeals panel	A group of people empanelled by the ED with the support of the RIO in the office of the DVC: R&I for the purpose of handling a research integrity appeals request. The appeals panel consists of: • Chairperson: ED (for FEDUC, FEMS, FHS, FHUM, and FNAS) or an appointed ED from another Faculty (for FENG, FLAW, and FTHEO). • Research Integrity Officer in the office of the DVC: R&I. • The RD of the research entity in which the alleged resides. • Two independent expert panellists knowledgeable about the specific RI issue at hand. • Secretariat provided by the Faculty.
Integrated Research Integrity Management System	The integrated system used by the Faculty to manage research integrity in such a way that it: 1) Fosters a climate of *Responsible Conduct of Research* (RCR). 2) Effectively manages potential breaches in RCR/RI through acts of: i) Research non-compliance. ii) Violation of good research practice. iii) Research misconduct. 3) Effectively manages possible appeals stemming from research integrity assessments or investigations on an intra-faculty level.

7 VALUES UNDERPINNING THE NORTH-WEST UNIVERSITY'S ATTITUDE TOWARDS ALLEGATIONS OF RESEARCH NON-COMPLIANCE AND/OR VIOLATION OF GOOD RESEARCH PRACTICE

The North-West University (NWU) believes:

- in the importance of impeccable research ethical standards and research integrity;
- that reporting of suspected research non-compliance and/or violation of good research practice is a shared and serious responsibility of all members of the Faculty;
- that allegations must be dealt with equitably, confidentially and as expeditiously as possible, taking care that all interested persons have the opportunity to be heard;
- that the procedure for dealing with allegations must be accessible, understandable, fair, transparent and expeditious;
- that the Faculty has a responsibility to protect the rights and reputations of all individuals, including the person against whom an allegation is made and the person who makes the allegation;
- that a formal assessment is dealt with in terms of existing faculty and university procedures (adapted from UCT, 2014).

8 RESPONSIBILITIES

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

8.1 Various role players have different responsibilities in this process:

The specific responsibilities of the various role players are set out with a more detailed step-by-step process under the *process discussed* in section 9.3.

8.1.1 The researchers

Researchers (academics, undergraduate and postgraduate students) must master the research knowledge, methodologies and ethical practices associated with their field and follow good research practices that will ensure "*responsible conduct of research* (RCR)". The researchers are expected to comply with all ethical principles, norms and standards, research integrity principles and responsibilities, as well as regulations, laws, and conditions placed on the conduct of the study.

8.1.2 The alleger

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

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

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

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

8.1.3 The alleged

The researcher against whom the allegations of a possible breach in research integrity (RI)/responsible conduct of research (RCR) through 1) research non-compliance and/or 2) violation of good research practice is being made must offer his/her full cooperation in the assessment of the allegation(s) by sharing requested experiences or by providing requested documentation.

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

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

8.1.4 The Deputy Dean: Research and Innovation

Note: If it is a smaller Faculty the ED fulfils all the functions mentioned below.

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

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

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

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

The DD: R&I and the RIO based on advice of the RD appoint a mentor.

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

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

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

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

The DD: R&I and RIO is responsible to have a guiding conversation with the mentor on expectations and the need for monthly progress reports as well as a final concluding report.

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

The DD: R&I and RIO evaluate the monthly progress and final mentor reports submitted by the mentor as well as the monthly reflective and final notes by the researcher and signs off on the finalisation of the process.

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

8.1.5 The Research Integrity Officer

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

- Receives the allegation(s) with the DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties).

- Supports the DD: R&I (larger Faculties) or ED (smaller Faculties) in deciding on the merit and formal grounds.
- Sets up the ERIC after empanelment by the DD: R&I (larger Faculties) or the ED (smaller Faculties).
- Oversees the secretariat in setting up meetings and taking minutes during meetings.
- Supports the DD: R&I (larger Faculties) or the ED (smaller Faculties) in writing the letter of reprimand.
- Joins the DD: R&I (larger Faculties) in feedback meetings with the ED.
- Supports the DD: R&I (larger Faculties) or ED (smaller Faculties) to writes a letter to the Chairperson of the Faculty REC or Ethics Office to notify him/her should a study be affected.
- Writes the final summative report.
- Supports the DD: R&I (larger Faculties) or the ED (smaller Faculties) in writing the letter to the mentor with the necessary detail.
- Where a case needs to be escalated for disciplinary action, to the office of the Registrar or student judicial office, helps with organising supporting documentation and formulating the accompanying letter of referral to the appropriate person and helps in setting up the handover meeting.
- Joins the DD: R&I (larger Faculties) and ED in the handover meeting with the Registrar or the head of the student judicial office.

Support from the secretary allocated for this purpose by the Faculty:

- Allocates a case number from the Research Integrity Register of the Faculty.
- Sets up meetings and keeps minutes.
- Keeps records of all evidence.
- Ensures that progress reports reach the office of the DD: R&I (smaller Faculties) or the ED (larger Faculties) as indicated and closes cases.
- Gives monthly status reports of RI cases to the DD: R&I (larger Faculties) and ED.
- Ensures that required reports are submitted to the DD: R&I, ED, and Faculty Board.

8.1.6 The Executive Dean (in larger Faculties)

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

Keeps up to date with all active RI cases.

8.1.7 The Research Directors

The RDs report any allegations of a breach in RCR/RI reported to them to the DD: R&I (larger Faculties) and ED (smaller Faculties) and RIO in the office of the DVC: R&I.

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

The RD is active in the identification of the mentor.

The RD is responsible for the monitoring of the restorative actions by the researcher under the mentorship of the appointed mentor.

8.1.8 The Chairperson of the Faculty Research Ethics Committee or Head of the Ethics Office

The Chairperson of the Faculty REC or Head of the Ethics Office reports any allegations of a breach in research integrity reported to him/her via the complaints processes to the DD: R&I (larger Faculties) or ED (smaller Faculties) and the RIO.

The Chairperson/Head forms part of the ERIC.

8.1.9 The School Directors

The SDs report any allegations of a breach in research integrity reported to them to the DD: R&I (larger Faculties) or ED (smaller Faculties) and the RIO in the office of the DVC: R&I.

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

8.1.10 Mentor

The mentor is appointed by the DD: R&I (larger Faculties) or the ED (smaller Faculties) and the RIO based on advice by the RD due to his/her appropriate knowledge and skills linked to the RI case at hand.

The mentor will be responsible for:

- Overseeing all the restorative actions required by the researcher and prescribed by the DD: R&I (larger Faculties) or the ED (smaller Faculties) and the RIO for the stipulated period.
- Meeting at least monthly with the researcher to have an in-depth discussion of RCR related to the breach/transgression.
- Submitting a written mentor report each month to the DD: R&I (larger Faculties) or the ED (smaller Faculties) and the RIO on the progress made by the researcher and the progress made with the restorative actions.
- Ensures that the researcher submits monthly reflective notes about the mentoring process to the DD: R&I (larger Faculties) or ED (smaller Faculties) and RIO.
- Submitting a final written mentor report to the DD: R&I (larger Faculties) or the ED (smaller Faculties) and the RIO at the end of the period stipulated to the researcher of the completion of specific restorative actions required as well as the growth experienced by the researcher in RCR. In the report a recommendation should be made whether the mentor sees the mentoring process as 1) concluded or 2) whether there is a need for further mentoring. Also ensures that the final reflective notes of the researcher is submitted to the DD: R&I (larger Faculties) or the ED (smaller Faculties) and the RIO.

9 PROCEDURE(S)

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

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

9.2 Questions that guide the procedural framework

- Who receives the allegation(s)?
- Who takes the first step(s)?
- Who appoints the SRIC and ERIC?
- Who does the intra-faculty research integrity assessment?
- How are the outcomes managed?

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

9.3 The process

9.3.1 Reporting of possible research non-compliance and/or violation of good research conduct

The alleger(s), with allegations based on observations or evidence of research non-compliance and/or violation of good research practice about a researcher, may choose to follow any one of several processes to bring this to the attention of the DD: R&I (larger Faculties) or ED (smaller Faculties) and the RIO in the office of the DVC: R&I.

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

the potential breach to the DD: R&I (larger Faculties) or Ed (smaller Faculties) and RIO as a case of potential research non-compliance or violation of good research practice.

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

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

An allegation can come to the attention of the DD: R&I (larger Faculties) or ED (smaller Faculties) and the RIO in the office of the DVC: R&I through:

- Direct notification to the office of the DD: R&I (larger Faculties) or ED (smaller Faculties) and the RIO in the office of the DVC: R&I by any mentioned alleger.
- A process of Whistleblowing using SOP_NWU_Research Integrity_7. Management of Whistleblowing pertaining to Research Ethics and Research Integrity. This process is used should the alleger wish to remain anonymous.
- A report to or by a chairperson of one of the Faculty RECs.
- A report to or by the Head of the Ethics Office.
- A report to or by one of the Research or School Directors in the Faculty.
- As mentioned, a report by a dissertation/thesis examination committee.
- The alleger could also have decided to use one of the existing research ethics routes, i.e., *SOP for complaints management.*

Important note: *Under no circumstances should an initial assessment be conducted by any party other than the DD: R&I (larger Faculties) or the ED (smaller Faculties) and the RIO linked to the office of the DVC: R&I.*

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

No matter the route followed by the alleger of reporting the alleged, the *identity* of the alleger should always be protected and kept confidential and only be made known to the DD: R&I (larger Faculties) or ED (smaller Faculties) and RIO. Should the allegation, however, prove to have substance and defensibility, *the alleger could be asked to verbally present his/her allegations to the ERIC* should it move to a formal intra-faculty assessment. However, this may not always be necessary if the evidence is clear.

9.3.2 The steps in handling allegations

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

9.3.2.1 Informal Intra-faculty Research Integrity Assessment

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

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

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

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

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

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

9.3.2.2 Formal Intra-faculty research Integrity Assessment

A case number is allocated from the Research Integrity Register of the Faculty.

A risk management-based approach will be used.

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

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

In the five larger Faculties (FEMS, FEDUC, FHS, FHUM, and FNAS):

- Chairperson: DD: R&I.
- Research Integrity Officer in the office of the DVC: R&I.
- Chairperson of the Faculty Research Ethics Committee (Faculty REC) or if such a person exists within the Faculty, the Head of the Ethics Office.
- An elected Research Director in the Faculty (*appointed for three years*).
- Secretariat provided by the Faculty (to sign a confidentiality agreement).

Ad hoc members:

- Research Director (RD) (unit in which the alleged resides).
- School Director (SD) (school in which the alleged resides).
- An independent person (expert on the required issue at hand).

In the four smaller Faculties (FENG, FLAW, and FTHEO):

Faculty of Engineering:

- Chairperson: ED: R&I.
- Research Integrity Officer in the office of the DVC: R&I.
- Chairperson of the Faculty Research Ethics Committee (Faculty REC).
- An elected Research Director in the Faculty (*appointed for three years*).
- Secretariat provided by the Faculty (to sign confidentiality agreement).

Faculty of Law:

- Chairperson: ED.
- Research Integrity Officer (in the office of the DVC: R&I).
- Chairperson of the Faculty Research Ethics Committee (Faculty REC).
- The Research Director in the Faculty.
- The Postgraduate Director.
- Secretariat: Provided by the Faculty (to sign confidentiality agreement).

Faculty of Theology:

- Chairperson: ED.
- Research Integrity Officer in the office of the DVC: R&I.
- Research Directors of the research entities in the Faculty.
- Secretariat provided by the Faculty (to sign a confidentiality agreement).

Ad hoc members:

- Research Director (RD) (unit in which the alleged resides).
- School Director (SD) (school in which the alleged resides).
- An independent person (expert on the required issue at hand).

The DD: R&I (larger Faculties) or ED (smaller Faculties) with the support of the RIO in the office of the DVC: R&I notifies the alleged researcher in writing (usually an email) that an allegation has been made against him/her. A brief description of the allegation is provided, and a time and place provided to appear before the ERIC.

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

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

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

The DD: R&I (larger Faculties) or ED (smaller Faculties) with the support of the RIO decides whether the alleger will address the ERIC or whether the evidence and documentation are adequate. The alleger is notified of the time and place of the meeting and should avail him/herself should the ERIC deem it necessary. If a decision is made that the alleger should address the ERIC, he/she is called to the meeting.

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

It is explained that the anonymity of the alleger will be respected, and he/she will not be called to present his/her case if the evidence is clear. If the ERIC deems it necessary to call the alleger to clarify facts it could be allowed, but anonymity must be respected. Note: *SOP for the management of whistleblowing pertaining to research ethics and research integrity* (SOP_NWU Research Integrity_7, NWU, 2022) should be followed to protect the anonymity if it is a case of whistleblowing.

The DD: R&I (larger Faculties) or ED (smaller Faculties) with the support of the RIO presents the case in detail to the ERIC with the necessary evidence and documentation at hand.

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

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

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

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

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

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

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

If a finding of a breach in RI/RCR is made, the DD: R&I (larger Faculties) or (ED (smaller Faculties) and the RIO with the support of the RD decide on:

- The restorative actions expected by the researcher. The actions should relate to the breach in research integrity and not include any disciplinary actions.
- The time frame of the restorative process.
- Under whose mentorship the actions will be conducted.

Examples of a few possible actions:

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

Important note: If one of the actions directly affects a study, the REC should immediately be notified in writing by the DD: R& I (larger Faculties) or ED (smaller Faculties) and the RIO that the study needs to be suspended or terminated, etc.

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

- Mentoring activities and their due dates specified by the DD: R&I (larger Faculties) or ED (smaller Faculties) with the support of the RIO.
- The need for a monthly mentoring feedback reports to the DD: R&I (larger Faculties) or ED (smaller Faculties) and the RIO.
- Ensuring monthly reflective notes from the researcher to the DD: R&I (larger Faculties) or ED (smaller Faculties) and the RIO.
- The final concluding mentor report and reflective notes of the researcher sent to the DD: R&I (larger Faculties) or ED (smaller Faculties) and the RIO.

The DD: R&I (larger Faculties) or ED (smaller Faculties) with the help of the RIO formulates a **letter of reprimand** to the researcher that indicates:

- The allegations.
- The findings specifying the type of breach in research integrity.
- The expected restorative action expected by the researcher.
- Time frames for completion of the required restorative actions.
- Who the mentor will be?
- The required monthly reflective notes and final reflective notes to be sent to the DD: R&I (larger Faculties) or the ED (smaller Faculties) and the RIO.
- That should the researcher not adhere to the mentioned restorative actions it will lead to the re-opening of the case, as well as a finding of non-compliance which could lead to disciplinary actions taken against the researcher.
- That should the researcher within a year be found guilty of another breach in research integrity, disciplinary actions will be taken based on *continuous* research non-compliance and/or violation of research conduct (See SOP_NWU Research Integrity_2 *for the management of continuous research non-compliance and/or violation of good research practice*).
- The letter will be signed by the DD: R&I and the ED.

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

A meeting is called by the DD: R&I (larger Faculties) or ED (smaller Faculties) and RIO with the researcher and if required the appropriate RD and SD. The DD: R&I (larger Faculties) or ED (smaller Faculties) and RIO discuss the letter with the researcher. A supportive, educative, and restorative approach is taken during the meeting with a growth experience as an end goal.

Points of discussion for the meeting:

- Findings of a breach in RI/RCR.
- The risks of the actions/behaviour to the researchers, the research entity, the Faculty and the NWU.
- Expected restorative actions to help ensure future compliance.
- Timelines for completion of the set restorative actions.
- Who the mentor will be and the responsibilities of the mentor?
- The need for monthly and final reflective notes.
- Consequences if the researcher does not adhere to the mentioned restorative actions that will lead to the re-opening of the case, as well as a finding of non-compliance which could lead to disciplinary actions taken against the researcher.

- Future consequences if there is a reoccurrence of non-compliance and/or violation of good research practice.

The DD: R&I (larger Faculties) or ED (smaller Faculties) with the support of the RIO verbally informs the person that made the allegations of the findings and outcome of the assessment.

9.3.2.3 Implementing the outcomes

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

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

Transparency and procedural fairness are important.

As soon as the DD: R&I (larger Faculties) or ED (smaller Faculties) and RIO have met with the researcher, the DD: R&I (larger Faculties) or ED (smaller Faculties) and RIO set up a meeting with the mentor and the researcher to discuss the requirements and process to be followed.

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

The mentor meets at least once a month with the researcher and sends a monthly mentor report to the DD: R&I (larger Faculties) or ED (smaller Faculties) and the RIO. He/she also ensures that monthly reflective notes of the researcher are also sent to the DD: R&I (larger Faculties) or ED (smaller Faculties) and RIO.

The mentor sends a final concluding mentor report to the DD: R&I (larger Faculties) or ED (smaller Faculties) and RIO. He/she also ensure that final reflective notes by the researcher is sent to the DD: R&I (larger Faculties) or ED (smaller Faculties) and RIO finalising the restorative process.

The DD: R&I (larger Faculties) or ED (smaller Faculties) and RIO close the case and send a final notice to the ED.

9.3.2.4 Appeals process

A researcher could activate an appeals process.

The researcher submits a written request to the DD: R&I (larger Faculties) or ED (smaller Faculties) and RIO in the office of the DVC: R&I, asking the ERIC and the ED to reconsider its decision.

The appeal must fulfil the requirements stipulated in the Research Integrity SOP_NWU Research Integrity_4 *for the management of the research integrity appeals process*.

The appeal is handled according to the Research Integrity SOP_NWU Research Integrity_4 *for the management of the research integrity appeals process*.

9.3.2.5 Reporting and record-keeping

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

A number is allocated to each registered case.

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

The following should be included in the initial report:

- Name of the institution.
- Name of the Faculty.
- The research entity in which the researcher resides.
- Full names and surname of the researcher.
- Title of the research study (if applicable).
- Ethics number of the research study (if applicable).
- Personnel/student number.

- Date of the transgression(s).
- A detailed description of the non-compliance and/or violation of good research practice.
- The evidence summarised (available evidence and record(s)).
- The process followed.
- Finding(s) that indicate(s) breach/no breach.
- Actions the Faculty is taking to address the breach in research integrity.
- Name of the RD.
- Name of the appointed mentor.
- A final copy of the report must be stored in the office of the DD: R&I (larger Faculties) or ED (smaller Faculties).

The following should be included in the closing report:

- Name of the institution.
- Name of the Faculty.
- The research entity in which the researcher resides.
- Full names and surname of the researcher.
- Name of the RD.
- Name of the mentor.
- Date of conclusion of the case.
- Summary of the conclusion process and comments from the RD and mentor.

9.3.2.6 Possible escalation to the Registrar/disciplinary action

As indicated earlier in the SOP the ERIC can make a finding that they deem the case worthy of escalation to a disciplinary process involving people and Culture or the office of the Registrar (if an academic) or the student judicial office (if a student) for a formal investigation even if it falls within the defined acts of non-compliance or violation of good research practice covered in this SOP. The ERIC would make such a judgement if the nature of the breach cannot be addressed through restorative actions.

The ED (in larger Faculties) supports the finding and the way forward.

If evidence shows *continuous* research non-compliance and/or violation of good research practice, after the intra-faculty assessment is completed, the case is referred for a further disciplinary process following SOP_NWU Research Integrity_2 *for the management of continuous research non-compliance and/or violation of good research practice*.

The ED (in larger Faculties) supports the finding and the way forward.

The escalation possibilities are:

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

Note: In all the above-mentioned escalation possibilities the applicable process is followed based on the action of choice and the guiding documentation of the NWU.

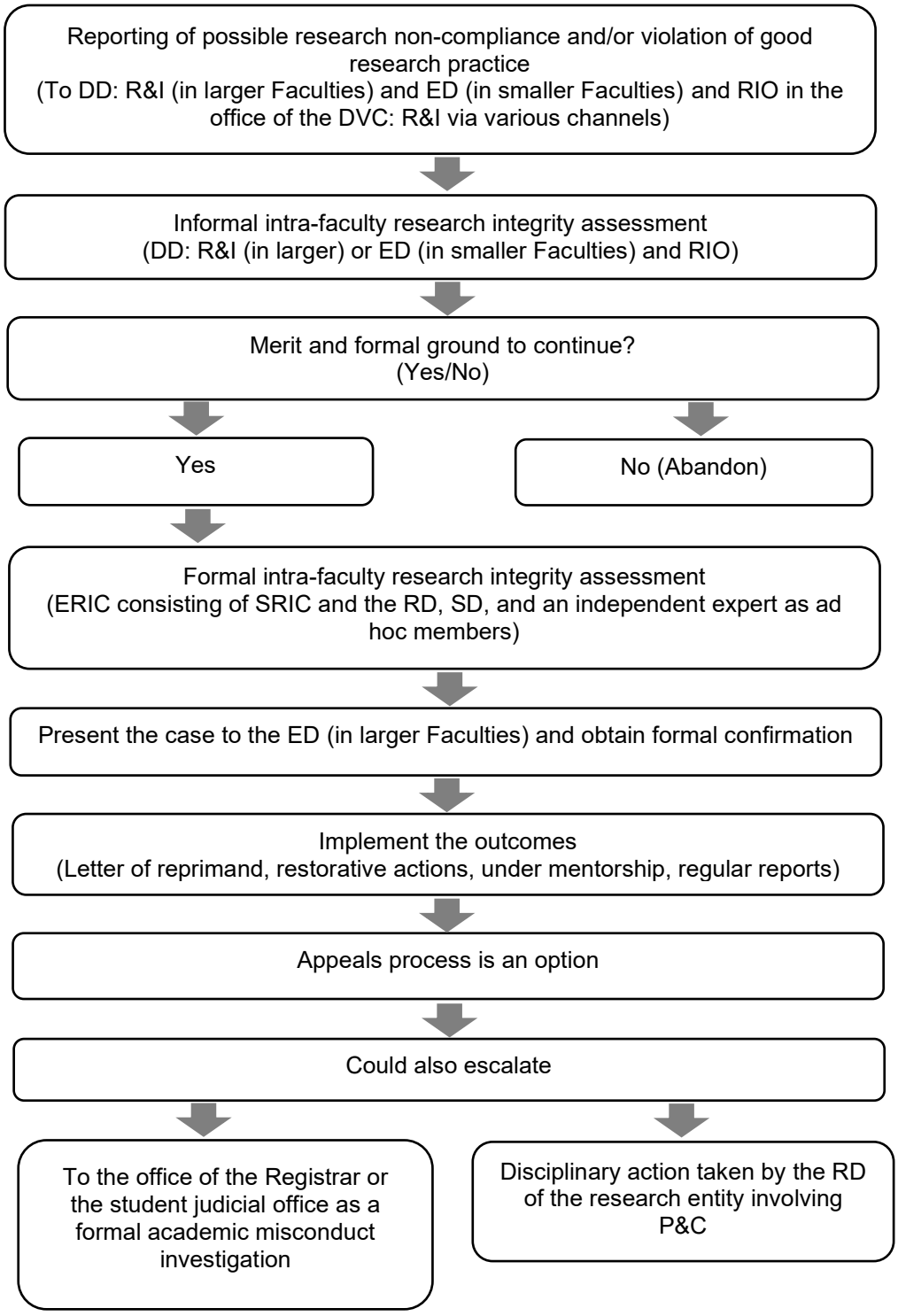
A cover letter is formulated by the DD: R&I (larger Faculties) or ED (smaller Faculties) with the help of the RIO and referred to either the RD (for disciplinary action against a staff member or student involving people and Culture) or the Registrar or student judicial office for cases of research misconduct.

If the case is escalated to the Registrar or the student judicial office, an appointment is made with the Registrar or the head of the student judicial office, where the ED, DD R&I (larger Faculties) and RIO explain the case in detail with all the supporting evidence.

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

10 SUMMARIZED PROCESS

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



11 REFERENCE DOCUMENTS

SOP for complaint management (SOP of the REC).

SOP for the management of whistleblowing pertaining to research ethics and research integrity (SOP_NWU Research Integrity_7).

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

SOP for the management of continuous research non-compliance and/or violation of good research practice (SOP_NWU Research Integrity_2, NWU, 2020).

SOP for the management of research integrity appeals process (SOP_NWU Research Integrity_4).

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

Singapore Statement on Research Integrity, 2010.

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

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

NWU Behavioural Manual.

NWU Policy on Student Discipline, 26 September 2019.

NWU Policy on Academic Integrity, 27 September 2018 revised 2021.

12 ADDENDA

No	Document name
None	

Original details: SOP_NWU Research Integrity_1 Management of Research Non-compliance and/or Violation of Good Research Practice, April 2022, revised November 2022.

File reference:

RESEARCH INTEGRITY	Standard Operating Procedure		
Title	Management of Continuous Research Non-compliance and/or Violation of Good Research Practice		
SOP no	SOP_NWU Research Integrity _2	**Version No.**	2
Date of approval	April 2022	**Revision date**	November 2025
Web address	https://www.nwu.ac.za/irims	**Page No.**	Page 1 to 16

1 COMPILATION AND AUTHORISATION

Action	Designated person	Date	Signature
Compiled by:	Prof Minrie Greeff	Febr 2022	
Checked and authorised by:	Deputy Vice-Chancellor: Research and Innovation (Prof Jeffrey Mphahlele)	Febr 2022	
	Deputy Deans: Research and Innovation (FEDUC, FEMS, FHS, FHUM, FNAS). Executive Deans (FENG, FLAW, FTHEO).	March 2022	
Reviewed and approved by:	Registrar (Prof Marlene Verhoef) Legal Office (Mr Kobus Joubert)		Jan 2021
Approved by:	Faculty Board		August 2022

2 DISTRIBUTION

Department/Unit	Name	Date	Signature
Research and School Directors, academic staff, and postgraduate students in the Faculty	DD: R&I (FEDUC, FEMS, FHS, FHUM, and FNAS). ED (FENG, FLAW, and FTHEO).	August 2022	

3 DOCUMENT HISTORY

Date	Version no	Reason for revision
April 2022	1	SOP approved
November 2022	2	SOP updated

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 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 responsible conduct of research (RCR)/research integrity (RI).
2) The ERIC referring the case to the RD for disciplinary actions with the third breach in RCR/RI involving People and Culture (P&C).
3) The DD: R&I and the ED escalating the case to the office of the Registrar or the student judicial office as a formal investigation into a breach/transgression in research conduct if they deem it necessary due to the nature of the breach.

It is in the interest of the Faculty, 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_NWU 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, DD: R& I (larger Faculties) or the ED (smaller Faculties), the Research Integrity Officer (RIO) in the office of the DVC:R&I, and Research Directors (RD) for a consistent and transparent process to manage such breaches/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 (in larger Faculties) or ED (in smaller Faculties)**,** the RIO in the office of the DVC: R&I and an Empanelled Research Integrity Committee (ERIC)**,** made up of a) the *appointed Standing Research Integrity Committee (SRIC)* of the Faculty 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 and involving (P&C) (third breach) or escalated to the office of the Registrar or the student judicial office as a formal investigation of a transgression/breach in research conduct 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 or the student judicial office for a *formal investigation into a breach/transgression in research conduct* (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 the applicable SOP.

5 SCOPE

This SOP guides different parties on how to handle the process of taking a finding of a breach in RCR/RI 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 larger Faculties) or ED (in smaller Faculties) in the letter of reprimand, 2) a disciplinary action against a researcher made by a RD and involving P&C, or 3) an escalation to the office of the Registrar or student judicial office 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
RIO	Research Integrity Officer in the office of the DVC: R&I
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
RCR	Responsible Conduct of Research
Concepts	**Definitions**
Research	Research includes the activities that are aimed at improving knowledge of any discipline through enquiry or systematic investigation. This applies to Research, whether in the public interest or not, or whether the Research is published or not. It refers to all academic Research conducted as part of any academic programme in any subject, including Agricultural Sciences, Earth Sciences, Economic Sciences, Education, Health/Medical Sciences, Humanities, Life Sciences, Mathematical Sciences, Physical Sciences, Social Sciences, Theology and Technological and Engineering Sciences. Scientific Research conducted by public or private bodies (regardless of whether the Research is privately or publicly funded). Commercial or industrial Research aimed at developing or improving products or services. Technological development and demonstration (e.g., prototype development, testing, user trials). (Adapted for the ASSAF Draft POPIA Code of Conduct for research, 2022).
Larger Faculties	Faculty of Education (EDUC) Faculty of Economic and Management Sciences (FEMS) Faculty of Health Sciences (FHS) Faculty of Humanities (FHUM) Faculty of Natural and Agricultural Sciences (FNAS)
Smaller Faculties	Faculty of Engineering (FENG)

	Faculty of Law (FLAW) Faculty of Theology (FTHEO)
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 of a *formal intra-faculty research integrity assessment* (research non-compliance, violation of good research practice or plagiarism) or *preliminary intra-faculty research integrity investigation* (fabrication or falsification) that a researcher has transgressed/potentially transgressed in responsible conduct of research/research integrity based on the mentioned acts.
Non-compliance	Any violation of: • Any institutional and/or REC *policies, procedures* and *regulation* governing human, animal, or environmental research or other types of research practices that might impact society. • Any *deviation* from the REC-approved *proposal/protocol*. • 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, animals, or environment. • Affect the safety of society due to other types of research practices. • 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 ("*honest human errors*"). • Misunderstanding or oversight. • Missed deadline for a continuing review (adapted from UCT, 2013).
Serious Non-compliance	An activity that jeopardises: • The safety, rights or welfare of human participants or animals. • The environment. • The integrity of the data during research. Examples include but are not limited to: • Conducting research without Scientific Committee approval. • Conducting research with humans, animals, or the environment without REC approval. • Conducting any other type of research with an indicated risk factor without REC approval. • Not using approved REC documentation. • Using NWU student or staff data for research purposes without the necessary approval from specified structures i.e., RDGC (gatekeeper). • Inadequate training and supervision of researchers (academics and students).

	• 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 participants' 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 for disciplinary *action*. 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 the related SOP.
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 national codes of conduct for researchers and 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. • Self-citing to enhance own research index. • Deliberate misrepresentations in publications.

	• Expanding unnecessarily the bibliography of a study. • Establishing or intentionally supporting journals that undermine the quality control of research (predatory journals). • Using ghost writers to produce articles. • Incorrectly using university affiliation to gain access to subsidized funding. • Not following "good practice" guidelines in collaborative research. • Withholding research results. • Exaggerating the importance and practical applicability of findings. • Misrepresenting research achievements. • Inflating own research image during research assessment within the university or with external bodies or inflating own research profile. • Improper conduct in peer review. • Delaying or inappropriately hampering the work of other researchers (academics or students). • 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.
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 (in large Faculties) or ED (in smaller Faculties), of the Faculty as chairperson, the RIO in the office of the DVC: R&I, 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 (involving People and Culture) or student (involving the student judicial office).
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 or the student judicial office (See the NWU Policy on Academic Integrity, 27 September 2018, revised October 2020). Or The process of referring a "defensible" finding of *potential research misconduct* for a *formal investigation into academic misconduct* by the office of the Registrar of the University or the student judicial office (See the *NWU Policy on Academic Integrity, 27 September 2018, revised 2021*). Always with cases of

	research misconduct (fabrication, falsification, plagiarism) and ccopyright infringement. However, other cases of serious breaches must also be referred to the office of the Registrar of the student judicial office. **Examples:** • Not obtaining Scientific Committee or Research Ethics Committee approval for any research (academics or students) at the NWU. • Using NWU student or staff data for research purposes without the necessary approval from specified structures i.e., RDGC (gatekeeper). • Inflating own research image during research assessment within the university or with external bodies. • Intentional publication in predatory journals. • Acts described in the Staff behavioural manual i.e.: o Any act or behaviour which has an element of dishonesty and/or misappropriation which could cause/causes detriment to the University and/or other person. o Any conduct that negatively affects the integrity, good name and/or public image of the University. o Any violation of any regulation governing human, animal or environmental research or any deviation from the REC approved proposal/protocol. o Insubordination and defying the authority. • Any act that caused reputational damage to the Faculty and/or the NWU.
Formal Investigation	The process of an investigation into academic misconduct (fabrication, falsification, plagiarism) by the Registrar and people appointed by him/her to conduct the various phases of the investigation or the student judicial office (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 1) research non-compliance and/or violation of good research practice, 2) continuous research non-compliance and/or violation of good research practice or 3) research misconduct is true based on the preponderance of the evidence.
Research Integrity Officer (RIO)	A person appointed in the office of the DVC: R&I to facilitate research integrity (RI) within the Faculty through various functions, i.e. expanding the development of IRIMS, supporting the development and maintenance of processes, procedure and SOPs related to research integrity on Faculty level, as well as managing RCR/RI within the Faculties through guidance of how to foster a climate of Responsible Conduct of Research (RCR), as well as handling reported breaches/transgressions in RI/RCR. Also acts in an advising capacity to the DVC: R&I, ED, and DD: R&I. The person is not appointed in a research management position to ensure no potential conflict of interest.
Standing Research Integrity Committee (SRIC)	A Standing Research Integrity Committee (SRIC) appointed in the Faculty and consisting of specific members. **In the five larger Faculties:** • Chairperson: DD: R&I. • Research Integrity Officer in the office of the DVC: R&I. • Chairperson of the Faculty Research Ethics Committee (Faculty REC) or if such a person exists within the Faculty, the Head of the Ethics Office. • An elected Research Director in the Faculty (*appointed for three years*).

	• Secretariat provided by the Faculty (to sign a confidentiality agreement). In cases of *plagiarism* a consulting attorney in the legal office may be included. In cases of *fabrication and falsification* the following independent ad hoc members are included: • Consulting attorney in the legal office. • Two subject experts appropriate to the case at hand. **In the four smaller Faculties:** ***Faculty of Engineering:*** • Chairperson: ED: R&I. • Research Integrity Officer in the office of the DVC: R&I. • Chairperson of the Faculty Research Ethics Committee (Faculty REC). • An elected Research Director in the Faculty (*appointed for three years*). • Secretariat provided by the Faculty (to sign confidentiality agreement). ***Faculty of Law:*** • Chairperson: ED. • Research Integrity Officer (in the office of the DVC: R&I). • Chairperson of the Faculty Research Ethics Committee (Faculty REC). • The Research Director in the Faculty. • The Postgraduate Director. • Secretariat: Provided by the Faculty (to sign confidentiality agreement). ***Faculty of Theology:*** • Chairperson: ED. • Research Integrity Officer in the office of the DVC: R&I. • Research Directors of the research entities in the Faculty. • Secretariat provided by the Faculty (to sign a confidentiality agreement). In cases of *plagiarism* a consulting attorney in the legal office may be included. In cases of *fabrication and falsification* the following independent ad hoc members are included: • Consulting attorney in the legal office. • 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 (larger Faculties) or ED (smaller Faculties) 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 appointed Standing Research Integrity Committee (SRIC) and specific ad hoc members that will differ according to each new case at hand. **Members:** Standing Research Integrity Committee (SRIC). And Ad Hoc Members: • Research Director (RD) (unit in which the alleged resides). • School Director (SD) (school in which the alleged resides). • An independent person (expert on the required research integrity issue at hand).
Appeal	A request lodged by an alleged after an assessment finding of a potential breach in research integrity on an *intra-faculty level*. The request is made to the DD: R&I (FEDUC, FEMS, FHS, FHUM, and FNAS) and the RIO in the office of

	the DVC: R&I or the ED (FENG, FLAW, and FTHEO) and the RIO in the office of the DVC: 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. **Note:** This does not apply to cases escalated to the Registrar or the student judicial office.
Appeals panel	A group of people empanelled by the ED with the support of the RIO in the office of the DVC: R&I for the purpose of handling a research integrity appeals request. The appeals panel consists of: • Chairperson: ED (for FEDUC, FEMS, FHS, FHUM, and FNAS) or an appointed ED from another Faculty (for FENG, FLAW, and FTHEO). • Research Integrity Officer in the office of the DVC: R&I. • The RD of the research entity in which the alleged resides. • Two independent expert panellists knowledgeable about the specific RI issue at hand. • Secretariat provided by the Faculty.
Integrated Research Integrity Management System	The integrated system used by the Faculty to manage research integrity in such a way that it: 1) Fosters a climate of *Responsible Conduct of Research* (RCR). 2) Effectively manages potential breaches in RCR/RI through acts of: i) Research non-compliance. ii) Violation of good research practice. iii) Research misconduct. 3) Effectively manages possible appeals stemming from research integrity assessments or investigations on an intra-faculty level.

7 VALUES UNDERPINNING THE NORTH-WEST UNIVERSITY'S ATTITUDE TOWARDS CONTINUOUS RESEARCH NON-COMPLIANCE AND/OR VIOLATION OF GOOD RESEARCH PRACTICE

The North-West University 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 Faculty within the bigger NWU to protect the integrity of all research conducted by the researchers (academics, undergraduate and postgraduate students) of the Faculty, as the value and benefits of this research are vitally dependent on the integrity of the research. Should there

be a breach in responsible conduct of research (RCR)/research integrity (RI) through continuous research non-compliance and/or violation of good research practice, the Faculty has to follow a process that will ensure that these acts are processed into either a written warning, a disciplinary action against the researcher involving people and Culture (P&C), or escalation to the office of the Registrar or the student judicial office 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 principles, norms and standards, research integrity principles and responsibilities, as well as regulations, laws, and conditions placed on the conduct of the study.

8.1.2 The Deputy Dean: Research and Innovation

Note: If it is a smaller Faculty the ED fulfils all the functions mentioned below.

The ERIC with the DD: R&I of the Faculty as chairperson and the RIO in the office of the DVC: R&I, 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 RD involving P&C, or escalation to the office of the Registrar or student judicial office as a formal investigation into breaches/transgressions in the conduct of research.

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

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

The DD: R&I with the support of the secretariat 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 involving P&C or escalations to the office of the Registrar or student judicial office (processes, letters, and reports).

8.1.3 The Research Integrity Officer

The RIO situated in the office of the DVC: R&I (larger Faculties) or ED (smaller Faculties), acts as advisor and support to the DD: R&I and ED throughout all processes of continuous research integrity breaches and the referral thereof.

- Sets up the meeting with the ERIC.
- Oversees the secretariat in setting up meetings and taking minutes during meetings.
- Supports the DD: R&I (larger Faculties) or ED (smaller Faculties) in writing the letter of reprimand, referral for disciplinary action, or escalation for a formal investigation.

- Joins the DD: R&I (larger Faculties) in feedback meetings with the ED.
- Supports the DD: R&I (larger Faculties) or ED (smaller Faculties) to write a letter to the Chairperson of the Faculty REC or the Head of the Ethics Office to notify him/her should a study be affected.
- Writes the final summative report.
- Where a case needs to be escalated for disciplinary action by the RD or to the office of the Registrar or the student judicial office, helps with organising supporting documentation and formulating the accompanying letter of referral to the appropriate person and helps in setting up the handover meeting.
- Joins the DD: R&I (larger Faculties) and/or ED (smaller Faculties) in the handover meeting with the Registrar or the head of the student judicial office.

Support from the secretary allocated for this purpose by the Faculty:

- Allocates a case number from the Research Integrity Register of the Faculty.
- Sets up meetings and keeps minutes.
- Keeps records of all evidence.
- Ensures that progress reports reach the office as indicated and close cases.
- Gives monthly status reports of RI cases to the DD: R&I (larger Faculties) and ED.
- Ensures that the required reports are submitted to the DD: R&I, ED, and Faculty Board.

8.1.4 The Executive Dean in Larger Faculties

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 (larger Faculties) and the RIO in the office of the DVC: R&I, gives his/her stamp of approval to the way forward and co-signs the letter to the researcher, RD, Registrar, or student judicial office set up by the DD: R&I (larger Faculties) 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 RCR/RI and getting P&C involved.

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 (larger Faculties) or ED (smaller Faculties) and RIO.

8.1.6 Chairperson of the Faculty Research Ethics Committee or Head of the Ethics Office

The Chairperson of the Faculty REC or Head of the Ethics Office reports any allegations of a breach in research integrity reported to him/her via the complaints processes to the DD: R&I (larger Faculties) or ED (smaller Faculties) and the RIO.

The Chairperson/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/transgressions?
- How many previous breaches of RCR/RI 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_NWU 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 RCR/RI 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 RCR/RI.
2) Disciplinary actions by the RD involving P&C in case of a third breach in RCR/RI.
3) Escalation to the office of the Registrar or the student judicial office for a formal breach/transgression in research conduct investigation if the ERIC deems it necessary due to the risk of severe reputational 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 RCR/RI

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_NWU 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 RCR/RI,*** a decision must be made on the way forward.

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

The letter is signed by the DD: R&I (larger Faculties) and the ED.

The researcher signs the letter.

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

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

A risk management-based approach will be used.

The DD: R&I (in larger Faculties) or ED (in smaller Faculties) with the support of the RIO in the office of the DVC: R&I writes a letter to the RD informing him/her to start with a disciplinary action against the researcher and involving P&C.

An appointment is made with the ED (larger Faculties) where the DD: R&I with the support of the RIO presents the case and letter to the ED. If the ED concurs with the findings of the ERIC, he/she co-signs the letter with the DD: R&I.

The RD follows 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 (in larger Faculties) or ED (in smaller Faculties).

Although the process moves from the IRIMS to P&C, the RD keeps the DD: R&I (in larger Faculties) or ED (in smaller Faculties) and RIO in the office of the DVC: R&I 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 (in larger Faculties) or ED (in smaller Faculties) and RIO once the disciplinary process has been concluded.

The DD: R&I (in larger Faculties) 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 Chairperson of the Faculty REC should immediately be notified in writing by the DD: R& I (in larger Faculties) or ED (in smaller Faculties) with the support of 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 or student judicial office for a formal investigation into a breach of research conduct

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 or the student judicial office 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/transgression 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 or the student judicial office (See the *NWU Policy on Academic Integrity of 27 September (2018, revised 2021*).

The DD: R&I (in larger Faculties) or ED (in smaller Faculties) with the support of the RIO in the office of the DVC: R&I formulates a letter to the researcher informing him/her of the escalation and future process. The DD: R&I (in larger Faculties) and the ED will sign the letter.

A cover letter to the Registrar or student judicial office is formulated by the DD: R&I (in larger Faculties) or ED (in smaller Faculties) with the help of the RIO.

An appointment is made with the ED (larger Faculties) 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 (in larger Faculties) or ED (in smaller Faculties) and RIO with the researcher in the presence of the appropriate RD and SD if required. The DD: R&I (in larger Faculties) or ED (in smaller Faculties) with the support of the RIO discusses the escalation and the future process with the researcher.

The researcher signs the letter.

All documentation to accompany the letter is prepared for the hand over to the Registrar or the student judicial office.

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

The Registrar or the student judicial office should report the outcome of the case to the DD: R&I (larger Faculties), ED and RIO.

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, the Registrar, or the student judicial office, the DD: R&I (in larger Faculties) or ED (in smaller Faculties) 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 (in larger Faculties) or ED (in smaller Faculties) and RIO in the office of the DVC: R&I asking the ERIC and the DD: R&I (larger Faculties) or the ED (smaller Faculties) to reconsider its decision.

The appeal must fulfil the requirements stipulated in the Research Integrity SOP_NWU Research Integrity_4 *for the management of the research integrity appeals process*.

The appeal is handled according to the Research Integrity SOP_NWU 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 Faculty.

A number is allocated to each registered case in the Faculty.

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 (in larger Faculties) or ED (in smaller Faculties).

The following should be included in the initial report:

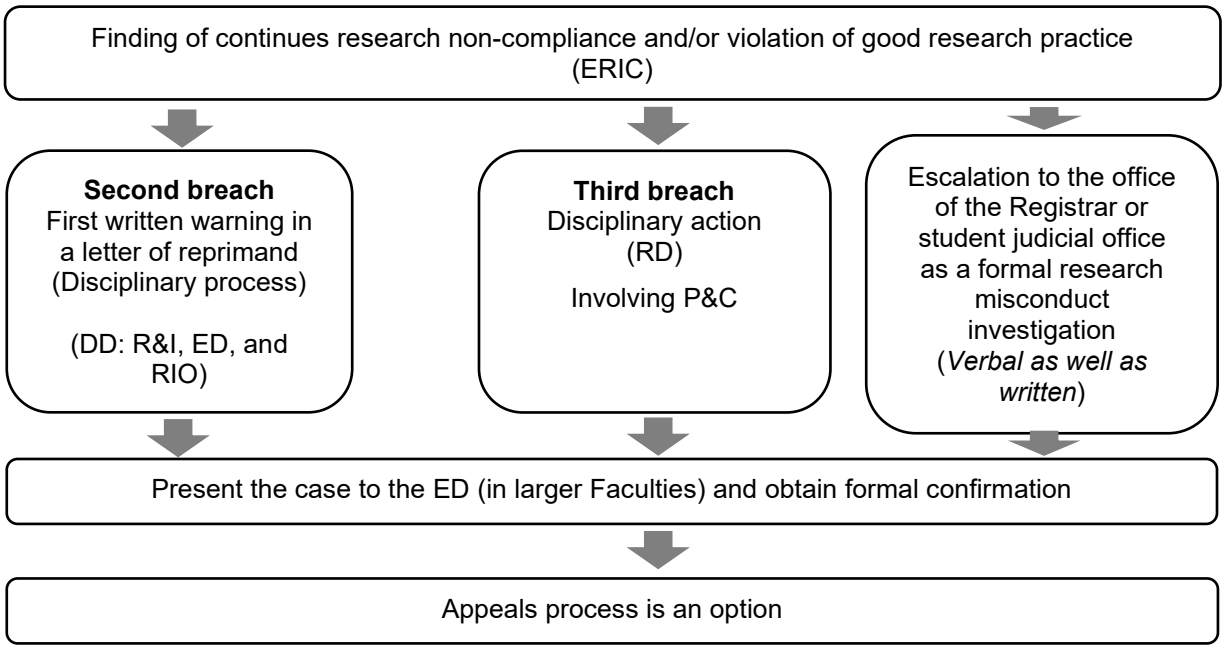
- Name of the institution.
- Name of the Faculty.
- The research entity in which the researcher resides.
- Full names and surname of the researcher.
- Title of the research study (if applicable).
- Ethics number of the research study (if applicable).
- Personnel/student number.
- Date of the transgression(s).
- 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 Faculty 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 (in larger Faculties) or ED (in smaller Faculties).

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.

10 SUMMARIZED 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_NWU Research Integrity_1, NWU, 2020).

SOP for the management of whistleblowing pertaining to research ethics and research integrity (SOP_NWU Research Integrity_7).

SOP for the management of research integrity appeals process (SOP_NWU 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	

Original details: SOP_NWU Research Integrity_2 Management of Continuous Research Non-compliance and/or Violation of Good Research Practice, 16 February 2021, revised November 2022.

File reference:

RESEARCH INTEGRITY	Standard Operating Procedure		
Title	Management of Research Misconduct		
SOP no	SOP_NWU Research Integrity _3	**Version No.**	2
Date of approval	April 2022	**Revision date**	November 2025
Web address	https://www.nwu.ac.za/irims	**Page No.**	Page 1 to 25

1 COMPILATION AND AUTHORISATION

Action	Designated person	Date	Signature
Compiled by:	Prof Minrie Greeff	Febr 2022	
Checked and authorised by:	Deputy Vice-Chancellor: Research and Innovation (Prof Jeffrey Mphahlele)	Febr 2022	
	Deputy Deans: Research and Innovation (FEDUC, FEMS, FHS, FHUM, FNAS). Executive Deans (FENG, FLAW, FTHEO).	March 2022	
Reviewed and approved by:	Registrar (Prof Marlene Verhoef) Legal Office (Mr Kobus Joubert)		Jan 2021
Approved by:	Faculty Board		August 2022

2 DISTRIBUTION

Department/Unit	Name	Date	Signature
Research and School Directors, academic staff, and postgraduate students in the Faculty.	DD: R&I (FEDUC, FEMS, FHS, FHUM, FNAS). ED (FENG, FLAW, FTHEO).	August 2022	

3 DOCUMENT HISTORY

Date	Version no	Reason for revision
April 2022	1	SOP approved
November 2022	2	SOP updated

4 PURPOSE OF THE SOP

To provide guidelines and procedures for the Deputy Dean: Research and Innovation (DD: R&I) and the Executive Dean (ED) of the Faculty, as well as persons seeking *to report allegations of* ***research misconduct by a researcher*** (staff member, undergraduate or postgraduate student)*,* on ***a) reporting and b) conducting an informal initial intra-faculty research integrity assessment, followed by either 1) a formal intra-faculty research integrity assessment for cases of plagiarism*** (note not "investigation"), ***or 2) a preliminary intra-faculty research integrity investigation for cases of fabrication or falsification***, into the said allegations. The reason for the difference in 1) and 2) is that the Policy on Academic Integrity, 27 September 2018, revised 2021, allows for an internal investigation into *plagiarism* by the office of the Registrar or the student judicial office, but in cases of *fabrication and/or falsification* the internal investigation should be conducted by the Faculty before escalating the case to the office of the Registrar or the student judicial office.

It is in the interest of society and the research community that allegations of research misconduct be handled *consistently* and *transparently* with clear processes and procedures for dealing with these allegations. If such allegations are proven to be true, this can have negative implications (e.g., reputational damage) for the researcher, the research entity, the faculty, the University, as well as colleagues, students, human research participants or animals used in research, funding bodies and journal publishers (adapted from UCT, 2014).

This *SOP for management of research misconduct* seeks to find a balance between:

i) Providing safeguards for those who raise genuine concerns about allegations of research misconduct,

and

ii) Providing protection against uninformed, inaccurate, and malicious allegations that can cause serious harm to innocent persons as well as to the University (adapted from UCT, 2014).

The balance is found in:

- An initial ***informal intra-faculty research integrity assessment*** by only the DD: R&I (in larger Faculties) or the ED (in smaller Faculties) and the Research Integrity Officer (RIO) in the office of the Deputy Vice-Chancellor: Research and Innovation (DVC: R&I), without the involvement of the person making the allegations (alleger) or the person against whom the allegations are being made (alleged). The merit and formal grounds of the allegation are assessed.

The mentioned initial informal intra-faculty research integrity assessment is followed by one of the following **two processes**:

- ***For plagiarism:***
  A follow-up ***formal intra-faculty research integrity assessment*** by the DD: R&I (in larger Faculties) or the ED (in smaller Faculties) as chairperson, the RIO in the office of the DVC: R&I, and the appointed Standing Research Integrity Committee (SRIC) with an optional additionally appointed independent consulting attorney in the legal office to see whether the allegation of ***plagiarism in research*** has merit and formal grounds to justify an escalation to the office of the Registrar or the student judicial office as a *formal investigation into research misconduct*. In the case of plagiarism in research the office of the Registrar or the student judicial office is responsible for the *internal process of evaluation* of the suspected plagiarism by a plagiarism expert (See the NWU Policy on Academic Integrity sections 1.2, 2.4, or 3.2).
- ***For fabrication or falsification:***
  A follow up ***preliminary intra-faculty research integrity investigation*** by the DD: R&I (in larger Faculties) or the ED (in smaller Faculties) as chairperson, the RIO in the office of the DVC: R&I, and the Standing Research Integrity Committee (SRIC) as well as appointed independent ad hoc members in cases of suspected ***fabrication and/or falsification,*** to see whether the allegations have merit and formal grounds. In the case of fabrication and/or falsification the *preliminary intra-faculty investigation* is conducted in the Faculty by the SRIC, involving a **consulting independent attorney in the legal office and two independent knowledgeable experts as**

ad hoc members. If a "defensible" finding is made by the SRIC and independent ad hoc members, the case is referred to the office of the Registrar or the student judicial office as a *formal investigation into academic misconduct* with the necessary evidence and expert reports at hand to continue with the *disciplinary process for students* or the *external process for staff* (See the NWU Policy on Academic Integrity sections 1.3, 2.5 and 3.3 of the).

5 SCOPE

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

1) Research misconduct through an act of *plagiarism in research* for a staff member or student.

2) Research misconduct through an act of *fabrication and/or falsification* for a staff member or student.

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

A detailed process description is provided of the initial informal and more formal intra-faculty research integrity processes for both *plagiarism* and *fabrication and/or falsification*, leading to an escalation to the office of the Registrar or the student judicial office for a *formal investigation into research misconduct* if a "defensible" finding of research misconduct is made during the intra-faculty processes (See the *NWU Policy on Academic Integrity of 27 September 2018 revised 2021)*.

Note: The DD: R&I, ED, RIO in the office of the DVC: R&I, SRIC and independent ad hoc members always retain the right to rather refer any case of reported research misconduct to be handled as an intra-faculty assessment process of *research non-compliance and/or violation of good research practice*, if a "non-defensible" finding of research misconduct is made but the case does fall within the ambit of research non-compliance and/or violation of good research practice (See SOP_NWU Research Integrity_1 *for the management of non-compliance and/or violation of good research practice*). A choice could also be made to follow the route of disciplinary action involving People and Culture (P&C) (See *NWU Behavioural Manual* for a staff member or the *NWU Policy on Student Discipline, 26 September 2019* for an undergraduate or postgraduate student) for the same reason.

6 ABBREVIATIONS AND/OR DEFINITIONS

Abbreviation	**Description**
DD: R&I	Deputy Dean: Research and Innovation
ED	Executive Dean
RD	Research Director
SD	School Director
RIO	Research Integrity Officer in the office of the DVC: R&I
RI	Research Integrity
SRIC	Standing Research Integrity Committee
DVC: R&I	Deputy Vice-Chancellor: Research and Innovation
REC	Research Ethics Committee
RCR	Responsible Conduct of Research
Concepts	**Definitions**
Research	Research includes the activities that are aimed at improving knowledge of any discipline through enquiry or systematic investigation. This applies to Research, whether in the public interest or not, or whether the Research is published or not. It refers to all academic Research conducted as part of any academic programme in any subject, including Agricultural Sciences, Earth Sciences, Economic Sciences, Education, Health/Medical Sciences, Humanities, Life

	Sciences, Mathematical Sciences, Physical Sciences, Social Sciences, Theology and Technological and Engineering Sciences. Scientific Research conducted by public or private bodies (regardless of whether the Research is privately or publicly funded). Commercial or industrial Research aimed at developing or improving products or services. Technological development and demonstration (e.g., prototype development, testing, user trials). (Adapted for the ASSAF Draft POPIA Code of Conduct for research, 2022).
Larger Faculties	Faculty of Education (EDUC) Faculty of Economic and Management Sciences (FEMS) Faculty of Health Sciences (FHS) Faculty of Humanities (FHUM) Faculty of Natural and Agricultural Sciences (FNAS)
Smaller Faculties	Faculty of Engineering (FENG) Faculty of Law (FLAW) Faculty of Theology (FTHEO)
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 of a *formal intra-faculty research integrity assessment* (research non-compliance, violation of good research practice or plagiarism) or *preliminary intra-faculty research integrity investigation* (fabrication or falsification) that a researcher has transgressed/potentially transgressed in responsible conduct of research/research integrity based on the mentioned acts. **Note:** *No appeals process can be followed for a case escalated to the office of the Registrar or student judicial office as no finding has been made.*
Non-compliance	Any violation of: • Any institutional and/or REC *policies, procedures* and *regulation* governing human, animal, or environmental research or other types of research practices that might impact society. • 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, animals, or environment. • Affect the safety of society due to other types of research practices. • 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 ("*honest human errors*").

	• Misunderstanding or oversight. • Missed deadline for a continuing review (adapted from UCT, 2013).
Serious Non-compliance	An activity that jeopardises: • The safety, rights or welfare of human participants or animals. • The environment. • The integrity of the data during research. Examples include but are not limited to: • Conducting research without Scientific Committee approval. • Conducting research with humans, animals, or the environment without REC approval. • Conducting any other type of research with an indicated risk factor without REC approval. • Not using approved REC documentation. • Using NWU student or staff data for research purposes without the necessary approval from specified structures i.e., RDGC (gatekeeper). • Inadequate training and supervision of researchers (academics and students). • 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 participants' 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 for disciplinary *action*. 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 the related SOP.
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 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 national codes of conduct for researchers and 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. • Self-citing to enhance own research index. • Deliberate misrepresentations in publications. • Expanding unnecessarily the bibliography of a study. • Establishing or intentionally supporting journals that undermine the quality control of research (predatory journals). • Using ghost writers to produce articles. • Incorrectly using university affiliation to gain access to subsidized funding. • Not following "good practice" guidelines in collaborative research. • Withholding research results. • Exaggerating the importance and practical applicability of findings. • Misrepresenting research achievements. • Inflating own research image during research assessment within the university or with external bodies or inflating own research profile. • Improper conduct in peer review. • Delaying or inappropriately hampering the work of other researchers (academics or students). • 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.
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, processes, or findings, 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), as well as copying text in various sections of a research report without referencing the earlier use. *Also see definition of plagiarism 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 of copy right infringement 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 misconduct by a researcher (academic or student).
Alleged	The researcher (academic or student) 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 Intra-faculty Research Integrity Assessment	An initial informal intra-faculty research integrity assessment process conducted by the DD: R&I of the Faculty (in the larger Faculties) or the ED (in the smaller Faculties) and the RIO in the office of the DVC: R&I, into the *merits and formal grounds of the allegation* of potential research misconduct, before proceeding to the more formal intra-faculty research integrity assessment (for plagiarism) or preliminary intra-faculty research integrity investigation (for fabrication and/or falsification). The type of misconduct will guide the process that follows and which RI SOP to follow.
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 of the Faculty as chairperson (in the larger Faculties) or the ED (in the smaller Faculties), the RIO in the office of the DVC: R&I, the appointed Standing Research Integrity Committee (SRIC), and the optional 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 or the student judicial office.
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 as chairperson (in the larger Faculties or the ED (in the smaller Faculties), the RIO in the office of the DVC: R&I, the appointed Standing Research Integrity Committee (SRIC), as well as specified independent ad hoc members (attorney in the legal office 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 faculty or university process of a disciplinary procedure taken against a staff member (involving People and Culture) or student (involving the student judicial office).
Escalation	• The process of referring a "defensible" finding of *potential research misconduct* for a *formal investigation into academic misconduct* by the office of the Registrar of the University or the student judicial office (See the *NWU Policy on Academic Integrity, 27 September 2018 revised 2021*). Always with cases of research misconduct (fabrication, falsification, plagiarism) and copyright infringement. However, other cases of serious breaches must also be referred to the office of the Registrar of the student judicial office. **Examples:** • Not obtaining Scientific Committee or Research Ethics Committee approval for any research (academics or students) at the NWU. • Using NWU student or staff data for research purposes without the necessary approval from specified structures i.e., RDGC (gatekeeper). • Inflating own research image during research assessment within the university or with external bodies. • Intentional publication in predatory journals. • Acts described in the Staff behavioural manual i.e.: o Any act or behaviour which has an element of dishonesty and/or misappropriation which could cause/causes detriment to the University and/or other person. o Any conduct that negatively affects the integrity, good name and/or public image of the University. o Any violation of any regulation governing human, animal or environmental research or any deviation from the REC approved proposal/protocol. o Insubordination and defying the authority. • Any act that caused reputational damage to the Faculty and/or the NWU.
Formal Investigation	The process of an investigation into research misconduct (fabrication, falsification, plagiarism) by the Registrar and people appointed by him/her to conduct the various phases of the investigation or the student judicial office (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 1) research non-compliance and/or violation of good research practice, 2) continuous research non-compliance and/or violation of good research practice or 3) research misconduct is true based on the preponderance of the evidence.
Research Integrity Officer (RIO)	A person appointed in the office of the DVC: R&I to facilitate research integrity (RI) within the Faculty through various functions, i.e. expanding the development of IRIMS, supporting the development and maintenance of processes, procedure and SOPs related to research integrity on Faculty level,

	as well as managing RCR/RI within the Faculties through guidance of how to foster a climate of Responsible Conduct of Research (RCR), as well as handling reported breaches/transgressions in RI/RCR. Also acts in an advising capacity to the DVC: R&I, ED, and DD: R&I. The person is not appointed in a research management position to ensure no potential conflict of interest.
Standing Research Integrity Committee (SRIC)	A Standing Research Integrity Committee (SRIC) appointed in the Faculty and consisting of specific members. **In the five larger Faculties:** • Chairperson: DD: R&I. • Research Integrity Officer in the office of the DVC: R&I. • Chairperson of the Faculty Research Ethics Committee (Faculty REC) or if such a person exists within the Faculty, the Head of the Ethics Office. • An elected Research Director in the Faculty (*appointed for three years*). • Secretariat provided by the Faculty (to sign a confidentiality agreement). In cases of *plagiarism* a consulting attorney in the legal office may be included. In cases of *fabrication and falsification* the following independent ad hoc members are included: • Consulting attorney in the legal office. • Two subject experts appropriate to the case at hand. **In the four smaller Faculties:** ***Faculty of Engineering:*** • Chairperson: ED: R&I. • Research Integrity Officer in the office of the DVC: R&I. • Chairperson of the Faculty Research Ethics Committee (Faculty REC). • An elected Research Director in the Faculty (*appointed for three years*). • Secretariat provided by the Faculty (to sign confidentiality agreement). ***Faculty of Law:*** • Chairperson: ED. • Research Integrity Officer (in the office of the DVC: R&I). • Chairperson of the Faculty Research Ethics Committee (Faculty REC). • The Research Director in the Faculty. • The Postgraduate Director. • Secretariat: Provided by the Faculty (to sign confidentiality agreement). ***Faculty of Theology:*** • Chairperson: ED. • Research Integrity Officer in the office of the DVC: R&I. • Research Directors of the research entities in the Faculty. • Secretariat provided by the Faculty (to sign a confidentiality agreement). In cases of *plagiarism* a consulting attorney in the legal office may be included. In cases of *fabrication and falsification* the following independent ad hoc members are included: • Consulting attorney in the legal office. • Two subject experts appropriate to the case at hand.

Integrated Research Integrity Management System	The integrated system used by the Faculty to manage research integrity in such a way that it: 1) Fosters a climate of *Responsible Conduct of Research* (RCR). 2) Effectively manages potential breaches in RCR/RI through acts of: i) Research non-compliance. ii) Violation of good research practice. iii) Research misconduct. 3) Effectively manages possible appeals stemming from research integrity assessments or investigations on an intra-faculty level.

7 VALUES UNDERPINNING THE NORTH-WEST UNIVERSITY'S ATTITUDE TOWARDS ALLEGATIONS OF RESEARCH MISCONDUCT

The North-West University believes:

- in the importance of impeccable research ethical standards and research integrity;
- that reporting of suspected 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 assessment is dealt with in terms of existing faculty and university procedures (adapted from UCT, 2014).

8 RESPONSIBILITIES

It is the primary responsibility of the Faculty within the bigger NWU, to protect the integrity of all research conducted by the researchers (academics, undergraduate and postgraduate students) of the Faculty, as the value and benefits of this research are vitally dependent on the integrity of the research. Should there be any possibility of a breach in research integrity through research misconduct (fabrication, falsification or plagiarism) the Faculty has to follow a process that will ensure that these allegations are assessed and handled in a *transparent* and *accountable* way in accordance with the highest standard of *integrity, fairness, due process* and *reasonableness*. Persons who are tasked with the management of this assessment process into allegations of research misconduct must act with the utmost *integrity* and *sensitivity*. Conflict of interest must be avoided, while the achievement of it is to be promoted (adapted from UCT, 2014).

8.1 Various role players have different responsibilities in this process:

The specific responsibilities of the various role players are set out with a more detailed step by step process under the *process* discussed in section 9.3.

8.1.1 The researchers

Researchers (academics, undergraduate and postgraduate students) must master the research knowledge, methodologies and ethical practices associated with their field and follow good research practices that will ensure "*responsible conduct of research* (RCR)". The researchers are expected to comply with all ethical principles, norms and standards, research integrity principles and responsibilities, as well as regulations, laws, and conditions placed on the conduct of the study.

8.1.2 The alleger

The person(s) (a researcher, any other member of a research team, a Research Ethics Committee (REC) or REC member, academic, research participants, community member, or dissertation/thesis examination committee) with allegations, observations or evidence of potential research misconduct who follow(s) any one of several processes to bring this to the attention of the DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) and the RIO in the office of the DVC: R&I.

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

Clarifies any uncertainties the SRIC and ad hoc members may require.

If required, acts as a witness during the formal investigation conducted by the Registrar.

8.1.3 The alleged

The researcher against whom the allegations of a possible breach in responsible conduct of research (RCR)/research integrity (RI) through research misconduct are being made, must offer his/her full cooperation in the assessment or investigation of the allegation(s) by sharing requested experiences or by providing requested documentation and/or data.

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

Should be willing to present his/her case to the SRIC and ad hoc members.

8.1.4 The Deputy Dean: Research and Innovation

Note: If it is a smaller Faculty the ED fulfils all the functions mentioned below.

For the informal intra-faculty assessment:

The DD: R&I of the Faculty must launch an initial informal intra-faculty assessment with the support of the RIO linked to the office of the DVC: R&I into the *merit or formal grounds for the allegation(s)* of research misconduct (fabrication, falsification, plagiarism), before proceeding to the next more formal process.

If the allegation(s) seem(s) to have *merit and formal grounds*, the DD: R&I as chairperson of the SRIC and the RIO in the office of the DVC: R&I, initiates either a *formal intra-faculty research integrity assessment* (plagiarism) or a *preliminary intra-faculty research integrity investigation* (fabrication and/or falsification).

For the formal intra-faculty research integrity assessment of cases of potential plagiarism:

The DD: R&I as chairperson, the RIO in the office of the DVC: R&I and the SRIC and consulting attorney in the legal office if required first meet with the alleger, to come to findings on the merit and formal grounds for the allegation of plagiarism.

The DD: R&I as chairperson, the RIO and the SRIC and consulting attorney if required meet with the alleged to hear his/her side of the story.

The DD: R&I with the support of the RIO finalises the letter to escalate the case to the Registrar or the student judicial office.

The DD: R&I with the support of the RIO finalises the letter to the alleged indicating the process of escalation and the future process.

The DD: R&I and the RIO set up a meeting and discuss the way forward with the ED of the Faculty to finalise the planned actions and for him/her to co-sign the necessary letters.

The DD: R&I with the support of the RIO calls for a meeting with the two Directors (Research and School) in which the researcher resides, to discuss the findings and future actions.

The DD: R&I notifies the researcher in writing of the escalation to the office of the Registrar or the student judicial office.

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

The DD: R&I with the support of the RIO sets up a meeting with the Registrar or the head of the student judicial office to hand over the letter and supporting documents and explain the case. The ED is also present.

The DD: R&I and RIO evaluates the progress of the process with the Registrar's office or the student judicial office and signs off on the finalisation of the process when the outcome is known.

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

For the preliminary intra-faculty research integrity investigation into cases of potential fabrication and/or falsification:

The DD: R&I and the RIO in the office of the DVC: R&I concur on the appointment of the independent attorney in the legal office and two independent experts as ad hoc members.

The DD: R&I with the support of the RIO provides the two experts with the allegation(s) and the necessary documentation and/or data to launch an independent investigation based on the documentation and/or data.

The DD: R&I with the support of the RIO calls for a meeting with the SRIC and ad hoc members.

The DD: R&I with the support of the RIO presents the case, documents, and reports to the SRIC and ad hoc members.

The DD: R&I as chairperson, the RIO, the SRIC and independent ad hoc members first meet with the alleger, to evaluate the merit and formal grounds of the allegation(s) of fabrication and/or falsification.

The DD: R&I as chairperson, the RIO, the SRIC, and independent ad hoc members meet with the alleged to hear his/her side of the story.

The DD: R&I with the support of the RIO finalises the letter to escalate the case to the Registrar or the student judicial office. Note: It should be clear that the experts confirm the allegation made by the alleger.

The DD: R&I with the support of the RIO finalises the letter to the alleged indicating the escalation and future processes.

The DD: R&I and the RIO set up a meeting and discuss the way forward with the ED of the Faculty to finalise the planned actions and for him/her to co-sign the two letters.

The DD: R&I with the support of the RIO calls for a meeting with the two Directors (Research and School) in which the researcher resides to discuss the findings and future actions.

The DD: R&I notifies the researcher in writing of the escalation to the office of the Registrar or the student judicial office.

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

The DD: R&I with the support of the RIO sets up a meeting with the Registrar or the head of the student judicial office to hand over the letter and supporting documents and explain the case. The ED is also present.

The DD: R&I and RIO evaluates the progress of the process with the Registrar's office or the student judicial office and sign off on the finalisation of the process when the outcome is known.

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

8.1.5 The Research Integrity Officer

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

- Receives the allegation(s) with the DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties).

- Supports the DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) in deciding on the merit and formal grounds.
- Sets up meetings with the SRIC and independent ad hoc members if deemed necessary.
- Oversees the secretariat in setting up meetings and taking minutes during meetings.
- Supports the DD: R&I (in larger Faculties) or the ED (in smaller Faculties) to set up the letter to the alleged notifying him/her of the escalation.
- Supports the DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) in writing the letters to the Registrar or the student judicial office and the alleged.
- Supports the DD: R & I (in the larger Faculties) or the ED (in the smaller Faculties) to write a letter to the Chairperson of the Faculty REC or the Head of the Ethics Office to notify him/her should a study be affected.
- Joins the DD: R&I (in the larger Faculties) in feedback meetings with the ED.
- Writes the final summative report.
- Where a case needs to be escalated to the office of the Registrar or the student judicial office, helps with organising supporting documentation and/or data and set up the handover meeting.
- Joins the DD: R&I and ED in the handover meeting with the Registrar or the head of the student judicial office.

Support from the secretary allocated for this purpose by the Faculty:

- Allocates a case number from the Research Integrity Register of the Faculty.
- Sets up meetings and keeps minutes.
- Keeps records of all evidence.
- Ensures that progress reports reach the office as indicated and closes cases.
- Gives monthly status reports of RI cases to the DD: R&I (in larger Faculties) and ED.
- Ensure that required reports are submitted to the DD: R&I (in larger Faculties), ED, and Faculty Board.

8.1.6 The Executive Dean in Larger Faculties

The ED listens to the report on the outcomes of the assessment or preliminary investigation of the SRIC and ad hoc members presented to him/her by the DD: R&I (in larger Faculties) and the RIO in the office of the DVC: R&I, gives his/her stamp of approval to the way forward and co-signs the necessary letters to the Registrar or the head of the student judicial office.

Keeps up to date with all active RI cases.

8.1.7 The Research Directors

The RDs report any possible allegations of a potential breach in RCR/RI reported to them to the DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) and RIO in the office of the DVC: R&I.

8.1.8 The Chairperson of the Faculty REC or Head of the Ethics Office for Research

The Chairperson of the Faculty REC or Head of the Ethics Office reports any allegations of potential research misconduct reported to him/her via the complaints processes to the DD: R&I (in larger Faculties) or ED (in smaller Faculties) and the RIO in the office of the DVC: R&I.

The Chairperson/Head forms part of the SRIC.

8.1.9 The School Directors

The SDs report any allegations of potential research misconduct reported to them to the DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) and RIO in the office of the DVC: R&I.

8.1.10 The independent attorney in the legal office

Offers legal advice during the progress of the case.

Attends the SRIC meeting(s) when included.

8.1.11 The independent experts

Review the documents and/or data provided by the DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) and RIO for proof of the allegation of *fabrication and/or falsification*.

Write a report within **10 working days** after receiving the documentation and/or data and provide it to DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) and RIO.

Attend the SRIC meeting(s) and present the report to the SRIC.

Should be prepared to act as a witness during the formal investigation by the office of the Registrar.

9 PROCEDURE(S)

9.1 The principles underpinning the process of handling allegations of research misconduct

- Procedural fairness.
- Natural justice.
- Due process.
- Integrity.
- Confidentiality ("need-to-know rule").
- One assessment where possible.

9.2 Questions that guide the procedural framework

- Who receives the allegation(s)?
- Who takes the first step(s)?
- Who appoints the SRIC?
- Who requests the independent consulting attorney in the legal office to be present?
- Who appoints the two independent experts?
- Who does the formal intra-faculty research integrity assessment into cases of plagiarism?
- Who does the preliminary intra-faculty research integrity investigation into cases of fabrication and/or falsification?
- How are these processes managed?
- How are the outcomes managed?

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

9.3 The process

The process focuses on the reporting of potential research misconduct and the steps in handling these allegations.

9.3.1 Reporting of possible research misconduct

The alleger(s), with allegations based on observations or evidence of research misconduct (plagiarism, fabrication, falsification), may choose to follow any one of several processes to bring this to the attention of the DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) of the Faculty and the RIO in the office of the DVC: R&I.

Another form of reporting will originate from dissertation/thesis examination committees. Possible acts of research misconduct mentioned by an examiner in an examiners report should be deliberated on during an examination committee to see whether these have merit and formal grounds to be *classified* as research misconduct. It is, however, not the responsibility of the examination committee to stipulate possible actions. The examination committee should follow the route of reporting the potential breach to the DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) and the RIO in the office of the DVC: R&I as a case of potential research misconduct through an act of *plagiarism, fabrication,* or *falsification*.

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

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

An allegation can come to the attention of the DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) and the RIO in the office of the DVC: R&I through:

- Direct notification to the office of the DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) and the RIO in the office of the DVC: R&I by any mentioned alleger.
- A process of Whistleblowing using SOP_NWU_Research Integrity_7. Management of Whistleblowing pertaining to Research Ethics and Research Integrity. This process is used should the alleger wish to remain anonymous.
- A report to or by a chairperson of one of the Faculty RECs.
- A report to or by the Head of the Ethics Office.
- A report to or by one of the Research or School Directors in the Faculty.
- A report by a dissertation/thesis examination committee.
- The alleger could also have decided to use one of the existing research ethics routes i.e., *SOP for complaints management.*

Important note: *Under no circumstances should an initial assessment be conducted by any party other than the DD: R&I* (in the larger Faculties) or *the ED* (in the smaller Faculties) *and the RIO linked to the office of the DVC R&I.*

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

No matter the route followed by the alleger of reporting the alleged, the *identity* of the alleger should always be protected and kept confidential and only be made known to the DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) and RIO. Should the allegation, however, prove to have substance and defensibility, *the alleger could be asked to verbally present his/her allegations to the SRIC, and the ad hoc members* should it move to a formal intra-faculty assessment or preliminary intra-faculty investigation. However, this may not always be necessary if the evidence is clear.

9.3.2 The steps in handling allegations

1) Initial informal intra-faculty research integrity assessment into the *merit and formal grounds* of the allegation(s) by the DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) and RIO in the office of the DVC: R&I only and the decision whether the process should continue.
2) Two possible processes based on the nature of the case:

2.1) For *plagiarism*: A *formal intra-faculty research integrity assessment* by the SRIC and consulting attorney in the legal office if deemed necessary.

2.2) For *fabrication of falsification*: A *preliminary intra-faculty research integrity investigation* by the SRIC, independent consulting attorney in the legal office and two independent experts.

3) Implementing the outcomes of the formal intra-faculty research integrity assessment (for plagiarism) or preliminary intra-faculty research integrity investigation (for fabrication or falsification).
4) Reporting and recording.

9.3.2.1 Informal Intra-faculty Research Integrity Assessment

On receiving a written allegation of a potential breach in RCR/RI, the DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) with the support of the RIO in the office of the DVC: R&I, launches an initial *informal intra-faculty research integrity assessment* into the *merit and formal grounds of the allegation* of potential research misconduct, before deciding to proceed to a more *formal intra-faculty research integrity assessment* (for plagiarism) or a *preliminary intra-faculty research integrity investigation* (for fabrication and/or falsification).

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

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

- Is it a valid complaint (research misconduct through an act of fabrication, falsification and/or plagiarism?
- Is it in good faith and not malicious?
- Even if an anonymous reporting (no identifiable alleger) or "bad faith" complaint(s) was received it should not be disregarded and "due process" followed.

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

If the allegation(s) seem(s) to have merit and formal grounds of a *potential act of research misconduct,* the DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) and the RIO continues with the next step in the process and launches either a *formal intra-faculty research integrity assessment (for plagiarism)* or *a preliminary intra-faculty research integrity investigation (for fabrication and/or falsification)*.

9.3.2.2 Two possible processes based on the nature of the case

Two possible processes are followed based on the nature of the research misconduct at hand, i.e.:

1) for *plagiarism* a *formal intra-faculty research integrity assessment* by the SRIC and a consulting attorney in the legal office if deemed necessary or

2) for *fabrication and falsification*, a *preliminary intra-faculty research integrity investigation* by the SRIC and appointed ad hoc members.

9.3.2.2.1 Formal intra-faculty research integrity assessment of potential plagiarism

A case number is allocated from the Research Integrity Register for a case of suggested *plagiarism*.

A risk management-based approach will be used.

The formal intra-faculty research integrity assessment is handled by the DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) as chairperson of the SRIC, the RIO in the office of the DVC: R&I, with an optional additional appointed independent consulting attorney in the legal office knowledgeable on research integrity. In *calling a meeting with the SRIC*, the DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) with the support of the RIO, must rule out any possible *conflict of interest, bias* and *unfairness* and *prevent strained collegiality and power relationship*, especially when an alleged has positional power. *Confidentiality* and *due process* will be maintained throughout the process. All attempts should be made to mitigate any adverse effects on participants.

The Standing Research Integrity Committee (SRIC) as indicated in the definition section.

And

Ad hoc members:

- Appointed independent consulting attorney in the legal office knowledgeable about research integrity matters if deemed necessary.

The DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) and the RIO in the office of the DVC: R&I notifies the alleged researcher in writing (usually an email) that an allegation has been made against him/her and proof of plagiarism provided. A brief description of the allegation is provided, and a time and place provided to appear before the SRIC if deemed necessary.

The DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) with the support of the RIO will as soon ***as possible, but no later than a week*** after receiving the allegation, call a meeting with the SRIC.

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

The DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) with the support of the RIO decides whether he/she will make any material available to the SRIC before the meeting. The DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) and RIO decide on the material to be made available and the secretariat ensures that the SRIC receives it in time. The SRIC and attorney in the legal office (if included) review materials available to them, draw from knowledgeable sources and collect relevant documentation, if necessary, to empower them for the assessment.

The DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) with the support of the RIO decides whether the alleger will address the SRIC or whether the evidence and documentation are adequate. The alleger is notified of the time and place of the meeting and should avail him/herself should the SRIC deem it necessary. If a decision is made that the alleger should address the SRIC, he/she is called to the meeting.

The meeting begins with the DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) supported by the RIO, welcoming all, and allowing time for introductions if necessary. The confidentiality of the matter is emphasised and each member's role during the assessment explained to them.

It is explained that the anonymity of the alleger will be respected, and he/she will not be called to present his/her case if the evidence is clear. If the SRIC deems it necessary to call the alleger to clarify facts it could be allowed, but anonymity must be respected. Note: *SOP for the management of whistleblowing pertaining to research ethics and research integrity* (SOP_NWU Research Integrity_7) should be followed to protect the anonymity if it is a case of whistleblowing.

The DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) with the support of the RIO presents the case in detail to the SRIC with the necessary evidence and documentation at hand.

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

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

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

The alleged *could be called* to respond to the allegation made against him/her if deemed necessary or be requested to provide specific documents. The researcher is to cooperate with fact-finding during the assessment.

If the alleged is called:

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

The SRIC continues with their discussion with all evidence at hand and comes to some form of a summarised version of the allegation of plagiarism and decides on a finding of *potential plagiarism*. They must come to a decision that there is efficient evidence to justify a formal investigation by the office of the Registrar or the student judicial office.

If the SRIC decides that there is evidence of potential plagiarism the case is escalated to the office of the Registrar or the student judicial office for a *formal investigation* into plagiarism.

Important note: If one of the actions directly affects a study, the REC should immediately be notified in writing by the DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) and the RIO that the study needs to be suspended or terminated, etc.

The DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) with the help of the RIO formulates a letter to the alleged explaining the allegation, the escalation process as well as the future process. In the letter the person is referred to the *NWU Policy on Academic Integrity (2018, revised 2021)* for further information.

Points mentioned in the letter:

- Findings of a potential breach in RCR/RI through the act of plagiarism.
- The process of escalation to the office of the Registrar or the student judicial office.
- The future process.

The DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) with the support of the RIO formulates a second letter addressed to the office of the Registrar or the student judicial office to escalate the case to him/her.

An appointment is made with the ED (in larger Faculties) where the DD: R&I with the support of the RIO presents the case and the two letters to the ED. If the ED concurs with the findings and future actions suggested by the SRIC, he/she co-signs the necessary letters with the DD: R&I.

The DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) with the support of the RIO informs the person that made the allegations of the findings and outcome of the formal intra-faculty research integrity assessment.

The DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) and RIO sets up a meeting with the Registrar or the head of the student judicial office to formally hand over the letter of escalation and supporting documents of proof of potential plagiarism and explain the case. The ED and RIO join the meeting.

The DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) with the support of the RIO keeps track of the progress made with the case by the Registrar's office or the student judicial office.

Once the case has been finalised the DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) sign the case off.

The RIO closes the record.

9.3.2.2.2 Preliminary intra-faculty research integrity investigation into possible cases of fabrication and/or falsification

A case number is allocated from the Research Integrity Register of the Faculty for a case of fabrication and/or falsification.

A risk management-based approach will be used.

The *preliminary intra-faculty research integrity investigation* is handled by the DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) as chairperson, the RIO, the SRIC and specific ad hoc members (independent consulting attorney in the legal office and two independent experts). The ad hoc members are identified by the DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) and the RIO. The DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) and RIO must rule out any possible *conflict of interest, bias* and *unfairness* and *prevent strained collegiality and power relationship*, especially when an alleged has positional power. *Confidentiality* and *due process* will be maintained throughout the process. All attempts should be made to mitigate any adverse effects on participants.

The Standing Research Integrity Committee (SRIC) members are indicated in the definition section.

And

The ad hoc members:

- An independent consulting attorney in the legal office knowledgeable about research integrity matters.
- Two independent experts (Experts in the required issue at hand).

The DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) notifies the alleged researcher in writing (usually an email) that an allegation has been made against him/her. A brief description of the allegation is provided, and a time and place provided should he/she need to appear before the SRIC (**Note**: ***From here on under 9.3.2.2.2 mention of SRIC includes the three ad hoc members***).

The DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) with the support of the RIO will as soon ***as possible but not later than 15 working days*** after receiving the allegation, call a meeting with the SRIC and appointed ad hoc members.

The DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) with the support of the RIO provides the consulting attorney and the two independent experts with the allegation and the necessary documentation and/or data to launch an independent investigation based on the documentation and/or data. The two independent experts submit written reports ***within 10 working days*** and ready for the first meeting with the SRIC and the ad hoc members.

The DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) and RIO decide on what material will be made available to the SRIC before the meeting. The secretariat ensures that the SRIC receives the material and two independent expert reports on time. The SRIC reviews materials and reports available to them, draws from knowledgeable sources, and collects relevant documentation, if necessary, to empower them for the investigation.

The DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) with the support of the RIO decides whether the alleger will address the SRIC or whether the evidence, documentation and expert reports are adequate. The alleger is notified of the time and place of the meeting and should avail him/herself should the SRIC deem it necessary. If a decision is made that the alleger should address the SRIC, he/she is called to the meeting.

The meeting begins with the DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) with the support of the RIO welcoming all and allowing time for introductions. The confidentiality of the matter is emphasised and each member's role during the assessment explained to them.

It is explained that the anonymity of the alleger will be respected, and he/she will not be called to present his/her case if the evidence is clear. However, if the SRIC deems it necessary to call the alleger to clarify facts it could be allowed but anonymity must be respected. Note: *SOP for the management of whistleblowing pertaining to research ethics and research integrity* (SOP_NWU Research Integrity_7) should be followed to protect the anonymity if it is a case of whistleblowing.

The DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) with the support of the RIO, presents the case in detail to the SRIC and ad hoc members with the necessary evidence, documentation and/or data and reports at hand, as well as the expert reports.

An important initial responsibility of the SRIC is to make sure that the allegation(s) that are made, is made in good faith.

The independent consulting attorney in the legal office and two independent expert members provide their input.

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

Should the SRIC deem it necessary the alleger is called to present his/her allegation and evidence and provide clarity.

Should the researcher be called he/she must cooperate with fact-finding during the assessment.

- The DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) makes it clear that this is a preliminary intra-faculty research integrity investigation into potential fabrication and/or falsification and that the researcher is not seen as guilty unless proof of evidence shows the opposite.
- The DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) with the support of the RIO presents the allegation to the researcher with a description of the evidence and reports.
- The researcher is allowed time to respond to the allegation(s) and presents his/her side of the case.
- The researcher is excused from the meeting.

The SRIC and ad hoc members continue with their discussion with all evidence and reports at hand, having heard the alleged side of the story and comes to some form of the summarised version of the allegation and decide on a finding of potential fabrication and/or falsification. They must come to a decision that the allegation proofs to have *substance* and *defensibility* and a finding of a *breach or no breach in RCR/RI through an act(s) of fabrication and/or falsification.* The SRIC should be prompt, discreet and effective, and should decide on the way forward.

If a *finding of a potential breach in RCR/RI through an act of fabrication and/or falsification is made*, the SRIC decides to escalate the case to the office of the Registrar or the student judicial office for the second phase of a formal investigation into fabrication and/or falsification.

Important note: If one of the actions directly affect a study, the REC should immediately be notified in writing by the DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) and the RIO that the study needs to be suspended or terminated etc.

The DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) with the help of the RIO formulates a letter to the alleged explaining the allegation, the escalation process as well as the future process. In the letter the person is referred to the *NWU Policy on Academic Integrity (2018, revised 2021)* for further information.

Points mentioned in the letter:

- Findings of a potential breach in RCR/RI through the act of plagiarism.
- The process of escalation to the office of the Registrar or the student judicial office.
- The future process.

The DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) with the support of the RIO formulates a second letter addressed to the office of the Registrar or the head of the student judicial office to escalate the case to him/her and indicate the potential breach in RCR/RI through an act of fabrication and/or falsification. Note: It should be clear that the experts confirm the allegation made by the alleger.

An appointment is made with the ED where the DD: R&I (in the larger Faculties) with the support of the RIO presents the case and the two letters the ED. If the ED concurs with the findings and future actions suggested by the SRIC, he/she co-signs the letter with the DD: R&I.

The signed letter is sent to the researcher by the DD: R&I (larger Faculties) or ED (smaller Faculties) and the RIO notifying him/her of the escalation of the case to the office of the Registrar or the student judicial office.

The DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) with the support of the RIO verbally informs the person that made the allegations of the findings and outcome of the preliminary intra-faculty investigation.

The DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) and RIO sets up a meeting with the Registrar or the head of the student judicial office to formally hand over the letter of escalation and supporting documents of proof of fabrication and/or falsification and the reports of the two independent experts and explain the case. The ED and RIO join the meeting.

The DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) with the support of the RIO keeps track of the progress made with the case by the Registrar's office or the student judicial office.

Once the case has been finalised the DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) signs the case off.

The RIO closes the record.

9.3.2.3 Implementing the outcomes

The system set in place is to ensure the execution of all the actions according to the described process and set timelines with an effective feedback cycle through the required reporting system.

Transparency and procedural fairness are important.

The DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) and RIO close the case and send a final notice to the ED.

9.3.2.4 Reporting and record-keeping

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

A number is allocated to each registered case.

A factual and objective mandatory report must be written after either the *formal intra-faculty research integrity assessment (plagiarism)* or the *preliminary intra-faculty research integrity investigation (fabrication and/or falsification)* and updated with a closing report at the end of the process. The RIO will be responsible for the report and approved by the DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties).

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 misconduct.
- The evidence summarised (what available evidence and record(s)).
- The process followed.
- Finding(s) that indicate(s) the potential breach/no breach.
- Actions the Faculty is taking to address the potential 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 (in the larger Faculties) or the ED (in the smaller Faculties).

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.
- Final actions taken by the Registrar or the student judicial office.
- Date of conclusion of the case.
- Summary of the conclusion process and comments from the RD and mentor.

10 SUMMARIZED PROCESSES

Diagram 1: Structure for the management of research misconduct

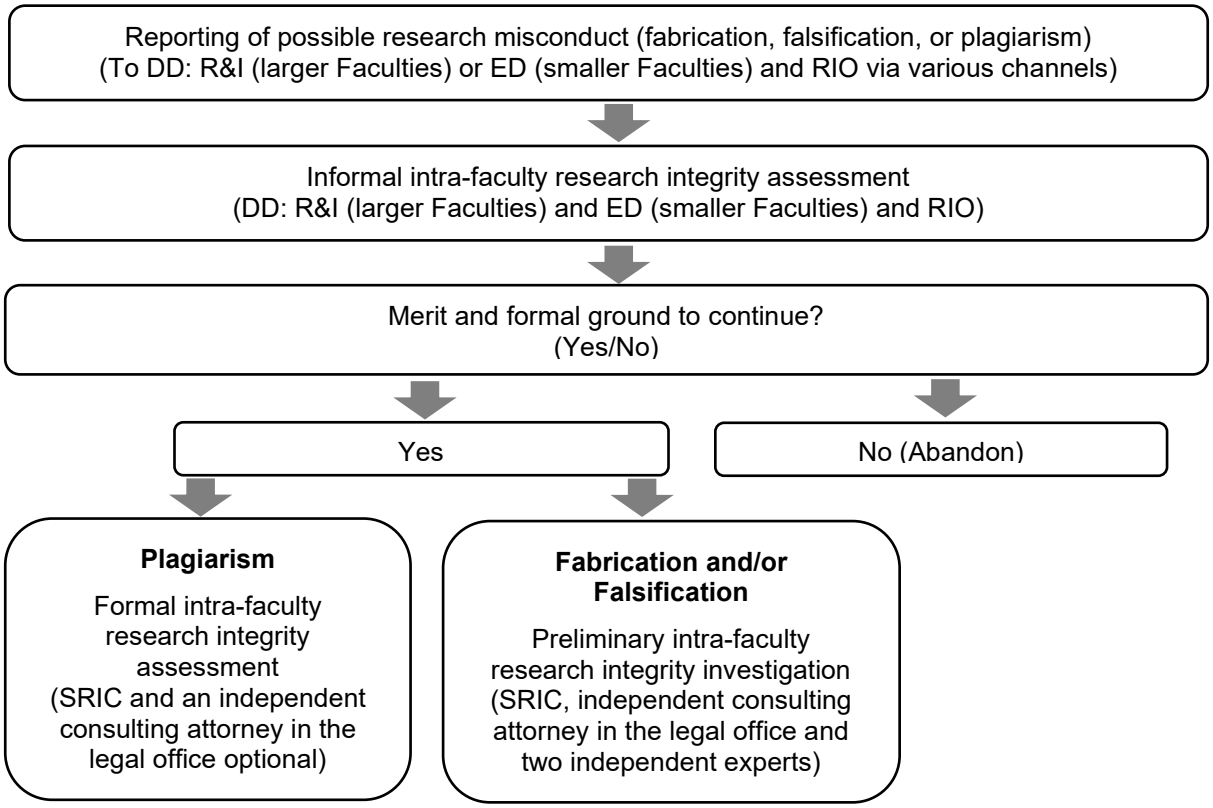


Diagram 2: Processes and procedures for the management of research misconduct (plagiarism)

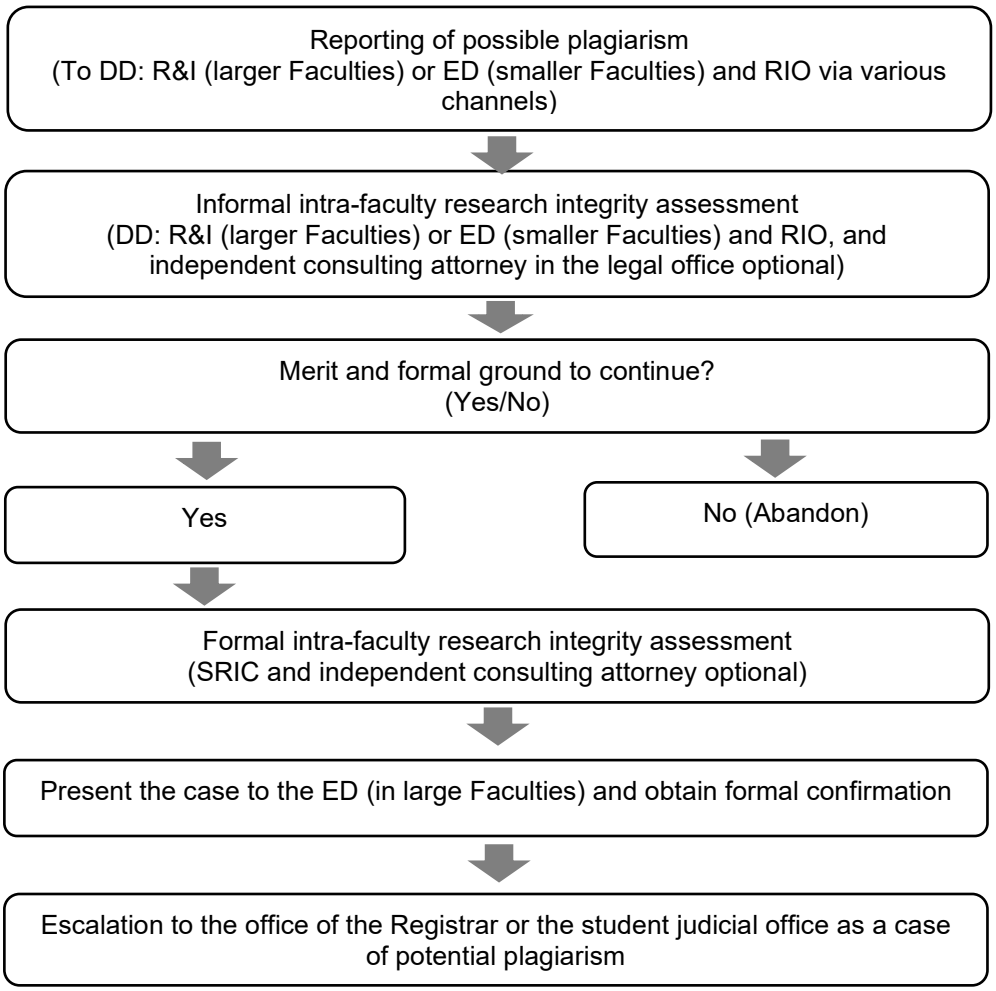
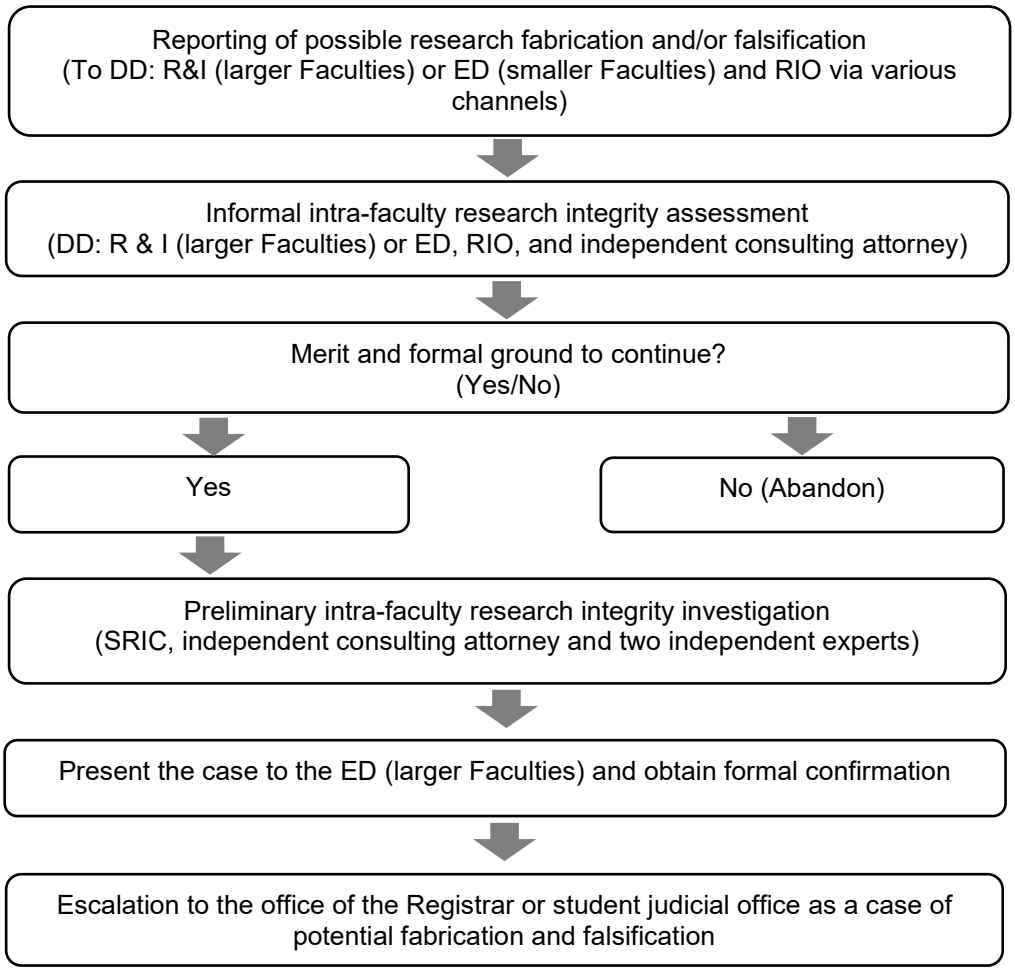


Diagram 3: Processes and procedures for the management of research misconduct (fabrication and falsification)



11 REFERENCE DOCUMENTS

SOP for complaint management (SOP of the Faculty REC).

SOP for the management of whistleblowing pertaining to research ethics and research integrity (SOP_NWU Research Integrity_7).

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

SOP for the management of continuous research non-compliance and/or violation of good research practice (SOP_NWU Research Integrity_2).

SOP for the management of the research integrity appeals process (SOP_NWU Research Integrity_4).

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

Singapore Statement on Research Integrity, 2010.

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

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

NWU Behavioural Manual.

NWU Policy on Student Discipline, 26 September 2019.

NWU Policy on Academic Integrity, 27 September 2018 revised 2021.

12 ADDENDA

No	Document name
None	

Original details: SOP_NWU Research Integrity_3 Management of Research Misconduct, April 2022, revised November 2022.

File reference:

RESEARCH INTEGRITY	Standard Operating Procedure		
Title	Management of the Research Integrity Appeals Process		
SOP no	SOP_NWU Research Integrity _4	**Version No.**	2
Date of approval	April 2022	**Revision date**	November 2025
Web address	https://www.nwu.ac.za/irims	**Page No.**	Page 1 to 15

1 COMPILATION AND AUTHORISATION

Action	Designated person	Date	Signature
Compiled by:	Prof Minrie Greeff	Febr 2022	
Checked and authorised by:	Deputy Vice-Chancellor: Research and Innovation (Prof Jeffrey Mphahlele)	Febr 2022	
	Deputy Deans: Research and Innovation (FEDUC, FEMS, FHS, FHUM, FNAS). Executive Deans (FENG, FLAW, FTHEO).	March 2022	
Reviewed and approved by:	Registrar (Prof Marlene Verhoef) Legal Office (Mr James Botha/Kobus Joubert)		Jan 2021
Approved by:	Faculty Board		August 2022

2 DISTRIBUTION

Department/Unit	Name	Date	Signature
Research and School Directors, academic staff, and postgraduate students in the Faculty.	DD: R&I (FEDUC, FEMS, FHS, FHUM, and FNAS). ED (FENG, FLAW, and FTHEO).	August 2022	

3 DOCUMENT HISTORY

Date	Version no	Reason for revision
April 2022	1	SOP approved
November 2022	2	SOP updated

4 PURPOSE OF THE SOP

The Faculty 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 *intra-faculty process* into an alleged breach/transgression in responsible conduct of research (RCR)/research integrity (RI) may be revisited. This SOP provides a guideline and procedure for the Deputy Dean: Research and Innovation (DD: R&I) (in the larger Faculties) and the Executive Dean (ED) of the Faculty, as well as for a person (staff member, undergraduate or postgraduate student) seeking to appeal a decision made during any of the Faculty's intra-faculty assessment processes for an alleged breach in research integrity (*research non-compliance and/or violation of good research practice, or continuous research non-compliance and/or violation of good research practice*).

Note: *This appeals process does not apply to cases escalated to the office of the Registrar or the student judicial office as no finding has been made.*

It is however, expected that the alleged should make full use of the opportunity given to him/her during the initial assessment process 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 for allegations of a breach in RCR/RI on *intra-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 (in larger Faculties) and the RIO in the office of the DVC: R&I or the ED (in the smaller Faculties) and the RIO in the office of the DVC: 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 research misconduct* conducted by the office of the Registrar of the University or the student judicial office (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
RIO	Research Integrity Officer in the office of the DVC: R&I
RI	Research Integrity
SRIC	Standing Research Integrity Committee
ERIC	Empanelled Research Integrity Committee
RCR	Responsible Conduct of Research
Concepts	**Definitions**
Research	Research includes the activities that are aimed at improving knowledge of any discipline through enquiry or systematic investigation. This applies to

	Research, whether in the public interest or not, or whether the Research is published or not. It refers to all academic Research conducted as part of any academic programme in any subject, including Agricultural Sciences, Earth Sciences, Economic Sciences, Education, Health/Medical Sciences, Humanities, Life Sciences, Mathematical Sciences, Physical Sciences, Social Sciences, Theology and Technological and Engineering Sciences. Scientific Research conducted by public or private bodies (regardless of whether the Research is privately or publicly funded). Commercial or industrial Research aimed at developing or improving products or services. Technological development and demonstration (e.g., prototype development, testing, user trials). (Adapted for the ASSAF Draft POPIA Code of Conduct for research, 2022).
Larger Faculties	Faculty of Education (EDUC) Faculty of Economic and Management Sciences (FEMS) Faculty of Health Sciences (FHS) Faculty of Humanities (FHUM) Faculty of Natural and Agricultural Sciences (FNAS)
Smaller Faculties	Faculty of Engineering (FENG) Faculty of Law (FLAW) Faculty of Theology (FTHEO)
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 of a *formal intra-faculty research integrity assessment* (research non-compliance, violation of good research practice, or plagiarism) or *preliminary intra-faculty research integrity investigation* (fabrication or falsification) that a researcher has transgressed/potentially transgressed in responsible conduct of research/research integrity based on the mentioned acts.
Non-compliance	Any violation of: • Any institutional and/or REC *policies, procedures* and *regulation* governing human, animal, or environmental research or other types of research practices that might impact society. • 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, animals, or environment. • Affect the safety of society due to other types of research practices. • 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 ("honest human error"). • Misunderstanding or oversight. • Missed deadline for a continuing review (adapted from UCT, 2013).
Serious Non-compliance	An activity that jeopardises: • The safety, rights or welfare of human participants or animals. • The environment. • The integrity of the data during research. Examples include but are not limited to: • Conducting research without Scientific Committee approval. • Conducting research with humans, animals, or the environment without REC approval. • Conducting any other type of research with an indicated risk factor without REC approval. • Not using approved REC documentation. • Using NWU student or staff data for research purposes without the necessary approval from specified structures i.e., RDGC (gatekeeper). • Inadequate training and supervision of researchers (academics and students). • 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 participants' 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 for disciplinary *action*. 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 the related SOP.
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 national codes of conduct for researchers and 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. • Self-citing to enhance own research index. • Deliberate misrepresentations in publications. • Expanding unnecessarily the bibliography of a study. • Establishing or intentionally supporting journals that undermine the quality control of research (predatory journals). • Using ghost writers to produce articles. • Incorrectly using university affiliation to gain access to subsidized funding. • Not following "good practice" guidelines in collaborative research. • Withholding research results. • Exaggerating the importance and practical applicability of findings. • Misrepresenting research achievements. • Inflating own research image during research assessment within the university or with external bodies or inflating own research profile. • Improper conduct in peer review. • Delaying or inappropriately hampering the work of other researchers (academics or students). • 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.

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, processes, or findings, 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), as well as copying text in various sections of a research report without referencing the earlier use. *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 (academic or student) as the alleged.
Alleged	The researcher (academic or student) 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 of the Faculty (in the larger Faculties) or the ED (in the smaller Faculties) and the RIO in the office of the DVC: R&I, into the *merits and formal grounds of the allegation* of potential research misconduct, before proceeding to the more formal intra-faculty research integrity assessment (for plagiarism) or preliminary intra-faculty research integrity investigation (for fabrication and/or falsification). The type of misconduct will guide the process that follows and which RI SOP to follow.
Formal Intra-faculty Research Integrity	A formal intra-faculty research integrity assessment into the allegations of research misconduct through an act of *plagiarism*. This process is conducted

Assessment (Acts of *Plagiarism*)	by the DD: R&I of the Faculty (in the larger Faculties) or the ED (in the smaller Faculties), as chairperson, the RIO in the office of the DVC: R& I, the appointed Standing Research Integrity Committee (SRIC), and the appointed independent consulting attorney in the legal office when deemed necessary, should the allegation seem to have merit and formal grounds and if it justifies a formal investigation by the office of the Registrar or the student judicial office.
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 (in the larger Faculties) or the ED (in the smaller Faculties) as chairperson, the RIO in the office of the DVC: R&I, the appointed Standing Research Integrity Committee (SRIC), as well as specified independent ad hoc members (attorney in the legal office 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 (involving People and Culture) or student (involving the student judicial office).
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 or the student judicial office (See the NWU Policy on Academic Integrity of 27 September 2018 revised 2021). Or The process of referring a "defensible" finding of *potential research misconduct* for a *formal investigation into academic misconduct* by the office of the Registrar of the University or the student judicial office (See the *NWU Policy on Academic Integrity, 27 September 2018, revised 2021*). Always with cases of research misconduct (fabrication, falsification, plagiarism) and ccopyright infringement. However, other cases of serious breaches must also be referred to the office of the Registrar of the student judicial office. **Examples:** • Not obtaining Scientific Committee or Research Ethics Committee approval for any research (academics or students) at the NWU. • Using NWU student or staff data for research purposes without the necessary approval from specified structures i.e., RDGC (gatekeeper). • Inflating own research image during research assessment within the university or with external bodies. • Intentional publication in predatory journals. • Acts described in the Staff behavioural manual i.e.: o Any act or behaviour which has an element of dishonesty and/or misappropriation which could cause/causes detriment to the University and/or other person. o Any conduct that negatively affects the integrity, good name and/or public image of the University. o Any violation of any regulation governing human, animal or environmental research or any deviation from the REC approved proposal/protocol.

	○ Insubordination and defying the authority. • Any act that caused reputational damage to the Faculty and/or the NWU.
Formal Investigation	A formal intra-faculty research integrity assessment process into the allegations of 1) research non-compliance, 2) violation of good research practice, or 3) research misconduct (plagiarism). This process is conducted by the DD: R&I (larger Faculties) or ED (smaller Faculties) of the Faculty, as chairperson, the RIO in the office of the DVC: R&I 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.
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. **Note:** *In the case of a breach through the acts of research misconduct, escalated to the Registrar or the student judicial office no finding is made by the Faculty and thus no appeals process possible.*
Research Integrity Officer (RIO)	A person appointed in the office of the DVC: R&I to facilitate research integrity (RI) within the Faculty through various functions, i.e. expanding the development of IRIMS, supporting the development and maintenance of processes, procedure and SOPs related to research integrity on Faculty level, as well as managing RCR/RI within the Faculties through guidance of how to foster a climate of Responsible Conduct of Research (RCR), as well as handling reported breaches/transgressions in RI/RCR. Also acts in an advising capacity to the DVC: R&I, ED, and DD: R&I. The person is not appointed in a research management position to ensure no potential conflict of interest.
Standing Research Integrity Committee (SRIC)	A Standing Research Integrity Committee (SRIC) appointed in the Faculty and consisting of specific members. **In the five larger Faculties:** • Chairperson: DD: R&I. • Research Integrity Officer in the office of the DVC: R&I. • Chairperson of the Faculty Research Ethics Committee (Faculty REC) or if such a person exists within the Faculty, the Head of the Ethics Office. • An elected Research Director in the Faculty (*appointed for three years*). • Secretariat provided by the Faculty (to sign a confidentiality agreement). In cases of *plagiarism* a consulting attorney in the legal office may be included. In cases of *fabrication and falsification* the following independent ad hoc members are included: • Consulting attorney in the legal office. • Two subject experts appropriate to the case at hand. **In the four smaller Faculties:** ***Faculty of Engineering:*** • Chairperson: ED: R&I. • Research Integrity Officer in the office of the DVC: R&I. • Chairperson of the Faculty Research Ethics Committee (Faculty REC). • An elected Research Director in the Faculty (*appointed for three years*). • Secretariat provided by the Faculty (to sign confidentiality agreement).

	Faculty of Law: • Chairperson: ED. • Research Integrity Officer (in the office of the DVC: R&I). • Chairperson of the Faculty Research Ethics Committee (Faculty REC). • The Research Director in the Faculty. • The Postgraduate Director. • Secretariat: Provided by the Faculty (to sign confidentiality agreement). ***Faculty of Theology:*** • Chairperson: ED. • Research Integrity Officer in the office of the DVC: R&I. • Research Directors of the research entities in the Faculty. • Secretariat provided by the Faculty (to sign a confidentiality agreement). In cases of *plagiarism* a consulting attorney in the legal office may be included. In cases of *fabrication and falsification* the following independent ad hoc members are included: • Consulting attorney in the legal office. • 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 (larger Faculties) or ED (smaller Faculties) 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 appointed Standing Research Integrity Committee (SRIC) and specific ad hoc members that will differ according to each new case at hand. **Members:** Standing Research Integrity Committee (SRIC). And Ad Hoc Members: • Research Director (RD) (unit in which the alleged resides). • School Director (SD) (school in which the alleged resides). • An independent person (expert on the required research integrity issue at hand).
Appeal	A request lodged by an alleged after an assessment finding of a potential breach in research integrity on an *intra-faculty level*. The request is made to the DD: R&I (FEDUC, FEMS, FHS, FHUM, and FNAS) and the RIO in the office of the DVC: R&I or the ED (FENG, FLAW, and FTHEO) and the RIO in the office of the DVC: 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. **Note:** This does not apply to cases escalated to the Registrar or the student judicial office.
Appeals panel	A group of people empanelled by the ED with the support of the RIO in the office of the DVC: R&I for the purpose of handling a research integrity appeals request. The appeals panel consists of: • Chairperson: ED (for FEDUC, FEMS, FHS, FHUM, and FNAS) or an appointed ED from another Faculty (for FENG, FLAW, and FTHEO). • Research Integrity Officer in the office of the DVC: R&I. • The RD of the research entity in which the alleged resides. • Two independent expert panellists knowledgeable about the specific RI issue at hand.

	• Secretariat provided by the Faculty.
Integrated Research Integrity Management System	The integrated system used by the Faculty to manage research integrity in such a way that it: 1) Fosters a climate of *Responsible Conduct of Research* (RCR). 2) Effectively manages potential breaches in RCR/RI through acts of: i) Research non-compliance. ii) Violation of good research practice. iii) Research misconduct. 3) Effectively manages possible appeals stemming from research integrity assessments or investigations on an intra-faculty level.

7 RESPONSIBILITIES

It is the primary responsibility of the Faculty 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 Faculty, as the value and benefits of this research are vitally dependent on the integrity of the research.

Should a researcher be assessed for potential breaches in research integrity on an *intra-faculty level*, an appeals process must also be available. The Faculty 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 (in the larger Faculties) and the ED (in the smaller Faculties) of the Faculty and the RIO in the office of the DVC: R&I.

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 responsible conduct of research (RCR)/research integrity (RI) have been lodged and a process of assessment has been followed on an intra-faculty level, appeals in *writing* to the DD: R& I (larger Faculties) or the ED (smaller Faculties) and RIO in the office of the DVC: 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

***Note**: If it is a smaller Faculty the ED fulfils all the functions mentioned below.*

The DD: R&I of the Faculty and RIO in the office of the DVC: R&I receive the request for the appeal.

The DD: R&I with the support of the RIO in the office of the DVC: R&I notifies the ED of the appeal and forwards the letter to the ED.

The DD: R&I with the support of the secretariat 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 and the RIO closes the case.

7.1.4 The Research Integrity Officer

The RIO situated in the office of the DVC: R&I, acts as advisor and support to the DD: R&I and ED throughout the appeals process:

- Receives the appeal with the DD: R&I (larger Faculties) or ED (smaller Faculties).
- Supports the DD: R&I (larger Faculties) in forwarding the written appeal to the ED.
- Supports the ED (in larger Faculties) to set up the appeals panel. In the smaller Faculties the ED appoints an ED from another Faculty to prevent conflict of interest.
- 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.

Support from the secretary allocated for this purpose by the Faculty:

- 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 (in the larger Faculties) and RIO in the office of the DVC: R&I.

Sets up the appeals panel with the support of the RIO. In the smaller Faculties the ED appoints an ED from another Faculty to prevent conflict of interest.

Acts as chairperson of the appeals panel (in the larger Faculties). In the smaller Faculties the ED appointed from another Faculty acts as the chairperson.

Meets with the alleged in the presence of the RD and RIO to give feedback of the outcome of the appeals process.

Reports back to the DD: R&I (in the larger Faculties) 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 (larger Faculties) or the ED (smaller Faculties) and the RIO in the office of the DVC: R&I 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 (larger Faculties) or the ED (smaller Faculties) and 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 DD: R&I (in larger Faculties) or the ED (in smaller Faculties) and the RIO in the office of the DVC: R&I receive the written appeal.

The DD: R&I (larger Faculties) or the ED (smaller Faculties) and RIO on receiving the written appeal, notifies the ED (only in larger Faculties) 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. In the case of a smaller Faculty the ED will appoint an ED from another Faculty to chair the panel to avoid any possible conflict of interest.

The appeals panel consists of the members as described below:

- Chairperson: ED (larger Faculties) or ED of another Faculty (smaller Faculties).
- Research Integrity Officer in the office of the DVC: R&I.
- The RD of the research entity in which the alleged resides.
- Two independent expert panellists knowledgeable about the specific RI issue at hand.
- Secretariat provided by the Faculty.

The ED and RIO in the office of the DVC: R&I 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 that chairs the meeting with the support of the RIO 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 (larger Faculty) or appointed ED from another Faculty (smaller Faculties) 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 in the office of the DVC: R&I, 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 (larger Faculties) of the outcome of the appeal and the way forward.

The DD: R&I (larger Faculties) or the ED (smaller Faculties) and RIO close the case.

8.3.7 Reporting and recordkeeping

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.

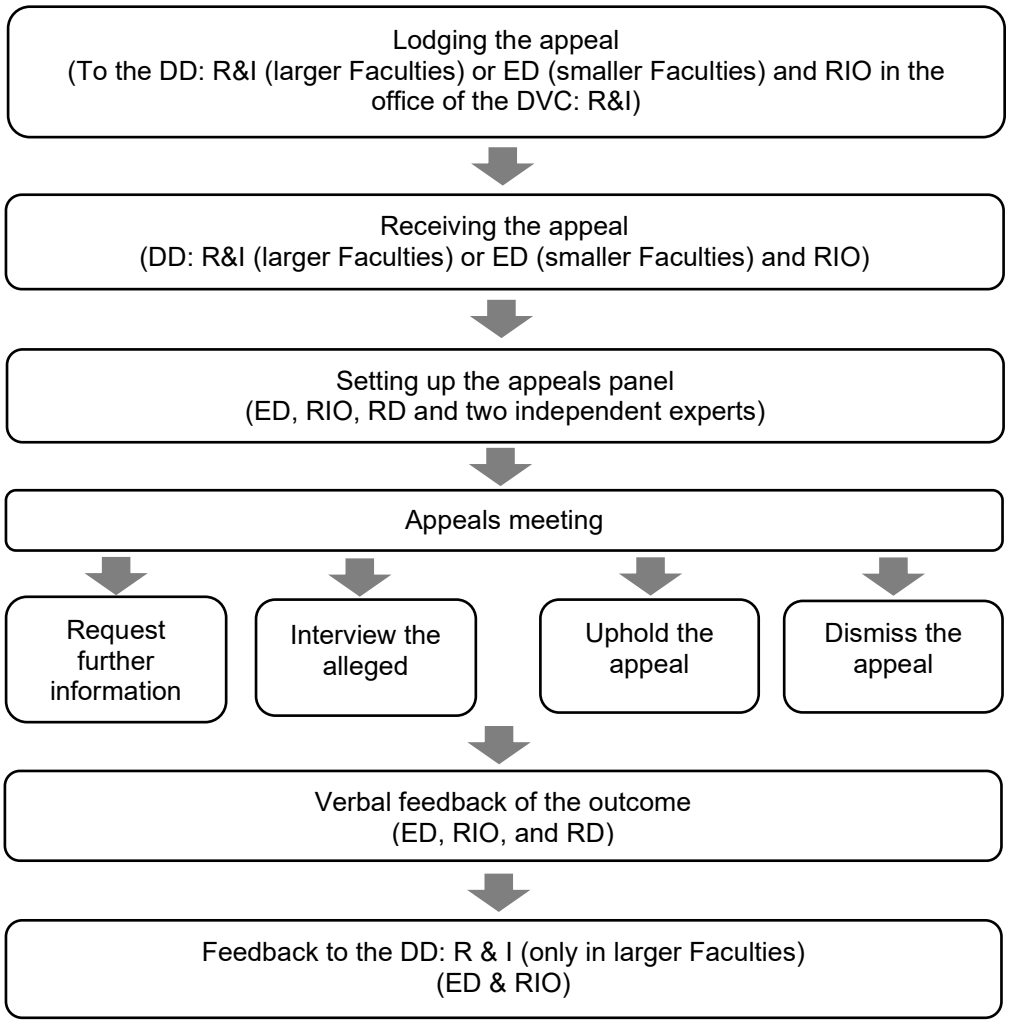
The following should be included in the initial report:

- 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.
- 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 (larger Faculties) or the ED (smaller Faculties).

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_NWU Research Integrity_1, NWU, 2020).

SOP for the management of continuous research non-compliance and/or violation of good research practice (SOP_NWU Research Integrity_2, NWU, 2020).

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

SOP for the management of a referral received from the Registrar as a breach in research in research integrity (SOP_NWU Research Integrity_6, NWU, 2022).

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_NWU Research Integrity_4 Management of the Research Integrity Appeals Process, April 2022, revised November 2022.

File reference:

RESEARCH INTEGRITY	Standard Operating Procedure		
Title	Management of Plagiarism and/or Copyright Infringement by External Authors		
SOP No.	SOP_NWU Research Integrity _5	**Version No.**	2
Date of approval	April 2022	**Revision date**	November 2025
Web address	https://www.nwu.ac.za/irims	**Page No.**	Page 1 to 16

1 COMPILATION AND AUTHORISATION

Action	Designated person	Date	Signature
Compiled by:	Prof Minrie Greeff	Febr 2022	
Checked and authorized by:	Deputy Vice-Chancellor: Research and Innovation (Prof Prof Jeffrey Mphahlele)	Feb 2022	
	Deputy Deans: Research and Innovation (FEDUC, FEMS, FHS, FHUM, FNAS). Executive Deans (FENG, FLAW, FTHEO).	March 2022	
Reviewed and approved by:	Registrar (Prof Marlene Verhoef) Legal Office (Mr Kobus Joubert)		March 2021
Approved by:	Faculty Board		August 2022

2 DISTRIBUTION

Department/Unit	Name	Date	Signature
Research and School Directors, academic staff, and postgraduate students in the Faculty	Deputy Deans: Research and Innovation (FEDUC, FEMS, FHS, FHUM, FNAS). Executive Deans (FENG, FLAW, FTHEO).	August 2022	

3 DOCUMENT HISTORY

Date	Version no	Reason for revision
April 2022	1	SOP approved
November 2022	2	SOP updated

4 PURPOSE OF THE SOP

To provide guidelines and procedures for the Deputy Dean: Research and Innovation (DD: R&I) and the Executive Dean (ED) of the Faculty, as well as person(s) seeking 1) to **report an allegation of plagiarism and/or copyright infringement** by (an) external author(s) not linked to the university through any form of employment or a contract and 2) **conducting a formal intra-faculty research integrity investigation** into the said allegation.

Note: Should *copyright infringement* be suspected, Legal Services and the Technology Transfer and Innovation Support Office (TTIS) will be consulted, and the case escalated to be dealt with in terms of the applicable rules and regulations of the NWU.

It is in the interest of the Faculty and the research community that an allegation of research misconduct through an act of plagiarism and/or copyright infringement by (an) external author(s) not linked to the university through any form of employment or contract be handled *consistently* and *transparently,* with a clear process and procedure for dealing with such an allegation. If such allegation is proven to be true, this can have negative implications (e.g., reputational damage) for the external author, the institution where the external author resides, funding bodies, as well as journal publishers.

This *SOP for the management of plagiarism and/or copyright infringement by (an) external author(s) not linked to the university through any form of employment or a contract* aims to find a balance between:

i. Providing safeguards for those who raise genuine concerns about an allegation of plagiarism and/or copyright infringement by (an) external author(s), and
ii. Providing protection against an uninformed, inaccurate, and malicious allegation that can cause serious harm to (an) innocent author(s) as well as his/her institution (adapted from UCT, 2014).

The balance is found in:

- An initial ***informal intra-faculty research integrity process of assessment*** **by** the DD: R&I (in larger Faculties) or ED (in smaller Faculties) and the Research Integrity Officer (RIO) in the office of the Deputy Vice-Chancellor: Research and Innovation (DVC: R&I), without the involvement of the person(s) making the allegation (alleger(s)). The merits of the allegation are assessed for formal grounds.
- A follow-up ***formal intra-faculty research integrity investigation*** by the DD: R&I (in larger Faculties) or ED (in smaller Faculties) as chairperson, the RIO in the office of the DVC: R& I and the appointed Standing Research Integrity Committee (SRIC) as well as specifically appointed ad hoc members (the research director of the entity in which the alleger resides, an independent consulting attorney in the legal office and an expert in plagiarism and/or copyright infringement).

5 SCOPE

This SOP guides different parties within the Faculty on how to handle an allegation of plagiarism and/or copyright infringement by (an) external author(s), as well as how to engage the support of Legal Services and the Technology Transfer and Innovation Support Office (TTIS) through escalating the case if further actions are deemed necessary.

Because the author is not a staff member of the North-West University (NWU) (through any form of employment or contract), the normal route of a *formal academic integrity investigation* by the office of the Registrar is not followed, and the process must be managed on an intra-faculty level unless further actions are required.

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
RIO	Research Integrity Officer in the office of the DVC: R&I
RI	Research Integrity
SRIC	Standing Research Integrity Committee
DVC: R&I	Deputy Vice-Chancellor: Research and Innovation
RCR	Responsible Conduct of Research
Concepts	**Definitions**
Research	Research includes the activities that are aimed at improving knowledge of any discipline through enquiry or systematic investigation. This applies to Research, whether in the public interest or not, or whether the Research is published or not. It refers to all academic Research conducted as part of any academic programme in any subject, including Agricultural Sciences, Earth Sciences, Economic Sciences, Education, Health/Medical Sciences, Humanities, Life Sciences, Mathematical Sciences, Physical Sciences, Social Sciences, Theology and Technological and Engineering Sciences. Scientific Research conducted by public or private bodies (regardless of whether the Research is privately or publicly funded). Commercial or industrial Research aimed at developing or improving products or services. Technological development and demonstration (e.g., prototype development, testing, user trials). (Adapted for the ASSAF Draft POPIA Code of Conduct for research, 2022).
Larger Faculties	Faculty of Education (EDUC) Faculty of Economic and Management Sciences (FEMS) Faculty of Health Sciences (FHS) Faculty of Humanities (FHUM) Faculty of Natural and Agricultural Sciences (FNAS)
Smaller Faculties	Faculty of Engineering (FENG) Faculty of Law (FLAW) Faculty of Theology (FTHEO)
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 of a formal intra-faculty research integrity investigation that (an) external author(s) has *potentially transgressed* in responsible conduct of research based on an act of plagiarism and/or copyright infringement.
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: • Manipulating authorship or denigrating the role of other researchers in publications. • Deliberate misrepresentations in publications.

	• Copyright infringement.
Research Misconduct	Refers to the FFP categorisation: • Fabrication • Falsification • Plagiarism In • Proposing • Performing • Reviewing research • Reporting results
• 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 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), as well as copying text in various sections of a research report without referencing the earlier use. *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.*
External Author	An author not linked to the NWU through any form of employment or contract.
External Institution	An institution where the external author(s) reside(s).
Journal Editor	The editor of the journal that has published the work containing the suspected plagiarism and/or copyright infringement.
Allegation	A report that represents an *unproven assertion*.
Alleger	The person (a researcher or any other member of a research team at the NWU) who raises awareness of possible plagiarism and/or copyright infringement by (an) external author(s) as the alleged.
Alleged	The external author(s) not linked to the NWU through any form of employment or contract, accused of plagiarism and/or copyright infringement.
Informal Intra-faculty Research Integrity Assessment	An initial informal intra-faculty research integrity assessment process conducted by the DD: R&I (larger Faculties) or the ED (smaller Faculties) of the Faculty and the RIO in the office of the DVC: R&I, into the *merit of the allegation* or *formal grounds* of potential plagiarism and/or copyright infringement by (an) external author(s).
Formal Intra-faculty Research Integrity Investigation	A formal intra-faculty research integrity investigation into the allegation of plagiarism and/or copyright infringement by (an) external author(s). This process is conducted by the DD: R&I (larger Faculties) or the ED (smaller Faculties) of the Faculty as chairperson with the support of the RIO in the office of the DVC: R&I, the appointed Standing Research Integrity Committee (SRIC) and specified ad hoc members (the research director of the entity in which the

	alleger resides, an independent consulting attorney in the legal office and an expert in plagiarism and/or copyright infringement) should the allegation seem to have merit and formal grounds.
Escalation	The process of referring a possible finding of plagiarism and/or copyright infringement by (an) external author(s) to Legal Services and the Technology Transfer and Innovation Support Office (TTIS) after a response from the external institution(s) has been received and potential further actions are required.
Finding of Potential Plagiarism and/or Copyright Infringement	A result concluding that an allegation of plagiarism and/or copyright infringement by (an) external author(s) is *potentially* true based on the preponderance of the evidence.
Research Integrity Officer (RIO)	A person appointed in the office of the DVC: R&I to facilitate research integrity (RI) within the Faculty through various functions, i.e. expanding the development of IRIMS, supporting the development and maintenance of processes, procedure and SOPs related to research integrity on Faculty level, as well as managing RCR/RI within the Faculties through guidance of how to foster a climate of Responsible Conduct of Research (RCR), as well as handling reported breaches/transgressions in RI/RCR. Also acts in an advising capacity to the DVC: R&I, ED, and DD: R&I. The person is not appointed in a research management position to ensure no potential conflict of interest.
Standing Research Integrity Committee (SRIC)	A Standing Research Integrity Committee (SRIC) appointed in the Faculty and consisting of specific members. **In the five larger Faculties:** • Chairperson: DD: R&I. • Research Integrity Officer in the office of the DVC: R&I. • Chairperson of the Faculty Research Ethics Committee (Faculty REC) or if such a person exists within the Faculty, the Head of the Ethics Office. • An elected Research Director in the Faculty (*appointed for three years*). • Secretariat provided by the Faculty (to sign a confidentiality agreement). Ad hoc members: • An expert in plagiarism and/or copyright infringement. • The RD of the entity in which the alleging researcher(s) reside(s). • A consulting attorney in the legal office must be included. **In the four smaller Faculties:** ***Faculty of Engineering:*** • Chairperson: ED: R&I. • Research Integrity Officer in the office of the DVC: R&I. • Chairperson of the Faculty Research Ethics Committee (Faculty REC). • An elected Research Director in the Faculty (*appointed for three years*). • Secretariat provided by the Faculty (to sign confidentiality agreement). ***Faculty of Law:*** • Chairperson: ED. • Research Integrity Officer (in the office of the DVC: R&I). • Chairperson of the Faculty Research Ethics Committee (Faculty REC). • The Research Director in the Faculty. • The Postgraduate Director.

	• Secretariat: Provided by the Faculty (to sign confidentiality agreement). ***Faculty of Theology:*** • Chairperson: ED. • Research Integrity Officer in the office of the DVC: R&I. • Research Directors of the research entities in the Faculty. • Secretariat provided by the Faculty (to sign a confidentiality agreement). Ad hoc members: • An expert in plagiarism and/or copyright infringement. • The RD of the entity in which the alleging researcher(s) reside(s). • A consulting attorney in the legal office must be included.
Integrated Research Integrity Management System	The integrated system used by the Faculty to manage research integrity in such a way that it: 1) Fosters a climate of *Responsible Conduct of Research* (RCR). 2) Effectively manages potential breaches in research integrity through acts of: i) Research non-compliance. ii) Violation of good research practice. iii) Research misconduct. 3) Effectively manages possible appeals stemming from research integrity assessments or investigations.

7 VALUES UNDERPINNING THE NORTH-WEST UNIVERSITY'S ATTITUDE TOWARDS AN ALLEGATION OF PLAGIARISM AND/OR COPYRIGHT INFRINGEMENT BY (AN) EXTERNAL AUTHOR(S)

The North-West University believes:

- in the importance of impeccable research ethical standards and research integrity;
- that reporting of suspected plagiarism and/or copyright infringement by and external author(s) (not linked to the NWU through any form of employment or contract) is a shared and serious responsibility of all members of the Faculty;
- that an allegation 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 an allegation 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 faculty and university procedures (adapted from UCT, 2014).

8 RESPONSIBILITIES

It is the primary responsibility of the Faculty within the bigger NWU to protect the integrity of all research conducted by the researchers (academics and postgraduate students) of the Faculty, as the value and benefits of this research are vitally dependent on the integrity of the research. Should there be any possibility of a breach in research integrity through plagiarism and/or copyright infringement by (an) external author(s) (not linked to the NWU through any form of employment or contract), the Faculty must follow a process that will ensure that this allegation is assessed and handled in a *transparent* and *accountable* way in accordance with the highest standard of *integrity, fairness, due process* and

reasonableness. Persons who are tasked with the management of this investigative process into an allegation must act with the utmost *integrity* and *sensitivity*. Conflict of interest must be avoided (adapted from UCT, 2014).

8.1 Various role players have different responsibilities in this process:

The specific responsibilities of the various role players are set out with a more detailed step-by-step process under the *process discussed* in section 9.3.

8.1.1 The alleger

The person (a researcher) with an allegation, observations, or evidence of potential plagiarism and/or copyright infringement by (an) external author(s) (not linked to the NWU through any form of employment of contract) who follows any one of several processes to bring this to the attention of the DD: R&I (larger Faculties or the ED (smaller Faculties) of the Faculty and the RIO in the office of the DVC: R&I.

Must share requested documentation as proof of evidence.

Clarifies any uncertainties the SRIC and ad hoc members may have.

8.1.2 The alleged

The external author(s) (not linked to the NWU through any form of employment or contract) against whom the allegation of plagiarism and/or copyright infringement is being made must offer his/her full cooperation in the investigation of the allegation by his/her own institution by providing requested documentation.

It should be clear to the external author(s) that he/she/they is/are protected until the allegation is determined to be defensible.

8.1.3 The external institution

Acknowledges receipt of the request from the Faculty, NWU that they (the external institution) investigate a potential breach in research integrity through the act of plagiarism and/or copyright infringement by one of its researchers.

On receipt of the allegation of potential plagiarism and/or copy right infringement against one of its researchers, investigate the allegation.

Notify the DD: R&I (larger Faculties) or the ED (smaller Faculties) and the RIO in the office of the DVC: R&I of the outcome of the institution's investigation.

If found to be true, will request the retraction/correction of the article.

8.1.4 The journal editor

The journal editor on receiving the notification of the possibility of plagiarism and/or copyright infringement by (an) author(s) investigates the possibility of plagiarism and/or copyright infringement in the published article.

Retract/correct the published article on receiving the request from the external investigating institution, wait for the outcome of the investigation by the external institution, or decide not to change anything.

8.1.5 The Deputy Dean: Research and Innovation

Note: If it is a smaller Faculty the ED fulfils all the functions mentioned below.

The DD: R&I of the Faculty must launch an initial informal intra-faculty assessment with the support of the RIO in the office of the DVC: R&I into the *merit of or grounds for the allegation* of potential plagiarism and/or copyright infringement by (an) external author(s) not linked to the NWU through any form of employment or contract, before proceeding to the more formal intra-faculty research integrity investigation.

If the allegation seems to have formal grounds, the DD: R&I as chairperson of the SRIC with the support of the RIO, empanel the SRIC and specified ad hoc members and initiate a formal intra-faculty research integrity investigation.

The DD: R&I as chairperson with the support of the RIO in the office of the DVC: R&I and the empanelled SRIC and appointed expert ad hoc members first meet with the alleging persons(s).

The DD: R&I with the support of the RIO finalises the letters to the alleged external author(s), the institution(s) where the external author(s) reside(s), and the journal editor.

The DD: R&I and the RIO discuss the outcome of the investigation and planned actions of the SRIC and expert ad hoc members with the ED of the Faculty to finalise the way forward.

The DD: R&I with the support of the RIO does regular follow up on the progress made by the external institution and the editor of the journal and provide regular feedback to the alleging person(s).

The DD: R&I and RIO evaluate the final letter(s)/report(s) provided by the external institution(s) and the editor and decide whether the case can be closed or whether any further action should be taken.

The DD: R&I and RIO provide written feedback to the alleging person(s) on the outcome of the case.

The DD: R&I and RIO ensure that Legal Services and the Technology Transfer and Innovation Support Office (TTIS) are well informed and provide all the necessary documentation (*only if escalated*).

The DD: R&I with the support of the RIO closes the case if satisfied.

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

8.1.6 The Research Integrity Officer

The RIO situated in the office of the DVC: R&I acts as advisor and support to the DD: R&I (in larger Faculties) and ED throughout all processes of alleged research integrity breaches and the investigation thereof.

- Receives the allegation with the DD: R&I (larger Faculties) or ED (smaller Faculties).
- Supports the DD: R&I (larger Faculties) or ED (smaller Faculties) in deciding on the merit and formal grounds.
- Sets up the SRIC and appointed expert ad hoc members after empanelment by the DD: R&I (larger Faculties) or ED (smaller Faculties).
- Oversees the secretariat in setting up meetings and taking minutes during meetings.
- Supports the DD: R&I (larger Faculties) or ED (smaller Faculties) in writing the necessary letters to the author(s), the institution(s) and the journal editor.
- Joins the DD: R&I (larger Faculties only) in feedback meetings with the ED.
- Writes the final summative report.
- Where a case needs to be escalated for a formal external investigation, helps with organising supporting documentation and formulating the accompanying letter of referral to the appropriate person, and sets up the handover meeting.
- Joins the DD: R&I (larger Faculties) or ED (smaller Faculties) in the handover meeting if escalated to Legal Services and the Technology Transfer and Innovation Support Office (TTIS) (*only if applicable*).

Support from the secretary allocated for this purpose by the Faculty:

- Allocates a case number from the Research Integrity Register of the Faculty.
- Keeps records of all evidence.
- Ensures that progress reports reach the office as indicated and closes cases.
- Gives monthly status reports of RI cases to the DD: R&I (if a larger Faculty) and ED.
- Ensures that required reports are submitted to the DD: R&I (in larger Faculties), ED, and Faculty Board.

8.1.7 The Executive Dean in Larger Faculties

The ED (if in a Larger Faculty) listens to the report on the outcomes of the investigation of the SRIC and the appointed expert ad hoc members presented to him/her by the DD: R&I (if a larger Faculty) and the RIO in the office of the DVC: R&I, gives his/her stamp of approval to the way forward and co-signs the letters set up by the DD: R&I (larger Faculties) with the support of the RIO to the external author(s), the institution(s) where the external author(s) reside(s), as well as the journal editor.

Keeps up to date with all active RI cases.

8.1.8 The Research Directors

The RD of the research entity where the alleging researcher(s) reside(s) forms part of the SRIC and appointed expert ad hoc members.

8.1.9 The Chairperson of the Faculty REC or Head of the Ethics Office

The Chairperson/Head forms part of the SRIC.

8.1.10 The independent plagiarism and/or copyright infringement expert

The independent expert in plagiarism and/or copyright infringement does the necessary assessment and provides the empanelled SRIC and ad hoc members with a written report that will be used in the communication to the external author(s), the external institution(s) and the editor of the journal.

8.1.11 Independent consulting attorney in the legal office

The independent consulting attorney in the legal office only ensures safety in legal *communication* to the various parties.

9 PROCEDURE(S)

9.1 The principles underpinning the process of handling an allegation of plagiarism and/or copyright infringement by (an) external author(s)

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

9.2 Questions that guide the procedural framework

- Who receives the allegation?
- Who takes the first step(s)?
- Who appoints the SRIC and expert ad hoc members?
- Who does the formal intra-faculty research integrity investigation?
- How are the outcomes managed?

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

9.3 The process

9.3.1 Reporting of possible plagiarism and/or copyright infringement by (an) external author(s)

The alleging person(s), with an allegation based on observations or evidence of plagiarism and/or copyright infringement by (an) external author(s) not linked to the NWU through any form of employment or contract, must directly notify the office of the DD: R&I (larger Faculties) or ED (smaller Faculties) and the RIO in the office of the DVC: R&I.

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

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

Important note: *Under no circumstances should an initial assessment be conducted by any party other than the DD: R&I* (larger Faculties) or *ED* (smaller Faculties) *and the RIO in the office of the DVC: R&I. Neither should the internal author/person(s) attempt to communicate with the external author(s) or the editor of the journal.*

9.3.2 The steps in handling allegations

1) Initial informal intra-faculty research integrity assessment into the *merit and formal grounds* of the allegation(s) by the DD: R&I (larger Faculties) or ED (smaller Faculties) and RIO in the office of the DVC: R&I only and the decision whether the process should continue.
2) Formal intra-faculty investigation by the SRIC and appointed ad hoc members.
3) Reporting and recording.
4) Escalation to the Legal Services and the Technology Transfer and Innovation Support Office (TTIS) if any further action is required due to possible copyright infringement (*only if applicable)*.

9.3.2.1 Informal Intra-faculty Research Integrity Assessment

On receiving a written allegation of a possible breach in RCR/RI, the DD: R&I (larger Faculties) or ED (smaller Faculties) with the support of the RIO in the office of the DVC: R&I launches an initial *informal intra-faculty assessment* into the *merit and formal grounds of the allegation* of potential plagiarism and/or copyright infringement by (an) external author(s) not linked to the NWU though any form of employment or contract, before deciding to proceed to a more formal intra-faculty research integrity investigation process.

This assessment is done with the hard evidence provided by the alleger(s) and handled at face value.

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

- Is it a valid complaint of potential plagiarism and/or copyright infringement by (an) external author(s)?
- Is it in good faith and not malicious?

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

If the allegation(s) seem(s) to have merit and formal grounds of a *potential breach of RCR/RI through an act of plagiarism and/or copy right infringement by (an) external author(s) not linked to the NWU through any form of employment or contract*, the DD: R&I (larger Faculties) or ED (smaller Faculties) continues with the next step in the process and launches a *formal intra-faculty research integrity investigation* with the support of the RIO in the office of the DVC: R&I.

9.3.2.2 Formal Intra-faculty Research Integrity Investigation

A case number is allocated from the Research Integrity Register of the Faculty.

A risk management-based approach will be used.

The formal intra-faculty research integrity investigation is handled by the DD: R&I (larger Faculties) or ED (smaller Faculties) as chairperson, the RIO in the office of the DVC: R& I and an empanelled SRIC and ad hoc members. In *empanelling the SRIC and appropriate ad hoc members*, the DD: R&I (larger Faculties) or ED (smaller Faculties) with the support of the RIO must rule out any possible *conflict of interest, bias,* and *unfairness. Confidentiality* and *due process* will be maintained throughout the process.

The Standing Research Integrity Committee (SRIC) as indicated in the definition

And

Ad hoc members:

- An expert in plagiarism and/or copyright infringement.
- The RD of the entity in which the alleging researcher(s) reside(s).
- A consulting attorney in the legal office must be included.

The DD: R&I (larger Faculties) or ED (smaller Faculties) with the support of the RIO in the office of the DVC: R&I will as soon ***as possible, but no later than a week*** after receiving the allegation, call a meeting with the empanelled SRIC and ad hoc members.

The formal intra-faculty investigation process should be prompt, discreet and effective, and should decide ***within three weeks***.

The DD: R&I (larger Faculties) or ED (smaller Faculties) with the support of the RIO decides whether he/she will make any material available to the SRIC and ad hoc members before the meeting. The DD: R&I (larger Faculties) or ED (smaller Faculties) and RIO decide on the material to be made available and the secretariat ensures that the SRIC and ad hoc members receive 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 investigation.

The initial meeting begins with the DD: R&I (larger Faculties) or ED (smaller Faculties) welcoming all and allowing time for introductions if necessary. The confidentiality of the matter is emphasised and each member's role during the investigation explained to them. The DD: R&I (larger Faculties) or ED (smaller Faculties) makes it clear that this is a formal intra-faculty research integrity investigation and that the external author(s) is/are not considered guilty unless evidence proves otherwise.

The DD: R&I (larger Faculties) or ED (smaller Faculties) with the support of the RIO presents the case in detail to the SRIC and ad hoc members with the necessary evidence and documentation at hand.

Should the SRIC and ad hoc members deem it necessary, the alleger(s) is called to present his/her/their allegation and evidence and provide clarity.

An important initial responsibility of the SRIC and ad hoc members is to make sure that the allegation was made in good faith.

A timeframe is set for ***one week after the present meeting*** to reconvene for a follow-up meeting and make a final decision based on the expert's findings.

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

The SRIC and ad hoc members continue with their discussion with all evidence at hand, having heard the expert's report, and come to some form of a summarised version of the allegation and decide on a finding. They must come to a decision that the allegation proved to have *substance* and *defensibility* and a finding of a *potential breach or no breach in RCR/RI.*

If a finding of a potential breach in RCR/RI is made, the SRIC and ad hoc members decide on:

- The way forward.
- The time frames.

The DD: R&I (larger Faculties) or ED (smaller Faculties) with the support of the RIO prepares letters to:

- the external author(s),
- the institution(s) where the researcher(s) reside(s),
- the editor of the journal, and
- the alleger(s).

The **letters** indicate the following:

- *To the external researcher(s):*
    - The finding of a *potential* breach in research integrity through (an) act(s) of plagiarism and/or copyright infringement naming the publication.
    - Explaining the nature of the *potential* breach and attached addenda if applicable.
    - The process followed at the NWU.
    - That (a) letter(s) will be sent to his/her/their institution(s) to request an internal investigation.
    - That a letter will be sent to the editor of the journal explaining the finding and process followed.
    - Request of confirmation of receipt of the letter by a stated date (two weeks from sending the letter).

- *To the appropriate person dealing with such matters at the institution(s) where the researcher(s) reside(s) (Note: This will vary for each institution and initial groundwork is required to identify the appropriate person):*
    - The finding of a *potential* breach in research integrity through an act(s) of plagiarism and/or copyright infringement naming the author(s) and the publication.
    - Explaining the nature of the *potential* breach and attached addenda if applicable.
    - The process followed at the NWU.
    - That letters will be sent to the author(s), other institutions if applicable, as well as the editor of the journal (attach copies of letters).
    - A specific request for an internal investigation by the external institution into the allegation(s).
    - Request confirmation of receipt of the letter by a stated date (two weeks from sending the letter).
- *To the editor of the journal:*
    - The finding of a *potential* breach in research integrity through an act(s) of plagiarism and/or copyright infringement naming the author(s) and the publication.
    - Explaining the nature of the *potential* breach and attached addenda if applicable.
    - The process followed at the NWU.
    - That letters will be sent to the author(s) and his/her/their institution(s) to request an internal investigation.
    - A specific request for an internal investigation into the allegation(s) and, if proven true, to retract the article or request that the necessary correction be made.
    - Request confirmation of receipt of the letter by a stated date (two weeks from sending the letter).
- *To the internal researcher(s) that made the allegation of plagiarism and/or copyright infringement:*
    - That letters were sent to the external author(s), the appropriate person at the institution were the external author(s) reside(s), and the editor of the journal.
    - That they should *not attempt any interaction with the authors, or any parties* involved in the incident.
    - That feedback will be provided of the outcome of the investigation and any further actions deemed necessary.

An appointment is made with the ED (in larger Faculties) where the DD: R&I (in larger Faculties) with the support of the RIO presents the case and letters to the various recipients to the ED. If the ED concurs with the findings and letters, he/she co-signs the letter with the DD: R&I (larger Faculties).

The letters are sent off to the various recipients.

The DD: R&I (larger Faculties) or ED (smaller Faculties) with the support of the RIO notifies the internal author/person(s) by email of the outcome and the process being followed. The authors are cautioned not to interact with any of the mentioned external parties.

The DD: R&I (larger Faculties) or ED (smaller Faculties) with the support of the RIO does regular follow up with the institution(s) as to the progress made with the case at hand if timelines are unnecessarily stretched and keep the internal author/person(s) up to date.

On receipt of a response from the external institution(s), the DD: R&I (larger Faculties) or ED (smaller Faculties) with the support of the RIO calls for a meeting ***within one week*** with the SRIC and ad hoc members to decide:

1) Whether they are satisfied with the response and the case can be closed.

2) Whether they would like to request further information from the external institution(s).

3) Whether they would like to escalate it to Legal Services and the Technology Transfer and Innovation Support Office (TTIS) for possible further actions (see section 9.3.2.6).

If the SRIC and ad hoc members decide that they are satisfied with the response, the DD: R&I (larger Faculties) or ED (smaller Faculties) with the support of the RIO writes a letter to the external institution(s) of accepting the outcome of the investigation.

The internal author/person(s) is/are notified by email of the outcome of the investigation, whether further action is required, and the way forward.

The DD: R&I (larger Faculties) or ED (smaller Faculties) with the support of the RIO closes the case.

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

9.3.2.3 Reporting and recordkeeping

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

A number is allocated to each registered case.

A factual and objective mandatory report must be written after the formal intra-faculty investigation and updated with a closing report at the end of the investigation. The RIO will be responsible for the report and approved by the DD: R&I (larger Faculties) or ED (smaller Faculties).

The following should be included in the initial report:

- Name of the internal institution.
- Name of the Faculty.
- The research entity in which the internal researcher(s) reside(s).
- Full names and surname of the alleging researcher(s).
- Personnel/student number.
- Title of the publication (if applicable).
- Name and institution of the external author(s).
- Date of receiving the allegation.
- A detailed description of the allegation.
- The evidence summarised (available evidence and record(s)).
- The process followed.
- Finding(s) that indicate(s) breach or no breach.
- Actions the Faculty is taking to address the breach in research integrity.
- Name of the RD.
- Name of the independent consulting attorney in the legal office.
- Name of the independent expert.
- 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:

- The name of the internal researcher(s) and the entity in which the researcher resides.
- The name(s) of the external author(s) and the institution(s).
- Name of the publication.
- Date of conclusion of the case.
- Summary of the conclusion process and any further comments.

9.3.2.6 Possible escalation to Legal Services and the Technology Transfer and Innovation Support Office (TTIS) if further actions are required due to possible copyright infringement

As indicated earlier in the SOP, the SRIC and ad hoc members can make a finding that they deem the case worthy of escalation to Legal Services and the Technology Transfer and Innovation Support Office (TTIS) for possible further actions.

The DD: R&I (larger Faculties) or ED (smaller Faculties) with the support of the RIO in the office of the DVC: R&I writes a letter explaining the internal process followed and why it seems appropriate to escalate the case to Legal Services and the Technology Transfer and Innovation Support Office (TTIS) for possible further actions.

The ED (in larger Faculties) supports the finding and the way forward and co-signs the letter.

The DD: R&I (larger Faculties) or ED (smaller Faculties) and RIO in the office of the DVC: R&I set up a meeting with the indicated persons at Legal Services and the Technology Transfer and Innovation

Support Office (TTIS) to formally hand over the letter of escalation and supporting documents of proof of potential plagiarism and/or copyright infringement and to explain the case.

Points of discussion for the meeting:

- Findings of a potential breach in RI/RCR through the act of plagiarism and/or copyright infringement.
- Why the need to escalate the case for potential further action.
- The future process.

The DD: R&I (larger Faculties) or ED (smaller Faculties) with the support of the RIO keeps track of the progress made with the case by Legal Services and the Technology Transfer and Innovation Support Office (TTIS).

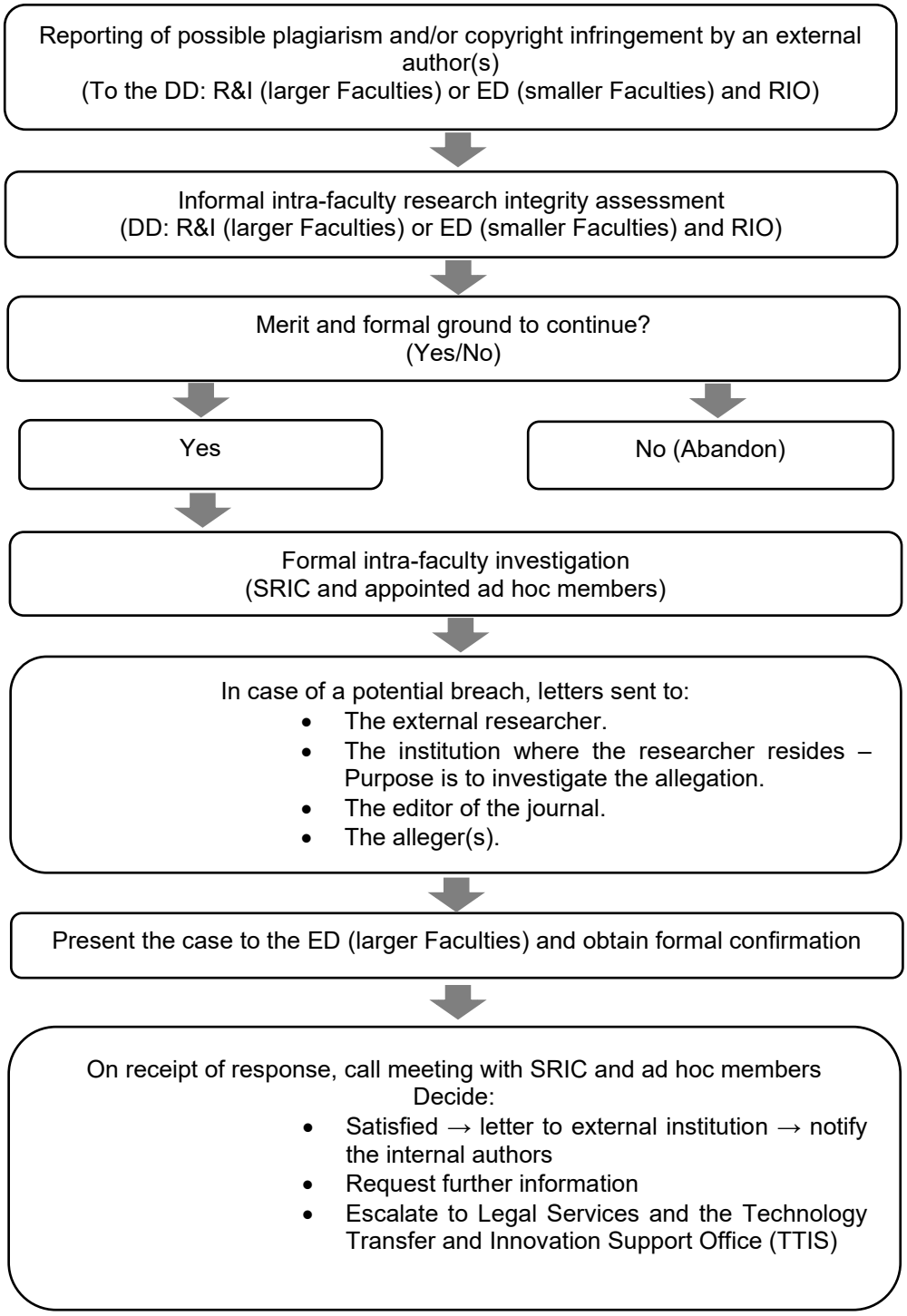
The outcome of the case should be reported to the ED, the DD: R&I, and the RIO.

Once the case has been finalised, the DD: R&I (larger Faculties) or ED (smaller Faculties) signs the case off.

The RIO closes the record.

10 SUMMARISED PROCESS

Diagram 1: Processes and procedures for the management of plagiarism and/or copyright infringement by external authors



11 REFERENCE DOCUMENTS

SOP for complaint management (SOP_Ethics_1.5, NWU, 2018).

SOP for the management of whistleblowing pertaining to research ethics and research integrity (SOP_NWU Research Integrity_7).

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

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

Singapore Statement on Research Integrity, 2010.

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

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

12 ADDENDA

No	Document name
None	

Original details: SOP_NWU RI_5 Management of Plagiarism and/or Copyright Infringement by External Authors, 10 August 2021, revised November 2022.

File reference:

RESEARCH INTEGRITY	Standard Operating Procedure		
Title	Management of a Referral Received from the Registrar as a Breach in Research Integrity		
SOP no	SOP_NWU Research Integrity _6	**Version No.**	2
Date of approval	April 2022	**Revision date**	November 2025
Web address	https://www.nwu.ac.za/irims	**Page No.**	Page 1 to 19

1 COMPILATION AND AUTHORISATION

Action	Designated person	Date	Signature
Compiled by:	Prof Minrie Greeff	Febr 2022	
Checked and authorised by:	Deputy Vice-Chancellor: Research and Innovation (Prof Jeffrey Mphahlele)	Febr 2022	
	Deputy Deans: Research and Innovation (FEDUC, FEMS, FHS, FHUM, FNAS). Executive Deans (FENG, FLAW, FTHEO).	March 2022	
Reviewed and approved by:	Registrar (Prof Marlene Verhoef) Legal Office (Mr Kobus Joubert)		November 2021
Approved by:	Faculty Board		August 2022

2 DISTRIBUTION

Department/Unit	Name	Date	Signature
Research and School Directors, academic staff, and postgraduate students in the Faculty.	Deputy Deans: Research and Innovation (FEDUC, FEMS, FHS, FHUM, FNAS). Executive Deans (FENG, FLAW, FTHEO).	August 2022	

3 DOCUMENT HISTORY

Date	Version No.	Reason for revision
April 2022	1	SOP approved
November 2022	2	SOP updated

4 PURPOSE OF THE SOP

It is in the interest of society and the research community that allegations of breaches in responsible conduct of research (RCR)/research integrity (RI) be handled *consistently* and *transparently,* with clear processes and procedures for dealing with these allegations. If such allegations are proven to be true, this can have negative implications (e.g., reputational damage) for the researcher, the research entity, the Faculty, the University, as well as colleagues, students, human research participants or animals used in research, funding bodies and journal publishers (adapted from UCT, 2014).

The purpose of this SOP is to provide procedures and processes for the Deputy Dean: Research and Innovation (DD: R&I) (in larger Faculties) or the Executive Dean (ED) (in smaller Faculties) and the Research Integrity Officer (RIO) in the office of the Deputy Vice-Chancellor: Research and Innovation (DVC: R&I), to manage *a referral received from the Registrar of a breach in research integrity.*

A referral from the Registrar can either stem from:

1) An allegation of a breach in RCR/RI against a NWU Researcher (academic or student) received from an external source.

2) A back referral of an escalated research misconduct case of the Faculty that the Registrar has decided not to handle in a disciplinary or legal manner but rather to refer back to the Faculty to be handled in the IRIMS due to acceptable mitigating factors found during a formal investigation into research misconduct by the office of the Registrar or the student judicial office.

The manner of management within the IRIMS of the Faculty, will differ depending on whether it is an allegation of a potential breach received from 1) *an external source and referred by the Registrar* , or 2) *a back referral from the Registrar of an escalated case not being handled as research misconduct* by him/her or the student judicial office due to mitigating factors found during the formal research investigation. This SOP will make the differences in management clear and link this SOP to existing IRIMS SOPs, as well as seek to find a balance between:

i) Providing safeguards for those who raise genuine concerns about allegations of breaches in RCR/RI, and

ii) Providing protection against uninformed, inaccurate, and malicious allegations that can cause serious harm to innocent persons as well as to the University (adapted from UCT, 2014).

4.1 An allegation of a breach in research integrity against an NWU Researcher received from an external source

For an allegation of a breach in RCR/RI against a NWU Researcher (academic or student) received by the Registrar from an external source and referred to the DD: R&I (in larger Faculty) and the ED (in smaller Faculties) and the RIO in the office of the DVC: R&I, the purpose is for the DD: R&I (in a larger Faculty) or the ED (in a smaller Faculty) and the RIO in the office of the DVC: R&I to first determine:

1) Whether the allegation has *merits and grounds*.

2) The nature of the breach:

   i) Research non-compliance and/or violation of good research practice to be handled on an *intra-faculty level*.

   Or

   ii) Research misconduct (fabrication, falsification, or plagiarism) to be *referred back* to the Registrar or the student judicial office with the necessary proof. If sent to to the student judicial office the Registrar must be notified of the back referral to the student judicial office.

3) The way forward.

4.1.1 Informal intra-faculty research integrity assessment

The purpose of the initial ***informal intra-faculty research integrity process of assessment*** by only the DD: R&I (in a larger Faculty) or the ED (in a smaller Faculty) and the RIO in the office of the DVC: R&I, is

the following – without the involvement of the person making the allegations (alleger) or the person against whom the allegations are being made (alleged):

1) Assess the *merits* of the allegation or *formal grounds*.
2) Determine the *nature* of the breach in research integrity:
   - Research non-compliance and/or violation of good research practice.
   - Research misconduct (fabrication, falsification, or plagiarism).
3) Determine which of the two IRIMS SOPs to follow (SOP_NWU RI_1 or SOP_NWU RI_3).

4.1.1.1 For potential breaches through the act of non-compliance and/or violation of good research practice

Deciding that the act is a *potential breach in non-compliance and/or violation of good research practice* allows the process to continue as an *intra-faculty process* managed by the DD: R&I (larger Faculties) or ED (smaller Faculties) with the support of the RIO in the office of the DVC: R&I, without escalating it to the Registrar as a case of research misconduct with a formal investigation into research misconduct by the Registrar's Office or the student judicial office. If the breaches are through acts of minor or serious non-compliance or violation of good research practice the goal would be to find *amicable, supportive, educative,* and *restorative solutions* within the Faculty's IRIMS.

Notifying the Registrar of the outcome and the way forward within the IRIMS will be essential.

4.1.1.2 For potential breaches through the act of research misconduct (fabrication, falsification, or plagiarism)

Deciding that the act is a *potential breach in research misconduct (fabrication, falsification, or plagiarism)* allows the DD: R&I (larger Faculties) or ED (smaller Faculties), and the RIO in the office of the DVC: R&I to manage the initial processes within the IRIMS with the purpose of ensuring *merits and grounds*, as well as obtaining the necessary supporting documents. The case is then escalated back to the Registrar (for an academic) or the student judicial office (for a student) as a case of research misconduct where a *formal investigation into research misconduct* by the office of the Registrar or student judicial office is required.

Notifying the Registrar of the way forward if referred to the student judicial office is essential.

4.2 A back referral from the Registrar of an escalated case of research misconduct

The Registrar may on the grounds of mitigating factors found during a formal investigation into research misconduct by his/her office or the student judicial office decide not to take a case further (by means of disciplinary or legal action) that was escalated to him/her or the student judicial office by the Faculty based on research misconduct, but to refer it back to the Faculty to be handled within the IRIMS. The purpose would then be to find the best route within the IRIMS to process this case.

4.2.1 Informal intra-faculty research integrity assessment

The purpose of the initial *informal intra-faculty research integrity process of assessment* by only the DD: R&I (in larger Faculties) or the ED (in smaller Faculties) and the RIO in the office of the DVC: R&I is to decide on the best way forward for the academic or the student within the existing IRIMS of the Faculty.

4.2.2 Determining the route

What was assessed as a potential breach through an act of *research misconduct* (fabrication, falsification, or plagiarism) by the Faculty, now has to be handled as a case of *research non-compliance* and/or *violation of good research practice,* due to mitigating factors found during the formal investigation into research misconduct by the office of the Registrar or the student judicial office. The goal would be to find *amicable, supportive, educative,* and *restorative solutions* within the Faculty's IRIMS (SOP_NWU RI_1).

Notifying the Registrar, the Faculty Board and Senate of the outcome within the IRIMS will be essential.

5 SCOPE

This SOP guides different parties on how to handle referral of allegations from the Registrar of either:

1) An allegation of a breach in RCR/RI against an NWU researcher (academic or student) received from an external source.

2) A back referral of an escalated case of research misconduct due to mitigating factors found during the formal investigation into academic misconduct by the office of the Registrar or the student judicial office.

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
RIO	Research Integrity Officer in the office of the DVC: R&I
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
RCR	Responsible Conduct of Research
Concepts	**Definitions**
Research	Research includes the activities that are aimed at improving knowledge of any discipline through enquiry or systematic investigation. This applies to Research, whether in the public interest or not, or whether the Research is published or not. It refers to all academic Research conducted as part of any academic programme in any subject, including Agricultural Sciences, Earth Sciences, Economic Sciences, Education, Health/Medical Sciences, Humanities, Life Sciences, Mathematical Sciences, Physical Sciences, Social Sciences, Theology and Technological and Engineering Sciences. Scientific Research conducted by public or private bodies (regardless of whether the Research is privately or publicly funded). Commercial or industrial Research aimed at developing or improving products or services. Technological development and demonstration (e.g., prototype development, testing, user trials). (Adapted for the ASSAF Draft POPIA Code of Conduct for research, 2022).
Larger Faculties	Faculty of Education (EDUC) Faculty of Economic and Management Sciences (FEMS) Faculty of Health Sciences (FHS) Faculty of Humanities (FHUM) Faculty of Natural and Agricultural Sciences (FNAS)
Smaller Faculties	Faculty of Engineering (FENG)

	Faculty of Law (FLAW) Faculty of Theology (FTHEO)
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 of a *formal intra-faculty research integrity assessment* (research non-compliance, violation of good research practice or plagiarism) or *preliminary intra-faculty research integrity investigation* (fabrication or falsification) that a researcher has transgressed/potentially transgressed in responsible conduct of research/research integrity based on the mentioned acts.
Academic misconduct	Conducting an act of fraud with intentional deception by a student or an academic.
Non-compliance	Any violation of: • Any institutional and/or REC *policies, procedures* and *regulation* governing human, animal, or environmental research or other types of research practices that might impact society. • 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, animals, or environment. • Affect the safety of society due to other types of research practices. • 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 ("honest human error"). • Misunderstanding or oversight. • Missed deadline for a continuing review (adapted from UCT, 2013).
Serious Non-compliance	An activity that jeopardises: • The safety, rights or welfare of human participants or animals. • The environment. • The integrity of the data during research. Examples include but are not limited to: • Conducting research without Scientific Committee approval. • Conducting research with humans, animals, or the environment without REC approval. • Conducting any other type of research with an indicated risk factor without REC approval. • Not using approved REC documentation. • Using NWU student or staff data for research purposes without the necessary approval from specified structures i.e., RDGC (gatekeeper). • Inadequate training and supervision of researchers (academics and students).

	• 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 participants' 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 for disciplinary *action*. 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 the related SOP.
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 national codes of conduct for researchers and 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. • Self-citing to enhance own research index. • Deliberate misrepresentations in publications. • Expanding unnecessarily the bibliography of a study. • Establishing or intentionally supporting journals that undermine the quality control of research (predatory journals). • Using ghost writers to produce articles. • Incorrectly using university affiliation to gain access to subsidized funding. • Not following "good practice" guidelines in collaborative research. • Withholding research results. • Exaggerating the importance and practical applicability of findings. • Misrepresenting research achievements. • Inflating own research image during research assessment within the university or with external bodies or inflating own research profile.

	• Improper conduct in peer review. • Delaying or inappropriately hampering the work of other researchers (academics or students). • 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.
Research Misconduct	Refers to the FFP categorisation: • Fabrication • Falsification • Plagiarism In • Proposing • Performing • Reviewing research • Reporting results
• Fabrication	Making up results and recording them as if they were real.
• Falsification	Manipulating research materials, equipment, processes, or findings, 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), as well as copying text in various sections of a research report without referencing the earlier use. *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 or research misconduct by an NWU researcher (academic or student) as the alleged.

Alleged	The researcher (academic or student) accused of research non-compliance and/or violation of good research practice or research misconduct.
Informal Intra-faculty Research Integrity Assessment	An initial informal intra-faculty research integrity assessment process conducted by the DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) of the Faculty and the RIO linked to the office of the Deputy Vice-Chancellor: Research and Innovation (DVC: R&I) , into the *merits of the allegation* or *formal grounds* of potential 1) research non-compliance, 2) violation of good research practice, or 3) research misconduct before proceeding to the more formal intra-faculty research integrity assessment or preliminary intra-faculty research integrity investigation. The type of conduct will guide the process that follows and which RI SOP to follow.
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 (in the larger Faculties) or the ED (in the smaller Faculties) as chairperson, the RIO in the office of the DVC: R&I, 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.
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 of the Faculty (in the larger Faculties) or the ED (in the smaller Faculties), as chairperson, the RIO in the office of the DVC: R& I, the appointed Standing Research Integrity Committee (SRIC), and the appointed independent consulting attorney in the legal office when deemed necessary, should the allegation seem to have merit and formal grounds and if it justifies a formal investigation by the office of the Registrar or the student judicial office.
Preliminary Research Integrity Investigation (Acts of Fabrication, Falsification or Plagiarism)	A preliminary intra-faculty research integrity investigation into allegations of research misconduct through an act of fabrication, falsification, or plagiarism. This process is conducted by the DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) as chairperson, the RIO in the office of the DVC: R&I, the appointed Standing Research Integrity Committee (SRIC), as well as specified independent ad hoc members (attorney in the legal office and two experts) should the allegation seem to indicate a breach in research integrity through acts of fabrication, falsification, or plagiarism.
Disciplinary action	The formal departmental or university process of a disciplinary procedure taken against a staff member (involving People and Culture) or student (involving the student judicial office).
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 or the student judicial office (See the NWU Policy on Academic Integrity, 27 September 2018, revised October 2020). Or The process of referring a “defensible” finding of *potential research misconduct* for a *formal investigation into academic misconduct* by the office of the Registrar of the University or the student judicial office (See the *NWU Policy on Academic Integrity, 27 September 2018, revised 2021*). Always with cases of

	research misconduct (fabrication, falsification, plagiarism) and ccopyright infringement.
	
	However, other cases of serious breaches must also be referred to the office of the Registrar of the student judicial office.
	
	Examples:
	
	• Not obtaining Scientific Committee or Research Ethics Committee approval for any research (academics or students) at the NWU.
	• Using NWU student or staff data for research purposes without the necessary approval from specified structures i.e., RDGC (gatekeeper).
	• Inflating own research image during research assessment within the university or with external bodies.
	• Intentional publication in predatory journals.
	• Acts described in the Staff behavioural manual i.e.:
	  o Any act or behaviour which has an element of dishonesty and/or misappropriation which could cause/causes detriment to the University and/or other person.
	  o Any conduct that negatively affects the integrity, good name and/or public image of the University.
	  o Any violation of any regulation governing human, animal or environmental research or any deviation from the REC approved proposal/protocol.
	  o Insubordination and defying the authority.
	• Any act that caused reputational damage to the Faculty and/or the NWU.

Formal Investigation	The process of an investigation into research misconduct (fabrication, falsification, plagiarism) by the Registrar and people appointed by him/her to conduct the various phases of the investigation or the student judicial office (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 1) research non-compliance and/or violation of good research practice, 2) continuous research non-compliance and/or violation of good research practice or 3) research misconduct is true based on the preponderance of the evidence.
Finding of a Breach in Research Misconduct	A result concluding that an allegation of research misconduct (fabrication, falsification and/or plagiarism) is true based on the preponderance of the evidence.
Research Integrity Officer (RIO)	A person appointed in the office of the DVC: R&I to facilitate research integrity (RI) within the Faculty through various functions, i.e. expanding the development of IRIMS, supporting the development and maintenance of processes, procedure and SOPs related to research integrity on Faculty level, as well as managing RCR/RI within the Faculties through guidance of how to foster a climate of Responsible Conduct of Research (RCR), as well as handling reported breaches/transgressions in RI/RCR. Also acts in an advising capacity to the DVC: R&I, ED, and DD: R&I. The person is not appointed in a research management position to ensure no potential conflict of interest.
Standing Research Integrity Committee (SRIC)	A Standing Research Integrity Committee (SRIC) appointed in the Faculty and consisting of specific members. **In the five larger Faculties:** • Chairperson: DD: R&I. • Research Integrity Officer in the office of the DVC: R&I.

	• Chairperson of the Faculty Research Ethics Committee (Faculty REC) or if such a person exists within the Faculty, the Head of the Ethics Office. • An elected Research Director in the Faculty (*appointed for three years*). • Secretariat provided by the Faculty (to sign a confidentiality agreement). In cases of *plagiarism* a consulting attorney in the legal office may be included. In cases of *fabrication and falsification* the following independent ad hoc members are included: • Consulting attorney in the legal office. • Two subject experts appropriate to the case at hand. **In the four smaller Faculties:** ***Faculty of Engineering:*** • Chairperson: ED: R&I. • Research Integrity Officer in the office of the DVC: R&I. • Chairperson of the Faculty Research Ethics Committee (Faculty REC). • An elected Research Director in the Faculty (*appointed for three years*). • Secretariat provided by the Faculty (to sign confidentiality agreement). ***Faculty of Law:*** • Chairperson: ED. • Research Integrity Officer (in the office of the DVC: R&I). • Chairperson of the Faculty Research Ethics Committee (Faculty REC). • The Research Director in the Faculty. • The Postgraduate Director. • Secretariat: Provided by the Faculty (to sign confidentiality agreement). ***Faculty of Theology:*** • Chairperson: ED. • Research Integrity Officer in the office of the DVC: R&I. • Research Directors of the research entities in the Faculty. • Secretariat provided by the Faculty (to sign a confidentiality agreement). In cases of *plagiarism* a consulting attorney in the legal office may be included. In cases of *fabrication and falsification* the following independent ad hoc members are included: • Consulting attorney in the legal office. • 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 (larger Faculties) or ED (smaller Faculties) 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 appointed Standing Research Integrity Committee (SRIC) and specific ad hoc members that will differ according to each new case at hand. **Members:** Standing Research Integrity Committee (SRIC). And Ad Hoc Members: • Research Director (RD) (unit in which the alleged resides).

	• School Director (SD) (school in which the alleged resides). • An independent person (expert on the required research integrity issue at hand).
Restorative Actions	Specific corrective measures under an appointed mentor and time frames prescribed by the DD: R& I (in larger Faculties) or the ED (in smaller Faculties) and the RIO in the office of the DVC: R&I to correct the consequences of a breach in research integrity by the researcher and to prevent future reoccurrences and ensure responsible conduct of research by him/her. The actions expected from the researcher falls within a specific time frame and are aimed at specific research knowledge, skills, and capacity development under the mentorship of an appointed mentor. The approach by the DD: R& I (in larger Faculties) or the ED (in smaller Faculties) and the RIO in the office of the DVC: R&I is supportive, educative, and restorative, with a growth experience as the result. **Note:** Under no circumstances does this include any disciplinary measures.
Mentor	An appropriately knowledgeable and skilled senior person appointed by the DD: R&I (in larger Faculties) or the ED (in smaller Faculties) and the RIO in the office of the DVC: R&I to mentor a researcher found in breach of RCR. Mentorship will be for a specific identified period with specific responsibilities expected of the person and regular reporting to the RD.
Appeal	A request lodged by an alleged after an assessment finding of a potential breach in research integrity on an *intra-faculty level*. The request is made to the DD: R&I (FEDUC, FEMS, FHS, FHUM, and FNAS) and the RIO in the office of the DVC: R&I or the ED (FENG, FLAW, and FTHEO) and the RIO in the office of the DVC: 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. **Note:** This does not apply to cases escalated to the Registrar or the student judicial office.
Appeals panel	A group of people empanelled by the ED with the support of the RIO in the office of the DVC: R&I for the purpose of handling a research integrity appeals request. The appeals panel consists of: • Chairperson: ED (for FEDUC, FEMS, FHS, FHUM, and FNAS) or an appointed ED from another Faculty (for FENG, FLAW, and FTHEO). • Research Integrity Officer in the office of the DVC: R&I. • The RD of the research entity in which the alleged resides. • Two independent expert panellists knowledgeable about the specific RI issue at hand. Secretariat provided by the Faculty.
Integrated Research Integrity Management System	The integrated system used by the Faculty to manage research integrity in such a way that it: 1) Fosters a climate of *Responsible Conduct of Research* (RCR). 2) Effectively manages potential breaches in RCR/RI through acts of: i) Research non-compliance. ii) Violation of good research practice. iii) Research misconduct. 3) Effectively manages possible appeals stemming from research integrity assessments or investigations on an intra-faculty level.

7 VALUES UNDERPINNING THE NORTH-WEST UNIVERSITY'S ATTITUDE TOWARDS ALLEGATIONS OF RESEARCH BREACHES IN RESEARCH INTEGRITY

The North-West University believes:

- in the importance of impeccable research ethical standards and research integrity;
- that reporting of suspected research non-compliance and/or violation of good research practice 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 assessment is dealt with in terms of existing faculty and university procedures (adapted from UCT, 2014).

8 RESPONSIBILITIES

It is the primary responsibility of the Faculty within the bigger NWU to protect the integrity of all research conducted by the researchers (academics, undergraduate and postgraduate students) of the Faculty, as the value and benefits of this research are vitally dependent on the integrity of the research. Should there be any possibility of a breach in responsible conduct of research (RCR)/research integrity (RI) through 1) research non-compliance, and/or 2) violation of good research practice, or 3) research misconduct, the Faculty must follow a process that will ensure that these allegations are assessed and handled in a *transparent* and *accountable* way in accordance with the highest standard of *integrity, fairness, due process* and *reasonableness*. Persons who are tasked with the management of this assessment process into allegations must act with the utmost *integrity* and *sensitivity*. Conflict of interest must be avoided (adapted from UCT, 2014).

8.1 Various role players have different responsibilities in this process:

The specific responsibilities of the various role players are set out with a more detailed step-by-step process under the *process discussed in section 9.3* or in the specific *applicable SOP* stated as the preferred route to manage the breach.

8.1.1 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, or research misconduct (fabrication, falsification or plagiarism) who follow(s) any one of several processes to bring this to the attention of the DD: R&I (larger Faculties) or ED (smaller Faculties) of the Faculty and RIO in the office of the DVC: R&I or the Registrar.

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

Clarifies any uncertainties the SRIC and ad hoc members or ERIC may require.

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

8.1.2 The alleged

The NWU researcher (academic or student) against whom the allegations of a possible breach in research integrity through acts of 1) research non-compliance and/or 2) violation of good research practice or 3) research misconduct is being made must offer his/her full cooperation in the assessment or investigation of the allegation(s) by sharing requested experiences or by providing requested documentation.

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

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

8.1.3 The Registrar

The Registrar of the NWU receiving the allegation of a breach in research integrity against an NWU Researcher (academic or student) from an external source, or to whom a case of research misconduct has been escalated by the Faculty within the IRIMS.

8.1.4 The Deputy Dean: Research and Innovation

Note: If it is a smaller Faculty the ED fulfils all the functions mentioned below.

The DD: R&I (larger Faculties) of the Faculty and the RIO in the office of the DVC: R&I on receipt of a referral of an alleged breach in research integrity from the Registrar, must launch an initial *informal intra-faculty assessment* into 1) the merit of or grounds for the allegation, 2) the nature of i) research non-compliance, and/or ii) violation of good research practice, or iii) research misconduct, and 3) the way forward, before proceeding to the more *formal intra-faculty research integrity assessment* or *preliminary research integrity investigation*.

If the allegation(s) seem(s) to have formal grounds, the DD: R&I (larger Faculties) or ED (smaller Faculties) as chairperson of the SRIC or the ERIC and the RIO in the office of the DVC: R&I initiates a *formal intra-faculty research integrity assessment* (for research non-compliance and or violation of good research practice) or a *preliminary research integrity investigation* (for research misconduct – fabrication, falsification or plagiarism). The DD: R&I (larger Faculties) or ED (smaller Faculties) with the support of the RIO in the office of the DVC: R&I empanel the appointed SRIC, as well as specified ad hoc members in special circumstances. The DD: R&I (larger Faculties) or ED (smaller Faculties) and RIO can also choose to rather empanel an ERIC.

If the alleged breach against the NWU Researcher by the external source seems to be through an act of:

- Non-compliance and/or violation of good research practice, the process as described under **section 9.3.1.4** is followed.
  Or
- Research misconduct (fabrication, falsification, or plagiarism), the process as described under **section 9.3.1.5** is followed.

If the case is a back referral after an escalation to the Registrar or the student judicial office:

- The process as described under **section 9.3.2** is followed.

The DD: R&I (larger Faculties) or ED (smaller Faculties) with the support of the RIO, sends a report to the Registrar, Faculty Board and Senate.

8.1.5 The Research Integrity Officer

The RIO in the office of the DVC: R&I acts as advisor and support to the DD: R&I (larger Faculties) and ED (smaller Faculties) throughout all processes of alleged research integrity breaches and the assessment or investigation thereof.

Specific roles will vary as specified in the applicable SOP.

Support from the secretary allocated for this purpose by the faculty:

Ensures report back to the Registrar, Faculty Board and Senate.

8.1.6 The Executive Dean in Larger Faculties

The ED (in larger Faculties) listens to the report on the outcomes of the assessment or preliminary investigation of either the SRIC and ad hoc members or the ERIC presented to him/her by the DD: R&I (if in a larger Faculty) and the RIO in the office of the DVC: R&I, gives his/her stamp of approval to the way forward and co-signs the letter to the researcher or the Registrar set up by the DD: R&I (in larger Faculties) with the support of the RIO.

Ensure that the report set up by the DD: R&I (larger Faculties) or ED (smaller Faculties) and RIO is sent to the Registrar, Faculty Board and Senate.

8.1.7 The Research Directors

The RD of the research entity in which the alleged resides forms part of the ERIC or the SRIC and ad hoc members in special circumstances.

The RD is active in the identification of the mentor.

8.1.8 The Chairperson of the Faculty REC or the Head of the Ethics Office

The Chairperson/Head forms part of the SRIC or ERIC.

8.1.9 The School Directors

The SD of the school in which the alleged resides forms part of the ERIC or the SRIC and ad hoc members in special circumstances.

8.1.10 Mentor

The mentor is appointed by the DD: R&I (larger Faculties) or the ED (smaller Faculties) and the RIO based on advice by the RD due to his/her appropriate knowledge and skills linked to the RI case at hand.

The mentor will be responsible for:

- Overseeing all the restorative actions required by the researcher and prescribed by the DD: R&I (larger Faculties) or the ED (smaller Faculties) and the RIO for the stipulated period.
- Meeting at least monthly with the researcher to have an in-depth discussion of RCR related to the breach/transgression.
- Submitting a written mentor report each month to the DD: R&I (larger Faculties) or the ED (smaller Faculties) and the RIO on the progress made by the researcher and the progress made with the restorative actions.
- Ensures that the researcher submits monthly reflective notes about the mentoring process to the DD: R&I (larger Faculties) or ED (smaller Faculties) and RIO.
- Submitting a final written mentor report to the DD: R&I (larger Faculties) or the ED (smaller Faculties) and the RIO at the end of the period stipulated to the researcher of the completion of specific restorative actions required as well as the growth experienced by the researcher in RCR. In the report a recommendation should be made whether the mentor sees the mentoring process as 1) concluded or 2) whether there is a need for further mentoring.
- Also ensures that the final reflective notes of the researcher is submitted to the DD: R&I (larger Faculties) or the ED (smaller Faculties) and the RIO.

9 PROCEDURE(S)

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

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

9.2 Questions that guide the procedural framework

- Who receives the allegation(s)?
- Who takes the first step(s)?
- Who appoints the SRIC and ad hoc members or the ERIC?
- Who does the formal intra-faculty research integrity assessment or preliminary research integrity investigation?
- 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 Referral from the Registrar of an allegation of a breach in research integrity by an NWU Researcher received from an external source

9.3.1.1 Reporting of an allegation of a breach in research integrity by an NWU Researcher by an external source

The alleger(s) (external source), with allegations based on observations or evidence of research non-compliance and/or violation of good research practice or research misconduct about a researcher (academic or student), may choose to follow any one of several processes to bring this to the attention of specifically the Registrar.

An allegation comes to the attention of the Registrar through a direct notification to the office of the Registrar by an alleger.

A process of Whistleblowing using SOP_NWU_Research Integrity_7. Management of Whistleblowing pertaining to Research Ethics and Research Integrity. This process is used should the alleger wish to remain anonymous.

No matter the route followed by the alleger of reporting the alleged, the *identity* of the alleger should always be protected and kept confidential and only be made known to the Registrar, DD: R&I (larger Faculties) or ED (smaller Faculties) and RIO in the office of the DVC: R&I. Should the allegation, however, prove to have substance and defensibility, *the alleger could be asked to verbally present his/her allegations to the SRIC and ad hoc members or the ERIC* should it move to a formal intra-faculty assessment or preliminary research integrity investigation. However, this may not always be necessary if the evidence is clear.

9.3.1.2 Referral of the alleged case received by the Registrar to the DD: R&I (larger Faculties) or ED (smaller Faculties) and RIO

The Registrar, on receipt of the allegation of a breach in research integrity, refers the case to the DD: R&I (in larger Faculties) or ED (smaller Faculties) and RIO in the office of the DVC: R&I to assess the merits and grounds, the nature of the breach (research non-compliance and/or violation of good research practice or research misconduct), and the way forward.

9.3.1.3 Informal intra-faculty assessment by the DD: R&I (larger Faculties) or ED (smaller Faculties) and RIO

The DD: R&I (larger Faculties) or ED (smaller Faculties) and the RIO in the office of the DVC: R&I, ***within five working days*** after receiving the allegation(s) from the Registrar, activate the process within the IRIMS of the Faculty.

On receiving a written allegation of a possible breach in RI/RCR from the Registrar, the DD: R&I (larger Faculties) or ED (smaller Faculties) with the support of the RIO launches an initial *informal intra-faculty assessment* into 1) the merit and formal grounds of the allegation, 2) the nature of the breach of i) research non-compliance and/or ii) violation of good research practice, or iii) research misconduct, and 3) the way forward as either a) a formal intra-faculty research integrity assessment or b) a preliminary research integrity investigation.

This informal intra-faculty assessment is done with the hard evidence provided by the alleger and handled at face value.

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

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

A final decision is taken about whether the case has merit and formal grounds, the nature of the breach and the way forward.

If the allegation(s) seem(s) to have merit and formal grounds of a potential breach of RCR/RI through acts of:

1) Research non-compliance and/or violation of good research practice the DD: R&I (larger Faculties) or ED (smaller Faculties) with the support of the RIO in the office of the DVC: R&I, continues with the next step in the process and launches a *formal intra-faculty research integrity assessment* (See 9.3.1.4).
   Or
2) Research misconduct, the DD: R&I (larger Faculties) or ED (smaller Faculties) with the support of the RIO in the office of the DVC: R&I, continues with the next step in the process and launches a *preliminary research integrity investigation* (See 9.3.1.5).

9.3.1.4 Management if research non-compliance and/or violation of good research practice

The DD: R&I (larger Faculties) or ED (smaller Faculties) with the support of the RIO in the office of the DVC: R&I handles the process by following **SOP_NWU RI_1 Management of Research Non-compliance and/or Violation of Good Research Practice** from **section 9.3.2.2 to 9.3.2.5.**

On completion of the process a report is submitted to the Registrar, Faculty Board and Senate on the outcome.

9.3.1.5 Management if research misconduct (fabrication, falsification, or plagiarism)

The DD: R& I (larger Faculties) or ED (smaller Faculties) with the support of the RIO in the office of the DVC: R&I handles the process by following **SOP_NWU RI_3 Management of Research Misconduct** from **section 9.3.2.2.1 to 9.3.2.5.**

In the case of merits and grounds found with the necessary supporting documentation, the case is *escalated* to the Registrar or the student judicial office and thus referred back as a case of potential research misconduct for a formal investigation into research misconduct by the office of the Registrar or the student judicial office.

The registrar must be notified if the case is escalated to the student judicial office.

On completion of the process a report is submitted to the Faculty Board and Senate on the outcome.

9.3.2 Back referral of an escalated case of academic or research misconduct

The fact that the formal investigation by the office of the Registrar or the student judicial office found mitigating factors to not process it further as research misconduct in a disciplinary or legal manner but to refer it back to the IRIMS of the Faculty changes the act to that of *violation of good research practice*.

The DD: R& I (larger Faculties) or ED (smaller Faculties) with the support of the RIO in the office of the DVC: R&I, handles the process by appointing a specific panel consisting of the SRIC and the SD and RD as ad hoc members and not an ERIC. For the rest of the process however, the process described in **SOP_NWU RI_1 Management of Research Non-compliance and/or Violation of Good Research Practice** from **section 9.3.2.2 to 9.3.2.5** is followed.

On completion of the process, a report is submitted to the Registrar, Faculty Board and Senate on the outcome.

10 SUMMARISED PROCESS

Diagram 1: Processes and procedures for managing referrals from the Registrar of an alleged breach in research integrity against an NWU Researcher by an external source

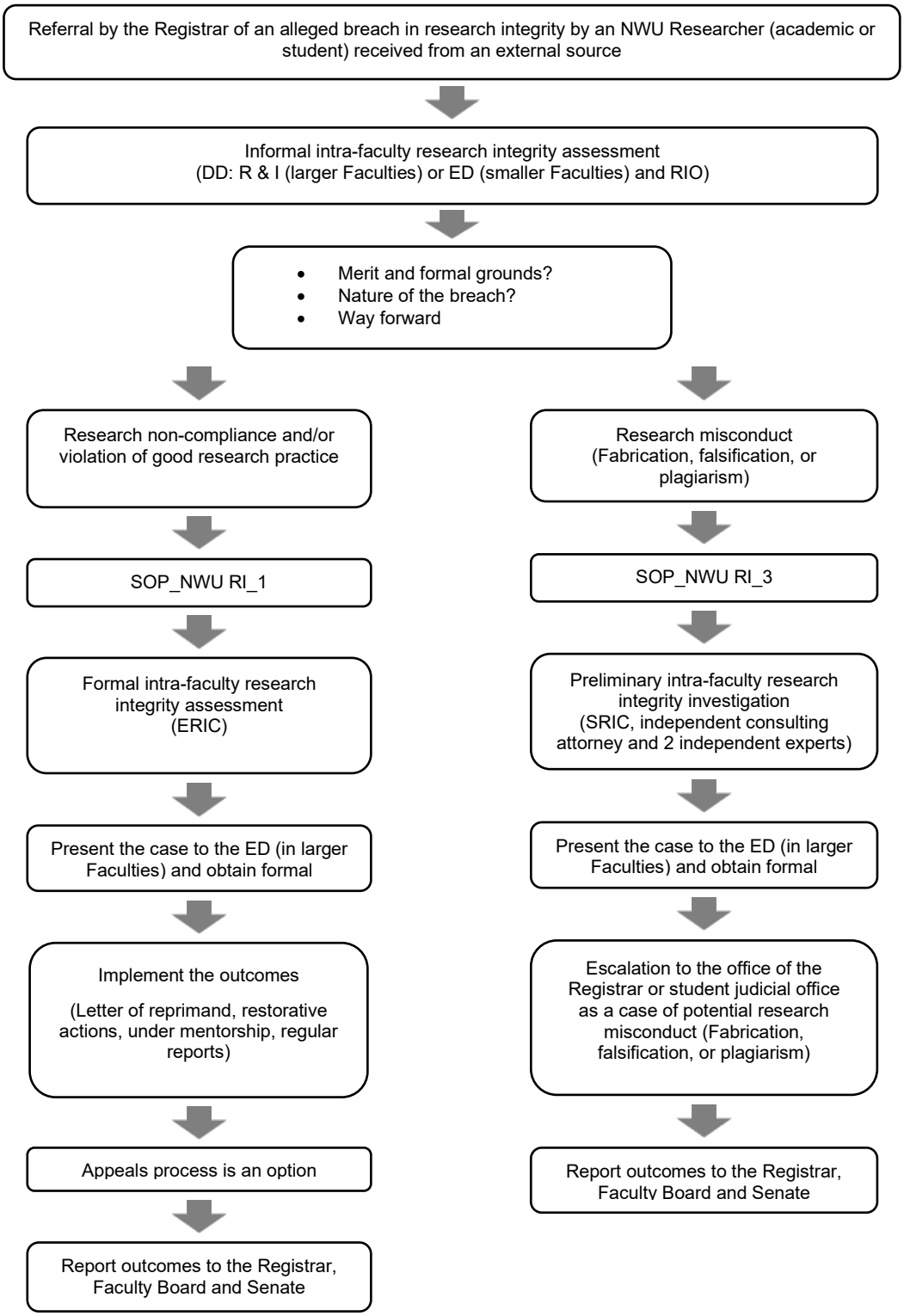
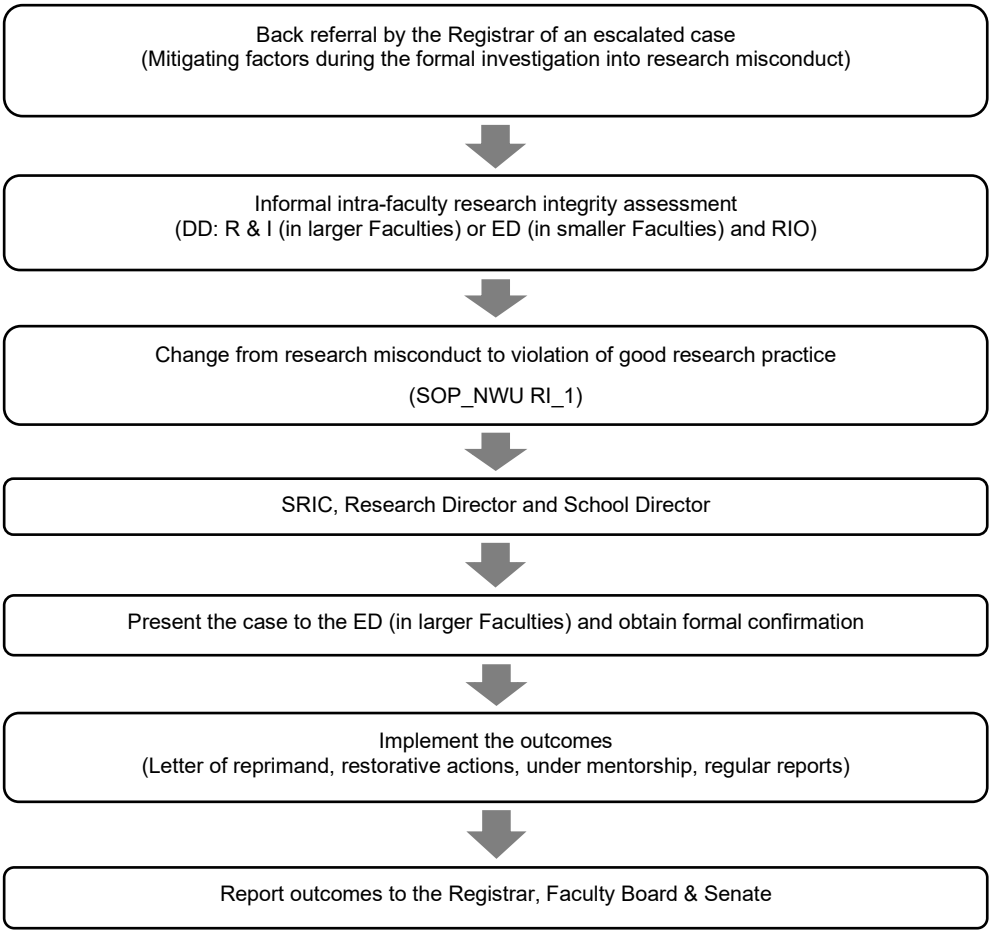


Diagram 2: Processes and procedures for managing a back referral from the Registrar of an escalated research misconduct case



11 REFERENCE DOCUMENTS

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

SOP for the management of continuous research non-compliance and/or violation of good research practice (SOP_NWU Research Integrity_2, NWU, 2020).

SOP for the management of research misconduct (SOP_NWU Research Integrity_3).

SOP for the management of research integrity appeals process (SOP_NWU Research Integrity_4).

Singapore Statement on Research Integrity, 2010.

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

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

NWU Behavioural Manual.

NWU Policy on Student Discipline, 26 September 2019.

NWU Policy on Academic Integrity, 27 September 2018, revised 2021.

12 ADDENDA

No	Document name
None	

Original details: SOP_NWU Research Integrity_6 Management of a Referral Received from the Registrar a Breach in Research Integrity, April 2022, revised November 2022.

File reference:

RESEARCH INTEGRITY	Standard Operating Procedure		
Title	Management of Whistleblowing Pertaining to Research Ethics and Research Integrity		
SOP no	SOP_NWU Research Integrity_7	**Version no**	2
Date of approval	April 2022	**Revision date**	November 2025
Web address	https://www.nwu.ac.za/irims	**Page no**	Page 1 to 9

1 COMPILATION AND AUTHORISATION

Action	Designated person	Date	Signature
Compiled by:	Prof Minrie Greeff	Febr 2022	
Checked and authorized by:	Deputy Vice-Chancellor: Research and Innovation (Prof Jeffrey Mphahlele)	Febr 2022	
	Deputy Deans: Research and Innovation (FEDUC, FEMS, FHS, FHUM, FNAS). Executive Deans (FENG, FLAW, FTHEO).	March 2022	
Reviewed and approved by:	Registrar (Prof Marlene Verhoef) Legal Office (Mr Kobus Joubert)		Nov 2021
Approved by:	Faculty Board		August 2022

2 DISTRIBUTION

Department/Unit	Name	Date	Signature
Research and School Directors, academic staff, and postgraduate students in the Faculty	Deputy Deans: Research and Innovation (FEDUC, FEMS, FHS, FHUM, FNAS). Executive Deans (FENG, FLAW, FTHEO).	August 2022	

3 DOCUMENT HISTORY

Date	Version no	Reason for revision
April 2022	1	Formulated the SOP
November 2022	2	SOP updated

4 PURPOSE OF THE SOP

This standard operating procedure (SOP) sets out the *procedure to follow when* a member of a North-West University Research Ethics Committee (NWU-REC), a staff member or a student of the North-West University (NWU) or a member of the public wants to raise an *anonymous* concern/allegation with the Deputy Dean: Research and Innovation (DD: R&I) (in the five larger Faculties) or Executive Dean (ED) (in the three smaller Faculties) and the Research Integrity Officer (RIO) in the office of the Deputy Vice-Chancellor (DVC: R&I) pertaining to research ethics and/or research integrity.

The concerned individual chooses not to use the process of reporting described in *SOP_NWU Research Integrity_1, 3, 5 or 6* and chooses to remain anonymous. The concerned individual (alleger) must have reasonable grounds to believe that there is a potential breach in *1) research non-compliance, and/or 2) violation of good research practice, or 3) research misconduct (fabrication, falsification, or plagiarism)* by a researcher (academic or student) of the NWU, *in respect of specifically research.*

Members of the RECs, staff members or students of the NWU enjoy the full protection afforded by the Public Disclosure Act No. 26 of 2000 (PDA) and can blow the whistle on the three mentioned aspects without fear of disclosure or specifically given the opportunity to choose not to remain anonymous anymore should the later process require it.

This SOP ensures confidentiality to all members of the RECs, staff members or students of the NWU, or the public and furthermore ensures that nobody would be exposed for *disclosing in good faith* information that would assist the DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) and RIO in the office of the DVC: R&I in meeting their obligations in terms of the *Integrated Research Integrity Management System* (IRIMS) of the NWU.

5 SCOPE

This SOP deals only with the *anonymous reporting* of alleged actions committed by *researchers* (academics or students of the NWU) within the ambit of *research* with respect to human participants, animals, environmental impact, or other types of research practices that impact society. The SOP deals with reporting of a potential breach in responsible conduct of research (RCR)/research integrity (RI) through the acts of 1) research non-compliance, and/or 2) violation of good research practice, or 3) research misconduct (fabrication, falsification, or plagiarism), only to the extent that they may relate to the SOPs as set out in the IRIMS of the NWU.

It is not the objective of this SOP to replace any IRIMS SOPs or other policies or procedures of the NWU. Should the reported concern/allegation not lie within the ambit of *specifically research*, the person must be referred to the Director Internal Audit and follow the procedure as set out in *the Policy on reporting of irregularities or maladministration (Ref no 2P/2.9.6) of the NWU*, 2021. The provision is that the anonymous disclosure of a potential breach in RCR/RI is made in good faith, in the reasonable belief of the individual making the disclosure that it shows irregularities in research practices, and the disclosure is made to the appropriate person(s). For the actual further management of the allegation *SOP_NWU Research Integrity_1, 3, 5 or 6* is followed but taking into consideration that the concerned/alleger *is whistleblowing and wishes to remain anonymous.*

Personal grievances must be dealt with in terms of existing labour procedures at the institution. This SOP should not be used to reconsider any matter which has already been addressed under harassment, complaint, disciplinary or other procedures.

6 ABBREVIATIONS AND/OR DEFINITIONS

Abbreviation	Description
REC	Research Ethics Committee
NWU	North-West University
DD: R&I	Deputy Dean: Research and Innovation
ED	Executive Dean
RIO	Research Integrity Officer in the office of the DVC: R&I
DVC: R&I	Deputy Vice-Chancellor: Research and Innovation

PDA	Public Disclosure Act, 2000 (Act No. 26 of 2000)
Concepts	**Definitions**
Research	Research includes the activities that are aimed at improving knowledge of any discipline through enquiry or systematic investigation. This applies to Research, whether in the public interest or not, or whether the Research is published or not. It refers to all academic Research conducted as part of any academic programme in any subject, including Agricultural Sciences, Earth Sciences, Economic Sciences, Education, Health/Medical Sciences, Humanities, Life Sciences, Mathematical Sciences, Physical Sciences, Social Sciences, Theology and Technological and Engineering Sciences. Scientific Research conducted by public or private bodies (regardless of whether the Research is privately or publicly funded). Commercial or industrial Research aimed at developing or improving products or services. Technological development and demonstration (e.g., prototype development, testing, user trials). (Adapted for the ASSAF Draft POPIA Code of Conduct for research, 2022).
Larger Faculties	Faculty of Education (EDUC) Faculty of Economic and Management Sciences (FEMS) Faculty of Health Sciences (FHS) Faculty of Humanities (FHUM) Faculty of Natural and Agricultural Sciences (FNAS)
Smaller Faculties	Faculty of Engineering (FENG) Faculty of Law (FLAW) Faculty of Theology (FTHEO)
Whistleblowing	The act of *anonymously* informing someone in authority like the Deputy Dean: Research and Innovation (DD: R&I) (in larger Faculties) or the Executive Dean (in smaller Faculties) of the Faculty and the Research Integrity Officer (RIO) in the office of the Deputy Vice-Chancellor: Research and Innovation (DVC: R&I) or the Registrar about alleged breaches/transgressions in responsible conduct of research/research integrity through acts of research non-compliance, and/or violation of good research practice, or research misconduct (fabrication, falsification, or plagiarism) by an academic or student of the North-West University. Note: In relation to the context of this document, the alleged acts must be *related or incidental to the execution of research only*.
Research Ethics	Research ethics refers to a set of rules based on specific *principles* and governed by *norms and standards* of conduct for researchers on how research is performed and how it is disseminated (Wallace & Sheldon, 2015:272, Greenwood, 2016:514).
Research Integrity	The active adherence to specific research *integrity principles* and *responsibilities* that becomes visible in Responsible Conduct of Research (RCR).
Responsible Conduct of Research (RCR)	The act of making research integrity visible and refers to the practice of scientific investigation with *responsibility and integrity* through an awareness and application of established *ethical principles, professional research norms and standards, research integrity principles and responsibilities* in the performance of all activities related to the research.
Breach in Research Integrity	The finding of a *formal intra-faculty research integrity assessment* (research non-compliance, and/or violation of good research practice) or *preliminary intra-faculty research integrity investigation* (fabrication, falsification, or plagiarism) that a researcher has transgressed/potentially transgressed in responsible conduct of research based on the mentioned acts.

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 member of the public) who raises awareness of possible research non-compliance, and/or violation of good research practice, or research misconduct by a researcher (academic or student) as the alleged.
Alleged	The researcher (academic or student) accused of 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, animal, or environmental research or other types of research practices that might impact society. • 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, animals, or environment. • Affect the safety of society due to other types of research practices. • 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 ("honest human error"). • Misunderstanding or oversight. • Missed deadline for a continuing review (adapted from UCT, 2013).
Serious Non-com-pliance	An activity that jeopardises: • The safety, rights or welfare of human participants or animals. • The environment. • The integrity of the data during research. Examples include but are not limited to: • Conducting research without Scientific Committee approval. • Conducting research with humans, animals, or the environment without REC approval. • Conducting any other type of research with an indicated risk factor without REC approval. • Not using approved REC documentation. • Using NWU student or staff data for research purposes without the necessary approval from specified structures i.e., RDGC (gatekeeper). • Inadequate training and supervision of researchers (academics and students). • 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 participants' 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 for disciplinary *action*. 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 the related SOP.
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 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 national codes of conduct for researchers and 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. • Self-citing to enhance own research index. • Deliberate misrepresentations in publications. • Expanding unnecessarily the bibliography of a study. • Establishing or intentionally supporting journals that undermine the quality control of research (predatory journals). • Using ghost writers to produce articles. • Incorrectly using university affiliation to gain access to subsidized funding. • Not following "good practice" guidelines in collaborative research. • Withholding research results. • Exaggerating the importance and practical applicability of findings. • Misrepresenting research achievements.

	• Inflating own research image during research assessment within the university or with external bodies or inflating own research profile. • Improper conduct in peer review. • Delaying or inappropriately hampering the work of other researchers (academics or students). • 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.
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, processes, or findings, 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), as well as copying text in various sections of a research report without referencing the earlier use. *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.*

Finding of a Breach in Research Integrity	A result concluding that an allegation of 1) research non-compliance and/or violation of good research practice, 2) continuous research non-compliance and/or violation of good research practice or 3) research misconduct is true based on the preponderance of the evidence.
Research Integrity Officer (RIO)	A person appointed in the office of the DVC: R&I to facilitate research integrity (RI) within the Faculty through various functions, i.e. expanding the development of IRIMS, supporting the development and maintenance of processes, procedure and SOPs related to research integrity on Faculty level, as well as managing RCR/RI within the Faculties through guidance of how to foster a climate of Responsible Conduct of Research (RCR), as well as handling reported breaches/transgressions in RI/RCR. Also acts in an advising capacity to the DVC: R&I, ED, and DD: R&I. The person is not appointed in a research management position to ensure no potential conflict of interest.
Integrated Research Integrity Management System	The integrated system used by the Faculty to manage research integrity in such a way that it: 1) Fosters a climate of *Responsible Conduct of Research* (RCR). 2) Effectively manages potential breaches in RCR/RI through acts of: i) Research non-compliance. ii) Violation of good research practice. iii) Research misconduct. 3) Effectively manages possible appeals stemming from research integrity assessments or investigations on an intra-faculty level.

7 RESPONSIBILITIES

The NWU is committed to the highest standard of ethics and integrity in research.

Researchers of the institution are expected to always behave in an honest and responsible way.

Research activities will be carried out in an open and transparent manner and in accordance with the *NWU Code of Conduct for Researchers*.

Any member of the RECs, staff member or student of the NWU who has a reasonable belief that any breach in RCR/RI through the acts of 1) research non-compliance, and/or 2) violation of good research practice, or 3) research misconduct has been committed, is obligated in terms of the *NWU Code of Conduct for Researchers* to report any such irresponsible research practices at the NWU. A member of the public can also choose to report such behaviour. The alleger, however, has the options of reporting the potential breach of research integrity through the procedures described in *SOP_NWU Research Integrity_1, 3, 5 or 6* or using the procedure for whistleblowing as described in *section 8 of this SOP* should they wish to do so *anonymously*.

Any whistleblowing should be done in a bona fide and non-vindictive manner.

8 PROCEDURE(S)

8.1 Should a person wish to remain *anonymous*, a disclosure should be made in writing using the *official whistleblowing form* (see Addendum 1 to this SOP) and the appropriate IRIMS SOP (SOP_NWU Research Integrity_1 or 3) and submitted to the DD: R&I (in the larger Faculties) or the ED (in the smaller

Faculties) and RIO in the office of the DVC: R&I as soon as possible after the concerned/alleger has become aware of the concerning practice of a researcher.

8.2 When a member of one of the RECs, a staff member or a student at the University, or a member of the public makes a disclosure to the DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) and the RIO in the office of the DVC: R&I, it must be done in a responsible and honest manner.

8.3 If the notification is made to the Head of the Ethics Office, one of the REC Chairpersons, or a Research Director (RD), they must as soon as possible (***within three working days***) acknowledge receipt of the disclosure directly to the whistleblower and indicate that the concern/allegation has been referred to the DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) and the RIO in the office of the DVC: R&I based on SOP_NWU Research Integirty_7. The concern/allegation should ***immediately*** be referred to the DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) and the RIO by forwarding all received documentation to them, as well as the communication sent by them to the whistleblower.

8.4 The DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) and RIO in the office of the DVC: R&I will within ***14 (fourteen) working days***, upon receipt of the disclosure, set up an appointment with the whistleblower and discuss 1) the way forward related to specifically whistleblowing and 2) the IRIMS processes to be followed. It is explained that the anonymity of the alleger will be respected, and he/she will not be called to present his/her case if the evidence is clear. Should the allegation, however, prove to have substance and defensibility, the whistleblower *could* be asked to verbally present his/her allegations to the Empanelled Research Integrity Committee (ERIC) or the Standing Research Integrity Committee (SRIC) of the Faculty should it move to a *formal intra-faculty assessment* or a *preliminary intra-faculty investigation*. The choice of remaining anonymous will always be respected. In the event of confidentiality hindering or frustrating the investigation of the alleged breach, the whistleblower may be approached to agree to running the risk of exposure, or to withdraw the disclosure, provided that the presentation of such choice is not done in a manner that weakens the protection provided for in the policy for reporting irregularities or maladministration (NWU, 2021). The whistleblower however, must be informed if the *investigation cannot continue unless anonymity is broken*.

8.5 The nature of the allegation will guide the DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) and RIO in the office of the DVC: R&I to use the appropriate IRIMS SOP (1 or 3) for the further process and to establish whether there is a *prima facie* case to answer.

8.5.1 If the DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) and RIO consider that there is no *prima facie* case to be answered and that no further action will be taken, this decision will be explained to the whistleblower.

8.5.2 If the DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) and RIO consider that there is a *prima facie* case to be answered, the way forward is discussed to the satisfaction of the whistleblower referring to either SOP_NWU Research Integrity_1 or 3.

8.6 Investigations will be dealt with sensitively, on an impartial basis and within a reasonable time frame.

8.7 The identity of the person making the allegation will remain confidential for the rest of the process unless disclosure is deemed necessary and first discussed with the whistleblower but always leaving the choice of no longer being anonymous to him/her.

8.8 If the whistleblower is not satisfied with the outcome of the investigation, he/she should raise his/her concerns with the DD: R&I (in the larger Faculties) or the ED (in the smaller Faculties) and RIO to find another solution or to refer him/her to a higher authority.

9 REFERENCE DOCUMENTS

- Ethics in Health Research: Principles, Processes and Structures (Department of Health, 2015).
- South African National Standard: The Care and Use of Animals for Scientific Purposes (SANS 10386:2008).
- Public Disclosure Act, Act No. 26 of 2000.
- The Rules for the Management of Research Ethics at the North-West University, 2018.
- NWU Code of Conduct for Researchers, 2017.
- SOP for the management of research non-compliance and/or violation of good research practice (SOP_NWU Research Integrity_1, NWU, 2021).
- SOP for the management of research misconduct (SOP_NWU Research Integrity_3, NWU, 2021).
- Policy for reporting irregularities or maladministration (Ref No. 2P/2.9.6) of the NWU, 2021.
- NWU Policy on Academic Integrity, 27 September 2018 revised 2021.

10 ADDENDA

No	Document name
1	Appendix 1: Form for the anonymous reporting (whistleblowing) of a possible breach in research integrity through acts of research non-compliance, and/or violation of good research practice, or research misconduct.

Original details: SOP_NWU Research Integrity_7 Management of Whistleblowing Pertaining to Research Ethics and Research Integrity, April 2022, revised November 2022.

File reference:

NWU Senate Rules on the Responsible and Ethical Use of Artificial Intelligence

Approved by NWU Senate on 20 August 2026

Contents

NWU Senate Rules on the Responsible and Ethical Use of Artificial Intelligence.....1

1 Summary.....1

2 The Pillars of Ethical Use of AI.....2

3 Instructions for the Responsible and ethical use of AI for all personnel and students 3

3.1 Additional instructions to lecturers and supervisors 3

4 Guidelines for the use of AI.....4

4.1 Learn with AI; do not use AI to avoid the learning process 4

4.2 Use AI and information with a critical mindset..... 4

4.3 Conduct proofing, planning, and editing with a critical mindset..... 5

5 Guidelines for Referencing and Acknowledgment of AI.....5

5.1 APA referencing formula 5

5.2 Harvard referencing formula 6

5.3 NWU Law referencing formula 6

6 Rules for Ethical and Responsible use of AI in Research

6.1 Introduction

6.2 Instructions to examiners

6.3 AI use by Supervisors

6.4 Submission of AI Use in Research Declaration Form

6.5 Scientific and Research Ethics Committees

6.6 No compulsory submission of AI score for Research

7 Summary.....6

1 Summary

The *NWU Senate Rules on the responsible and ethical use of artificial intelligence* provide basic guiding rules and principles for the ethical use of AI in academic contexts. The foundational principles and rules ensure AI use aligns with NWU policies and values for both staff and students.

These Senate rules must be read in conjunction with the NWU Policy on Academic Integrity.

A regular evaluation and review of these rules will take place.

Students and staff must ensure they stay updated with the latest version. Please note:

i. These rules apply to *teaching-learning* and *research practices* and are intended for students and academics.
ii. Artificial intelligence (AI) is defined in the NWU Policy on Academic Integrity.

2 The Pillars of Ethical Use of AI

The NWU is committed to the ethical use of AI technologies and applies the following basic principles to which you, as a student or academic, should adhere:

1. **Transparency:** You should keep a record and be open and clear about when and how you use AI during teaching-learning practices or research practices. Disclose your utilization of artificial intelligence and maintain records of its application.
2. **Honesty**: You should be honest about the use of AI in all your academic work (teaching-learning and research). It is important to adhere to the rules and guidelines provided by the lecturer, supervisor, or research publisher for using AI to avoid academic dishonesty. Any work submitted by you that is not your own, and not clearly declared as such, might lead to a report on AIITSA (Academic Integrity Information Technology System Application) for students, and IRIMS (Integrated Research Integrity Management System) students and academics.
3. **Integrity:** Maintain trustworthiness by using AI with integrity. Honest and transparent use of AI is needed to preserve the integrity of your work.
4. **Accountability and Ownership**: When submitting an assignment or research paper, students or academics are considered the owners and are responsible for the content. AI cannot be blamed for inaccurate, biased, or inappropriate information. The responsibility for the content (even if created by AI) remains with the human author.
5. **Referencing and Acknowledgment:** The use of AI without recognition may be considered as unethical use of AI, and will be reported on the AIITSA system (for students) or to IRIMS (for postgraduate students or academics).
6. **Privacy, Security, and Safety**: It is imperative to safeguard personal data and respect user privacy in all AI applications. The deployment of generative AI models, which encompass text, image, audio, and video creation, presents distinctive challenges and demands meticulous consideration for the protection of information. The following information, as provided by the NWU IT department is restricted for use on AI systems:
    i. Personal Data: First and last name, Address, Email address, Phone number, Other identifiable personal details.
    ii. Sensitive Personal Data: Identity Number (ID), Passport Number, Location data, Financial data (e.g., income, purchasing behaviour).
    iii. Academic Information: Student Marks, Research in progress, Examination and test papers.
    iv. Special Categories of Personal Data: Race or ethnicity, Sexual behaviour or sexual orientation, Political views, Religious or philosophical beliefs, Membership of a trade union, Health and medical data, Genetic data, Biometric data.
    v. Confidential Business information: Corporate strategies, Trade secrets, Internal project details, Financial reports and forecasts, Staff or student data.
    vi. Legal Information: Legal advice and discussions, Information related to ongoing legal cases, Confidential contracts or agreements.
    vii. Security Information: Unpublished research, Patents or patent applications, Copyrighted material (without proper authorisation).
    viii. Security Information: Network data, Security protocols, Vulnerability reports, Documents containing architecture or infrastructure details, Configuration

documents.

ix. Inappropriate or illegal content: Hate speech, Illegal activities, Content that violates privacy laws.

3 Rules for the Responsible and ethical use of AI for all personnel and students

The following rules must be followed:

1. Use AI only as permitted and specified by the lecturer, supervisor, or publisher for the specific assignment or research. Ensure you understand their stance on the use of AI within the 5 levels of AIAS. Declare your use of AI and document its application.
2. AI answers or essays may not be presented as your own work. This is a form of academic dishonesty.
3. Tools for paraphrasing and language editing are classified as AI tools and will be detected by Turnitin or other similar AI detection systems. Discuss the use of these tools with your lecturer/study leader. Always keep a copy of your original, unedited work.
4. Should the use of AI be permissible in a module or while conducting research, be critical of what AI presents as answers. It might be biased, can perpetuate stereotypes, reinforce discriminatory practices, or simply present false information as fact. Always verify the information provided by AI with reputable academic sources.
5. If the use of AI is expressly allowed, it is essential to paraphrase the content, as with most other sources. In other words, rephrase the information into your own words—this aids in comprehending and fully understanding the concepts. Ensure that (in the case of research) the context in which the original research was conducted and the context in which the current research is conducted are not lost.
6. When allowed, the use of AI in Teaching and Learning and Research must be declared.
7. Students or academics must keep a detailed record of all the prompts and answers used during their research and writing processes and keep these on record.
8. Respect Copyright and Intellectual Property. Avoid using LLMs and AI systems to plagiarise or infringe upon copyright and intellectual property rights. Give credit to the original creators when using their work, as you would like to receive credit for your own work.
9. Do not place the academic work or research of another student or academic in an AI tool for any improvement or evaluation purposes. For example, do not submit proposal review or ethics reviews to LLMs or AI systems, nor use them to improve the quality of someone else's work or research (e.g. edit, spell check, restructure).
10. Continuously Learn and Adapt. Stay informed about developments in LLMs and AI ethics, and best practices as well as the risks harboured in the use thereof. Protect the reputation of the NWU during the use of AI. Be open to feedback and willing to adapt your practices to align with evolving ethical standards.

3.1 Additional rules for lecturers and supervisors

1. It is strongly advised that staff refer to the 5 levels of AI allowance when planning their teaching-learning activities, and to use these in deciding how AI may be used by learners in teaching-learning situations. These decisions should be made before teaching-learning activities commence.

2. Communicate clearly to students and colleagues on how and when AI may be used and how and when it is not allowed. Act consistently with what has been communicated.
3. When the unethical use of AI is noticed, students must be reported to AIITSA (for Teaching and Learning) or IRIMS (for research).

4 Guidelines for the use of AI

After discussing the use of AI with your lecturer/study leader, the following guidelines and advice should be considered when using AI:

4.1 Learn with AI; do not use AI to avoid the learning process

1. Do not use AI as an 'essay mill' (contracting out of thought to a person or an algorithm). Generative AI can conceptualize, do research, and write assignments, but this might be detrimental to your possible scientific reasoning and writing advancement.
2. Remember, if you use AI exclusively to do your assignments, without critically evaluating the output, you will **learn and achieve** little to **nothing** in the process. The scientific process calls for reflection. Intelligent interaction and human judgment are required.
3. Keep in mind that assessments are designed to determine the level of your content knowledge and support your learning of the module outcomes, or evaluate your ability to conduct quality research. If AI is used to complete assignments or produce a research product for you, you are not demonstrating proficiency in these outcomes. Thus, you might not have mastered what was intended with the program/module/research output.
4. Using AI as a drafting consultant, or a co-creator, from the start of the writing process might have some benefits, e.g., planning a research write-up, shaping and developing an argument, and requesting sample lines. However, this should be discussed with the lecturer/supervisor/publisher and should be acknowledged by the student or academic. The overuse of AI leads to the authorship becoming opaque, and the mastery of skills expected from scientists and academics might not take place.
5. Do not become too dependent on AI. You must develop a deep understanding of the content and material you are studying and develop the skill of intelligent interaction and applying human judgment.
6. Keep in mind that dependence on AI discourages independent and critical thinking. It diminishes confidence in one's ability to learn and display critical skills (e.g., synthesis of ideas) and may thereby inhibit thinking. In research, it limits the development of critical analytical synthesis as a higher-order thinking skill. There is also a risk that AI may diminish creativity, as well as reading and writing skills.

4.2 Use AI and information with a critical mindset

1. Critically evaluate the sources that AI offers as a reference. Be sure to reference a wide range of sources and do not over-rely on a particular source. Ensure that the in-text referencing and the final reference list match.
2. Verify information and evaluate the accuracy and reliability of AI-generated work. Always double-check the responses that AI generates. Sometimes results are far-fetched and false, or references are inaccurate and in-text references differ from the final reference list. Be aware that AI can also obscure poor research behind apparently brilliant writing, and therefore, one should ensure the presented research is of good quality. Do not rely solely on an AI-generated literature study. Include additional relevant research to demonstrate your understanding of the field of study.

3. Do not exclude human interaction in your use of AI. The exclusive use of AI has the risk of diminishing social skills and skills of collaboration and cooperation, and complex interdisciplinary problem-solving with other people should not be lost.
4. Be aware of the limitations of AI. LLMs can produce credible untruths (hallucinations, simulated authority, or compelling misinformation), and it may omit attributions of its source of training data (which is a form of plagiarism).

4.3 Conduct proofing, planning, and editing with a critical mindset

1. Using AI as a proofing tool at the end of the writing process might have some benefits, e.g., fixing spelling, grammar, register, tone, and style. However, be aware of the risk of AI paraphrasing changing the context of what the original research author intended. *Keep a record of what you use these tools for in case this is flagged as AI-generated.* It is considered good practice to keep a copy of your original work.
2. Using AI as a copyediting tool during and after the writing process may have some benefits, e.g., shortening wordy text, expanding for clarity, and rephrasing for clarity. However, this should be discussed with the lecturer/supervisor/publisher and must be acknowledged by the student or academic. Each suggestion should be evaluated individually. Do not use “accept all” without intelligent interaction. Again, a copy of the original, unedited work should be kept.

5 Rules for Referencing and Acknowledgment of AI

The referencing of AI as a source is only permitted when it forms part of a formal research design, as indicated by your lecturer or negotiated by your supervisor and approved by your ethics committee. When instructed or approved, all interactions should be shared on a data repository with a permanent link, especially in the postgraduate context and employee research. How to reference AI in this regard must be consulted with and confirmed by LIS.

Generative AI tools should not be regarded as authors and should not be included in the reference list. AI use should be declared and described in different sections of the research, like the research methodology.

6 Rules for Ethical and Responsible use of AI in Research

6.1 Introduction

Modern academic work necessarily involves digital systems that transmit and process data. Ethical AI governance, therefore, focuses on how tools are used, what decisions are delegated, and where responsibility lies, rather than on simplistic notions of data “uploading”.

In all cases, the responsibility for scholarly judgement, originality, confidentiality, and ethical compliance rests with the human academic actor, regardless of the tools used.

6.2 Instructions to examiners

The integrity of the examination rests on independent human scholarly judgement, confidentiality of unpublished work, and accountability of the examiner.

6.2.1 Examiners may not use generative AI tools to:

6.2.1.1 upload any part of a dissertation, thesis, research dissertation, draft chapter, or research data into a publicly available generative AI system for purposes of evaluation, interpretation, summarisation, analysis, report drafting, recommendation, or the formation of scholarly judgement, or

6.2.1.2 upload any part of a dissertation or thesis to public domain AI systems where the content may be stored, reused, learned from, or accessed beyond the examiner’s direct control. In-house AI tools such as Copilot,

Grammarly, and Writefull are considered safe and not considered public-domain tools.

6.2.2 Examiners may use AI tools solely for language editing or stylistic refinement of their own examination report, provided that:

6.2.2.1 the examiner's scholarly judgement remains entirely human, and

6.2.2.2 the AI system used does not retain, reuse, or train the model using the research content, nor make it accessible to third parties.

6.2.3 Examiners must be transparent about their AI use during the examination report writing process and declare the following:

6.2.3.1 how the NWU data (students' unpublished research) safety was ensured, and

6.2.3.2 which AI tools were used and for which purposes.

6.3 AI use by Supervisors

Supervision requires academic evaluation, judgment, mentorship, and pedagogical responsibility, while being sensitive to digital environments where AI tools routinely process data remotely.

6.3.1 Supervisors may not use generative AI tools to:

6.3.1.1 upload a student's thesis, dissertation, research proposal, draft chapter, or research data into a public domain generative AI system for purposes of evaluation, feedback generation, rewriting, interpretation, or supervisory decision-making, or

6.3.1.2 upload student research onto a public domain generative AI system in ways that compromise confidentiality, intellectual ownership, or academic integrity.

6.3.2 Supervisors may use AI tools in a responsible manner to support:

6.3.2.1 language clarity and academic writing,

6.3.2.2 structured and organised feedback,

6.3.2.3 pedagogical guidance and skills development.

6.3.3 Supervisor AI use must:

6.3.3.1 not substitute for supervisory engagement,

6.3.3.2 be transparent to the student, and

6.3.3.3 avoid uploading student work to public domain AI systems that retain, reuse, or repurpose the content beyond the supervisory context.

6.4 Submission of AI Use in Research Declaration Form

6.4.1 In a digital research environment, integrity is ensured through disclosure, responsibility, and informed consent, not by attempting to prohibit normal technological operations. Doctoral, Master's, and Honors programs must describe the type of AI tools used, the purpose for which they were used, how the AI information was verified, where in the research AI was used, and whether the tools involved external systems with data retention or reuse beyond the researcher's control, through the AI use declaration form.

6.4.2 It is compulsory for Master's (structured and research), and Doctoral students to submit the AI use declaration form, as approved by Senate, with the submission of their research proposal. This form must be updated and resubmitted with every progress report and with the final submission of the dissertation, thesis, or research

processes. Honours students must submit this form with their research proposals and final submission. Academics must submit this declaration form as required by the faculty's scientific- and research ethics committees or any other applicable evaluative structure.

6.4.3 Submission of the completed and signed declaration is a mandatory requirement for the acceptance and processing of research proposals, progress reports, and final submissions. Submissions without the required declaration will not be accepted for examination or review.

6.5 Scientific and Research Ethics Committees

6.5.1 Ethical oversight requires independent human deliberation, while recognising that administrative drafting and documentation occur in digital systems. Committee members may not use AI tools to make ethical judgments or evaluations.

6.5.2 AI tools may be used for administrative drafting or language refinement of committee documents, provided that no evaluative judgement is delegated, and sensitive research content is not exposed to public domain systems that retain, train or reuse such data outside the ethics process.

6.6 No compulsory submission of AI score for Research

6.6.1 According to the Senate Rules for the Responsible and Ethical Use of AI, postgraduate students (Master's and PhD) and academic researchers are permitted to use AI tools in their studies and research, as discussed and approved by their supervisors and the scientific journals or publishers. However, students must declare any AI usage on the Senate-approved AI Use in Research Declaration Form. With the final submission of postgraduate studies and research, no AI scores will be required. The Turnitin Plagiarism report will still be required.

6.6.2 Postgraduate research integrity is ensured through supervision, peer review, and disclosure and not through automated detection systems with uncertain reliability. If a particular journal, examiner or supervisor requests an AI similarity use report from a detection tool, this may be arranged.

6.6.3 Detection tools for AI use remain relevant in undergraduate settings, including Honours programs, since lecturers can require varying degrees of AI involvement or prohibit it entirely, making it important to identify any unacceptable AI use.

7 Summary

The NWU is committed to providing students the opportunity to engage with AI in various forms while considering the associated risks, environmental impact, and potential biases of the technology. The goal of these Senate rules is to educate and guide students and academics on the ethical use of these powerful tools, in alignment with the high academic integrity standards expected for them to contribute effectively to their subject field and community.

Senate Rules for Academic Integrity:

Section 6: The Utilisation of Academic Misconduct Detection Tools

Contents

1. Objectives
2. Purposes and scope
3. NWU endorsed academic misconduct detection tools
4. Turnitin and iThenticate usage matrix by user group and academic stage
5. Interpretation of Turnitin similarity reports
6. Turnitin training and support

1. Objectives

1.1. A framework for effective use of academic misconduct detection tools

To provide a clear framework for the ethical and effective use of detection tools to prevent, identify, and address academic misconduct. These guidelines aim to ensure consistency, fairness, and adherence to North West University (NWU) academic integrity standards while fostering an environment of trust and scholarly excellence.

1.2. Deterrence of plagiarism and other forms of academic misconduct

To actively prevent instances of academic dishonesty in both teaching-learning and research by identifying potential breaches in academic work, including assignments, research papers, theses, and dissertations, while upholding the principles outlined in NWU's Academic Integrity Policy.

1.3. Educational development

To enhance understanding among students and researchers regarding proper citation, ethical paraphrasing, and the responsible use of sources. In addition, this empowers academic staff by providing detailed similarity reports to formulate targeted feedback, foster skills and development in sound academic and scientific writing and promote continuous improvement while helping to avoid academic misconduct.

1.4. Upholding academic integrity and quality standards

To ensure that all submitted academic work adheres to the NWU's Policy on Academic Integrity by emphasizing authenticity and scholarly rigor, thereby sustaining the university's reputation for educational and research excellence.

2. Purpose and scope

The NWU is committed to fostering a culture of academic integrity and excellence. The utilisation of academic misconduct detection tools such as Turnitin and iThenticate plays a crucial role in upholding these values. It remains the responsibility of all academic staff members to report and/or manage academic misconduct according to the NWU Policy on Academic Integrity. This document outlines the functions of these tools and identifies the users and stages at which they should be employed within the university community.

3. NWU endorsed academic misconduct detection tools

3.1. Turnitin

A web-based plagiarism detection service that generates similarity reports by comparing submitted academic texts with an extensive database of published works, online content, and previously submitted documents. It also includes AI detection capabilities for identifying potential misuse of Generative AI tools.

3.1.1. Key functions

3.1.1.1 **Similarity Reports:** Generates reports highlighting text matches with existing sources, helping identify potential misconduct.

3.1.1.2 **Artificial Intelligence detection tool:** Turnitin's AI detection enables educators to identify possible use of AI tools, such as publicly available Generative AI applications.

3.1.1.3 **Educational Resource:** A resource for educators to provide additional feedback on source integration, information literacy, academic integrity, and writing to students.

3.1.2. Intended Users and purpose of similarity reports

3.1.2.1 Undergraduate Students for assessments which have been included in a formal assessment structure.

3.1.2.2 Postgraduate students for teaching and learning purposes: For preliminary drafts or milestone submissions.[1] Generating preliminary drafts in a controlled environment acts to continually improve the quality of writing and research. Milestone submissions are reserved for formal procedures, like submitting to scientific committees, ethics committees, or final submissions. For structured postgraduate programmes assessments will be dealt with in terms of the undergraduate protocol.

3.1.2.3 Academic staff members as lecturers, supervisors, or promoters: For assessing student submissions and interpreting.

3.1.2.4 Administrative and Support Staff: To manage the technical aspects of tool operation, facilitating training and real-time support to users, and troubleshooting issues to ensure smooth functionality. They also assist in securely managing user data in compliance with record keeping and privacy standards.

3.1.2.5 The purpose of Turnitin similarity reports is to providing constructive feedback to students, and are crucial for and informing decision making regarding progress tracking and disciplinary proceedings.

3.1.2.6 Turnitin submission should only be implemented as part of a formal course. Students should submit their own work on a formal LMS site. Staff members should not submit on behalf of students[2].

3.1.2.7 Postgraduate students, therefore, should submit on a**n** LMS site centrally managed by research units. No parties or stakeholders external to a given undergraduate or postgraduate course may submit on behalf of a student or staff members.

3.1.2.8 Consistent procedures are crucial to uphold integrity in this context. Inconsistent procedures may lead to high-risk record management practices, jeopardising academic outputs and possibly leading to disciplinary procedures.

3.2. iThenticate

iThenticate is used at the NWU to screen manuscripts intended for publication, helping researchers to ensure they meet originality and ethical standards before submitting to academic or scientific journals.

Submissions of this nature should be accompanied by a proof of a formal request from a publishing entity. IT Services manages subscriptions to this platform and controls access.

Contact Edward Jantjie (Senior Consultant, Information Technology) to request access.

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[1] *During the process of completing dissertations and thesis preliminary drafts, include but not limited to, various versions of research in production phase. These submissions are aimed at educational development and quality assurance. Milestone submissions are typically associated with submission to scientific committees, etc. These submissions are reserved for formal record keeping processes.*

[2] *Turnitin submissions must be made directly by students via the institutional LMS. This secures the administrative process by ensuring accurate authorship attribution, maintaining a reliable dig*ital record for forensic purposes, and preventing irregularities that may arise when supervisors or staff submit on behalf of students.

Once a similarity report is generated, authors should interpret and address any flagged matches following the university's broader academic integrity guidelines, thereby reinforcing NWU's commitment to research excellence.

3.2.1. Key functions

3.2.1.1 **Research Integrity:** To assist researchers, in the process of publication, to verify the authenticity.

3.2.1.2 **Reports:** iThenticate identifies material that matches text from documents found in their extensive database.

3.2.1.3 **Educational Resource:** Researchers will be able to continuously review manuscript drafts to identify possible plagiarism or poor academic scientific research practices.

3.2.2. Intended users

3.2.2.1 Postgraduate Students for publication purposes

Throughout the development of book chapters, edited works, and other research outputs for the purposes of publishing. PG students should formally request assistance via the supervisor/promotor to the NWU Library and Information Services.

It would be required to submit work at various stages to ensure ongoing compliance with academic integrity standards and publication requirements.

Note that these services are not available to postgraduate students for the purposes of thesis and dissertations.

3.2.2.2 Academic Staff Members

To verify the authenticity of research and avoid potential issues with plagiarism or redundant publication and adhere to publisher request.

4. Turnitin and iThenticate usage matrix indicated by user group and academic stage

Table 1: Usage matrix of Turnitin and iThenticate

User Group	iThenticate	Turnitin	Usage stage	Exclusion criteria	Repository[3]	Result release[4]	Viewing privileges[5]
Undergraduate Degree studies	Not available	Iterative feedback for educational purposes	Continuous (draft, formative checks)	Optionally exclude reference lists, quoted material, and/or short matches[6]	For final submission, papers can be stored in Standard Repository	Typically, immediate to student and lecturer/instructor	Student, Lecturer/Instructor
		Formal assessments	Final (submission)				
Undergraduate Diploma studies	Not available	Formal assessments	Final (submission)		For final submission, papers can be stored in Standard Repository	Immediate upon submission to student and lecturer	Student, Lecturer/Instructor
Postgraduate	Only per publisher request	Used for coursework, thesis drafts, etc.	Preliminary drafts		Avoid submitting to Standard Paper Repository, especially preliminary of milestone drafts.[7] Do NOT submit final thesis/dissertation to Standard Paper Repository to avoid similarity occurrences with planned publications.[8]	Supervisor controls release timing (e.g., immediate or post-review)	Student, Supervisor, Examiners (as relevant)
			Milestone (chapters, proposals)				
			Final (thesis/dissertation)				
Research (Staff / Academic)	Only per publisher request	Enrolled in NWU qualification	Pre-publication (manuscript screening)		As per requirements	Immediate upon submission	Student, Lecturer/Instructor
		Interpreting student submissions	After student submissions		As per requirements	As per requirements	Student, Lecturer/Instructor
Administrative and Support Staff	Not available	Administering Turnitin sites on LMS	Upon formal request		As per requirements	As per requirements	Author, Supervisor (if applicable), or relevant administrative personnel

[3] *"None" prevents storage in any repository, meaning future matches to the same content (by the same or other students) will not be flagged. "Standard Repository" stores the submission permanently, allowing future comparisons against it.*

[4] *"Immediately" allows early access to similarity reports for rolling assessment, while "On Due Date" delays report generation until after the deadline, ensuring simultaneous comparison across all submissions.*

[5] *Currently, the AI % is not visible to students via LMS. This may cause confusion when students are reported for the unethical use of AI, and should this setting be communicated with the students. For students to view the AI detection results, the lecturer should download the report and share it with the student.*

[6] *Excluding references, quotes, or short matches may reduce false positives, but it can also mask plagiarism, citation errors, or overuse of quoted material. Instructors should apply these settings with caution and review excluded content when necessary.*

[7] *Similarity reports generated during preliminary and milestone submissions need to be stored securely on LMS and records managements systems for future reference.*

[8] *When postgraduate work is intended for publication, it is essential to avoid publicly releasing any part or the entirety of the manuscript. To support this, students may opt to place an embargo on the manuscript, ensuring that they retain the right to publish from it. Consequently, no part of the manuscript should be submitted to Turnitin's Standard Paper Repository. After the embargo period has ended, the final manuscript will be uploaded to NWU Boloka, at which point it may subsequently be indexed in Turnitin's database.*

4.1. Result Release

4.1.1. "Immediately"

This will generate a report upon submission. Immediately generating reports will allow for the lecturer to start assessing the assignments before the due date.

4.1.2. "On Due Date"

This will generate a report on the submission date.

5. Interpretation of Turnitin similarity reports

This section highlights how Turnitin's similarity percentage alone does not constitute evidence of plagiarism but rather offers a point of departure for academic staff, students, and researchers to examine the "root" or source of matched text.

Turnitin is best viewed as an educational tool that identifies possible overlaps, requiring informed human judgement to confirm whether those overlaps reflect correct citation, legitimate intertextuality, or potential misconduct.

5.1. Context and Purpose:

5.1.1 Turnitin compares submitted documents against a large database of internet sources, publications, and student papers. It cannot produce definitive results of possible academic misconduct.

5.1.2 The resulting "similarity report" highlights portions of text similar to existing sources, indicating where further scrutiny or guidance may be needed.

5.1.3 Institutions such as NWU rely on these reports to help maintain a culture of academic integrity, ensuring students and staff engage critically with sources.

5.2. Common Misconceptions

5.2.1 Similarity indices are an indication of similarly stated information, which does not guarantee misconduct. The NWU does not recognise "acceptable percentages" or "percentage thresholds". Percentage levels indicated varying degrees of overlap, which needs to be interpreted. Overlaps can occur with templates, common formulation of content and structure, nomenclature and commonly used phrases.

5.2.2 A low similarity percentage may include possible plagiarism. In this case, interpretation is crucial.

5.2.3 Similarity reports are not a replacement for sound instruction of sources integration and writing.

5.3. Key considerations

This section provides an overview of essential factors to keep in mind when reviewing a Turnitin similarity report. It moves beyond raw percentages by emphasizing the purpose, context, and method of source integration.

5.3.1. Determining the Nature of Similarities

5.3.1.1 **Boilerplate Text:** Recognize that templates, reference lists, common disciplinary phrases, and required statements can inflate similarity scores.

5.3.1.2 **Authorship Context:** Identify whether the similarity originates from the author's own previously submitted work (self-plagiarism risks) or from external sources.

5.3.1.3 **Quality of Citation:** Evaluate whether references are cited accurately, whether paraphrases are truly reworked, and whether direct quotes are presented with quotation marks.

5.3.2. Ethical Implications

5.3.2.1 Unintentional oversight vs. intentional misrepresentation:

Use the report to distinguish a lapse in citation skills from deliberate copying.

5.3.2.2 Educational Opportunities:

Guide students to improve academic writing, proper citation, and paraphrasing skills whenever unintentional overlap is discovered.

5.3.2.3 Role of the NWU Policy on Academic Integrity:

Item 3.1.4 of the NWU Policy on Academic Integrity states that, amongst others, the purpose of the policy is "to ensure that employees and students take precautionary measures against all forms of academic misconduct in teaching-learning and research" and "to prevent instances of academic misconduct in both teaching-learning and research".

The utilisation of these sanctioned tools (Turnitin and iThenticate) provides academic staff with the means to adhere to the above-mentioned prescripts.

5.3.2.4 Alignment with the policy:

The NWU Policy on Academic Integrity states in item 3.3.7 that the policy is concerned with the management of the integrity of the aspects related to "the utilisation and interpretation of similarity indices for the purpose of refining and enhancing academic and scientific writing and for determining possible similarities with previously published work or Artificial Intelligence generated content, in order to identify and eliminate plagiarism or any forms of academic misconduct". Any suspicion of misconduct uncovered in the report should be dealt with in accordance with NWU's Academic Integrity Policy and existing procedures.

5.3.2.5 Reporting Channels: Academic staff remain responsible for following the correct processes for reporting or managing academic misconduct via AIITSA as instructed by the Standard Operating Procedures for Academic Integrity or the Integrated Research Integrity Management Systems (IRIMS).

5.4. Interpretation protocol

The structured approach that indicates the following of a **"most likely route of source integration"** methodology, ensures that staff can systematically interpret Turnitin reports. It offers a step-by-step workflow to move from identifying text matches to determining whether these reflect legitimate research practice or a breach of integrity.

Step 1: Initial Scan

1. Examine the overall similarity index.
2. Identify any large, obvious text blocks highlighted by the report (e.g., entire paragraphs or repeated phrases).
3. Try and establish patterns.

Step 2: Filter and Prioritise

1. Determine and evaluate possible boilerplate and repetitive text: Ignore repeated institutional templates, references, and common disciplinary terminology from consideration.
2. Focus on high-risk matches: Identify significant matches that appear to be copied verbatim or only slightly reworded from the source material without proper citation.

Step 3: Investigate Source Integration

1. Trace overlaps to their original sources: Confirm whether the matched text is indeed from the listed publication or website.
2. Determine the root of integration:
    - Tracing steps of matched source: Compare the flagged text to the original source, verifying whether it reflects a direct quote, paraphrase, or patchwriting, and check that any citations (including in-text references and quotation marks) have been used accurately.
    - Proper quotation: Is the matching text clearly marked with quotation marks, or similar style requirements, (or paraphrased correctly) and accompanied by correct citation?

- Legitimate paraphrasing: Has the student or author provided a reference and sufficiently reworked the original material?
- Patchwriting or text Lifting: Do large chunks of text appear with minimal changes and insufficient attribution?

Step 4: Evaluate Context and Intent

1. Consider the purpose: Assess whether the matched text supports or challenges the main argument and whether it is used constructively.
2. Determine intent:
   - Unintentional oversight: Are there recurring citation omissions in an otherwise well-attributed document?
   - Potential misconduct: Is there a pattern of unattributed copying, especially in critical sections of the work?

Step 5: Provide Targeted Feedback

1. Clarify the issue: If overlaps suggest poor paraphrasing, instruct on paraphrasing techniques and correct citation.
2. Educate on academic writing skills: Encourage rewriting or reorganizing content to demonstrate critical engagement with sources.
3. Recommend revision and resubmission: Where feasible, allow students to correct citation and paraphrasing errors, emphasizing continuous improvement.

Step 6: Decide on Further Action

1. Consult NWU Policy: If significant misconduct is suspected, follow the NWU Academic Integrity Policy's guidelines on formal reporting and investigation
2. Document the findings: Keep records of the Turnitin report and any correspondence or decisions taken, in case of formal proceedings or future reference.

5.5. AI-detection

5.5.1 Turnitin's AI-detection system, as recognised by the NWU , operates at a less than 1% false positive rate[9] for identifying AI-generated text in standard academic submissions.

The above figure reflects Turnitin's validated claims and serves as the current benchmark guiding NWU's review process.

5.5.2 Although the NWU fully endorses this capability for maintaining academic integrity, all flagged cases remain subject to thorough human evaluation to ensure fairness, contextual understanding, and alignment with NWU's established policies.

5.5.3 The NWU does not formally recognise other publicly available AI-detection tools without proper documented justification.

5.5.4 An important note on the question of reliability/effectiveness of AI detection software: Turnitin AI detection software is highly effective with pure AI text, however, most AI generated content is mixed with human content, i.e., hybrid content.

As a result, detection rates drop since there are currently no market solutions to detect hybrid content.

6. Turnitin training and support

6.1. Interface and LMS integration support

6.1.1. Interface support: For help with the setup of Turnitin on your LMS (eFundi) site, please log a request for assistance from LMS (eFundi) Helpdesk, or contact 018 285 5930.

6.1.2 For queries related to the interpretation of similarity reports, contact the NWU Writing Centre

6.2. Training needs

6.2.1. Technical interface

There are various training opportunities provided by the library. Visit LibCal to book a session or contact Michael Mogapi to enquire about training opportunities.

[9] *https://guides.turnitin.com/hc/en-us/articles/28477544839821-Turnitin-s-AI-writing-detection-capabilities-FAQs*

6.2.2. Interpretation of similarity reports

For questions related to the interpretation of similarity reports, contact the NWU Writing Centre

6.2.3 Management of instances of academic transgressions and the relation to Turnitin reports in Teaching-learning

For questions related to the AIITSA system, the SOP on Academic Integrity, and the management of academic transgressions related to the Turnitin report, contact the NWU Academic Integrity Officer.

6.2.4 Management of instances of Research related instances of academic misconduct

For questions related to research and academic integrity, contact the IRIMS Office.

6.3. Troubleshooting

6.3.1. "Pending" report:

If the Turnitin results indicate "pending," please log a request for assistance from LMS (eFundi) Helpdesk, or contact 018 285 5930.

6.3.2. The Turnitin AI indicator shows an asterisk *

Low percentage (*%): False positives (incorrectly flagging human-written text as AI-generated) are a possibility in AI models. To avoid potential incidence of false positives, no score or highlights are attributed for AI detection scores in the 1% to 19% range. When AI is detected below the 20% threshold in the report, it is now indicated with an asterisk (*%) and no percentage is attributed. This change is reflected in new submissions only and will not retroactively apply to existing submissions. If your report was generated before July 8, 2024, then you may still see a numerical score below 20%.

6.3.3. The Turnitin AI indicator shows two grey lines --

Gray with no percentage displayed (- -): The AI writing detection indicator is unable to process this submission. This state means that the AI writing report cannot be opened. This can be due to one, or several, of the following reasons:

Reason 1: The submission was made before the release of Turnitin's AI writing detection capabilities. The only way to see the AI writing detection indicator/report on historical submissions is to resubmit them

Reason 2: The submission does not meet the file requirements needed to successfully process it for AI writing detection:

- File size must be less than 100 MB
- File must have at least 300 words of prose text in a long-form writing format
- File must not exceed 30,000 words
- File must be written in a supported language: English, Spanish
- Accepted file types: .docx, .pdf, .txt, .rtf

SENATE RULES

SECTION 7:

RULES FOR MID-SEMESTER ASSESSMENTS AND EXAMINATIONS

Preamble

The NWU has established detailed rules for the official mid-semester assessments and examinations to ensure fairness and accountability in all academic processes. These rules are vital in safeguarding the integrity of the university's summative assessment opportunities and reflect NWU's unwavering commitment to transparency and ethical standards. Adherence to these rules is not merely procedural but integral to upholding the trust and academic credibility that underpin the institution's reputation. Through these rules, the NWU strives to foster a culture where scholarly honesty is both a commitment and a shared responsibility.

1 Contact Invigilated Mid-Semester Assessments

1.1 No student will be permitted to enter the assessment venue after 30 (thirty) minutes have lapsed from the commencement of the assessment.

1.2 No student will be allowed to leave the assessment venue before the lapse of 30 (thirty)minutes from the commencement of the assessment.

1.3 The right of admission to assessment venues is reserved.

1.4 Students without any form of identification will not be allowed entry into the assessment venue. The following forms of identification are accepted: NWU student card. If a student card is not available, the student must provide the Proof of Registration along with the Smart ID card or Driver's Licence. The proof of registration must display the current date of the assessment.

1.5 A student may bring a bag into the assessment venue, at their own risk. This bag must be placed at the front of the assessment venue for the duration of the assessment.

1.6 In case a student brings a cell phone to the venue, it must be switched off and placed in the bags, which are placed in front of the venue. In cases where a student has no bag in which to store a cell phone, the device must be switched off and placed on the ground directly beneath the student's desk in full view of invigilators. The cell phone must remain under the desk for the whole duration of the assessment, including during bathroom breaks. The handling of the cell phone by the student is prohibited.

1.7 The university accepts no responsibility for the safekeeping of such devices and the cell phone is brought into the venue entirely at the student's own risk.

1.8 A student may not in any way assist another student or receive any assistance from another student during the assessment, which includes borrowing stationery, etc.

1.9 A student may not have or wear any earphones/ smart watch, nor have a tablet/computer in his/her possession during the assessment and is prohibited from handling such devices during the assessment.

1.10 A student is prohibited from obtaining any form of assistance during assessments, including copying, for the purpose of improving marks. This prohibition extends to the use of notes, electronic devices, Artificial Intelligence, or any other forms of assistance during assessment sessions, as specified by assessment procedures.

1.11 It is strictly prohibited for a student to sit on behalf of another student during the assessment session or to request another student to complete an assessment on their behalf. This policy also applies to having

someone else, including an AI program, complete an online assessment on behalf of any student, or completing an online assessment on behalf of another individual.

1.12 Acquisition and/or sharing, without permission, of assessment questions or academic material is strictly prohibited.

1.13 Participants who are part of social media platforms such as WhatsApp or Facebook are obligated to report any unauthorised sharing of assessment information, content and questions within their groups or pages to Student Judicial Services

1.14 Students are required to submit all answer scripts (including unused ones) and the question paper (if applicable) to the invigilator before leaving the assessment venue. No pages may be removed from an answer script or question paper.

1.15 The prescribed attendance record must be completed and handed in to the invigilators.

1.16 Students must not make use of the question paper for draft work. Draft work must be clearly indicated as such on the answer script. The prescribed attendance slip, located on the back of the answer script, must be completed and submitted. The student card must be placed together with the attendance slip on the desk for verification by the invigilators during collection.

1.17 No refreshments are allowed in the assessment venue other than water in a transparent bottle.

1.18 An invigilator shall strictly supervise bathroom breaks. Students are not permitted to take study materials, notes, cell phones, or any other electronic devices when leaving the assessment venue for a bathroom break.

1.19 The use or concealment or possession of a cell phone/electronic device or notes inside the bathroom stall during the assessment constitutes a serious assessment irregularity. It will be treated as an act of academic dishonesty.

2 Invigilated Contact Examinations

2.1 No student will be permitted to enter the examination venue after 30 (thirty) minutes have lapsed from the commencement of the examination.

2.2 No student will be allowed to leave the examination venue before the lapse of 30 (thirty) minutes from the commencement of the examination.

2.3 The right of admission to examination venues is reserved.

2.4 Students without any form of identification will not be allowed entry into the examination venue. The following forms of identification are accepted: Examination Hall Ticket and/or NWU student card. If the student card is not available, the student must provide the Proof of Registration along with the Smart ID card or Driver's Licence. The proof of registration must display the current date of the examination.

2.5 The photograph displayed on a student’s Examination Hall Ticket and student card must be that of the registered student only. Students are strictly prohibited from uploading, using or substituting their photograph with that of another individual on the NWU App or any related university system integrated with the Examination Hall Ticket.

2.6 A student may bring a bag into the examination venue, at their own risk. This bag must be placed at the front of the examination venue for the duration of the test.

2.7 A student may not have a cell phone / smart watch/tablet/computer or earphones in his/her possession during the examination and is prohibited from handling such devices during the examination.

2.8 Cell phones may be allowed only at the examination venue entrance, for the purpose of scanning the QR code on the examination Hall Ticket. A student must switch off their cell phone immediately after the invigilator scans the QR code on the Hall Ticket and places the phone inside their bag, which is kept at the front of the venue.

2.9 In cases where a student has no bag in which to store a cell phone, the device must be switched off and placed face down on the ground directly beneath the student’s desk. The cell

phone must remain under the desk for the whole duration of the assessment, including during bathroom breaks. The handling of the cell phone by the student is prohibited.

2.10 The university accepts no responsibility for the safekeeping of such devices when the cell phone is brought into the venue, entirely at the student's own risk.

2.11 A student may not in any way assist another student or receive any assistance from another student during the examination.

2.12 A student is prohibited from obtaining any form of assistance during tests, including copying, for the purpose of improving marks. This prohibition extends to the use of notes, electronic devices, Artificial Intelligence, or any other forms of assistance during examination sessions, as specified in the examination procedures.

2.13 For open-book examinations, students are permitted to bring only the materials as explicitly specified by the lecturer on the examination's question paper. Possession of any additional or unauthorised material will be regarded as a breach of the examination's rules.

2.14 It is strictly prohibited for a student to complete an examination on behalf of another student during an examination session or to request another student to complete an examination on their behalf. This policy also applies to having someone else, including an AI program, complete an online examination for any student, or completing an online examination on behalf of another individual.

2.15 Acquisition and/or sharing, without permission, of examination questions or academic material is strictly prohibited.

2.16 Participants of social media platforms such as WhatsApp or Facebook are obligated to report any unauthorised sharing of examination information, content, and questions within their groups or pages.

2.17 Students are required to submit all answer scripts (including unused ones) and the question paper (if applicable) to the invigilator before leaving the examination venue. No pages may be removed from an answer script or question paper.

2.18 Students must not make use of the question paper for draft work. Draft work must be clearly indicated as such on the answer script. The prescribed attendance slip, located on the back of the answer script, must be completed and handed in. The student card must be placed together

2.19 The prescribed attendance record must be completed and handed in to the invigilators.

2.20 No refreshments allowed in the assessment venue other than water in a transparent bottle.

2.21 An invigilator shall strictly supervise bathroom breaks. Students are not permitted to take study material, notes, cell phones or any electronic devices when leaving the examination venue for a bathroom break.

2.22 The use or concealment or possession of a cell phone/electronic device or notes in any format inside the bathroom stall during the assessment constitutes a serious examination irregularity. It will be treated as an act of academic dishonesty.

3 Online Distance Assessments

These rules apply to all online assessments (tests, assignments, and examinations) conducted under the authority of the NWU in accordance with the NWU Policy on Academic Integrity 2024 available at the following URL: https://www.nwu.ac.za/sites/www.nwu.ac.za/files/files/i-governance-management/policy/2025/2P_2.4.3.2_Policy-on-Academic-Integrity.pdf

Participation in online assessments constitutes acknowledgement and confirmation of students' full compliance with the rules outlined below.

3.1 General Principles

3.1.1 Online assessments must uphold academic integrity, fairness, and the reputation of the University.

3.1.2 Students are required to familiarise themselves with all examination rules before their assessment.

3.1.3 Participation in an examination constitutes acceptance of these rules.

3.1.4 Only authorised devices, software and other specified material may be used.

3.2 Examination Conduct

3.2.1 Examination begins strictly at the scheduled time as indicated on the official timetable.

3.2.2 Students must ensure a quiet, secure environment, a charged device with a reliable internet connection, a working camera, and a microphone.

3.2.3 Students must complete the Honour pledge on eFundi when submitting.

3.2.4 Students may not submit before 30 (thirty) minutes have lapsed from the commencement of the assessment.

3.3 Proctoring and Invigilation Tools

3.3.1 All proctored assessments require the continuous use of The Invigilator App, as prescribed by distance/part-time examination guidelines.

3.3.2 The QR code must be activated before the scheduled start time. Failure to activate will result in the withholding of marks.

3.3.3 Students are not allowed to log out of The Invigilator App during the assessments. They will have their marks withheld pending the outcome of an investigation.

3.3.4 The proctoring tool must record a clear, full facial image of the student throughout the duration of the assessment.

3.3.5 Students must resolve all pending proctoring uploads within 2 (two) hours of the assessment; failure to do so will result in marks being withheld.

3.3.6 Proctoring must remain active, with a visible facial image for the duration of the assessment.

3.4 Assessment Submission Rules

3.4.1 Submission via File Upload

3.4.1.1 No e-mailed scripts will be accepted.

3.4.1.2 Only PDF submissions via eFundi will be accepted.

3.4.1.3 Scripts that are illegible, incomplete, or uploaded in the wrong format will receive a final mark of 0%.

3.4.1.4 Wrong submissions (e.g. uploading the question paper instead of the answer script) cannot be corrected and will be awarded 0%.

3.4.1.5 Submissions in PDF format must first be uploaded to eFundi and then submitted on the Invigilator app.

3.4.2 Submission of Multiple-Choice Question/Quiz Examinations

3.4.2.1 Only one submission is allowed; no resubmissions will be granted.

3.4.2.2 Use of multiple browsers or tabs is strictly prohibited except when specified in examination paper instructions.

3.5 Academic Misconduct

The University has a zero-tolerance policy for any form of dishonesty or cheating during examinations and assessments. All incidents are subject to disciplinary action. Students could be found guilty of misconduct if they:

3.5.1 Use unauthorised notes, devices, AI tools (e.g. ChatGPT), or external aids during the assessment/examination.

3.5.2 Communicate with any other person in person or via WhatsApp, Telegram, or similar platforms (except official technical support lines) during the assessment/examination.

3.5.3 Use any audio devices (e.g., headphones, audio-to-text software) or smart glasses, or any other devices related to audio equipment during the assessment/examination.

3.5.4 Submit plagiarised work, copied material, or use unacknowledged online sources during the assessment/examination

3.5.5 Impersonate another student, falsify their identity, or submit work not their own.

3.5.6 Assist another student to cheat or allow their work to be copied.

3.5.7 To receive or give aid to a fellow student during an assessment/examination.

3.5.8 Workplace computers or restricted devices that block access to examination systems are not acceptable.

3.6 Consequences of Misconduct

3.6.1 Marks may be withheld or a final mark of 0% awarded.

3.6.2 Students may be referred to a disciplinary hearing in terms of the Student Disciplinary Code and the NWU Policy on Academic Integrity 2024 https://www.nwu.ac.za/sites/www.nwu.ac.za/files/files/i-governance-management/policy/2025/2P_2.4.3.2_Policy-on-Academic-Integrity.pdf

3.7 External Factors Beyond the Control of NWU

The following factors are considered beyond the University's control. Students are reminded that these matters remain the responsibility of the student and will not serve as grounds for special consideration:

3.7.1 Personal network or service provider interruptions.

3.7.2 Malfunctioning or crashed personal computer or device.

3.7.3 Power outages (load-shedding) or insufficient storage capacity on a personal computer.

3.7.4 Lack of personal data or internet access.

3.7.5 Non-functional cameras or web cameras are required for assessments.

3.7.6 Non-functional computer/laptop/cell phone microphones required for assessments.

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