

THE SOUTH AFRICAN MEDICAL RESEARCH COUNCIL



RESEARCH MISCONDUCT POLICY

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1. Definitions

- 1.1 **Allegation:** Refers to any written or oral statement or other indication of possible research misconduct made to the South African Medical Research Council (SAMRC).
- 1.2 **Complainant:** Any individual, SAMRC stakeholder, regulatory authorities or funder who in good faith makes/reports an allegation/suspicion of possible research misconduct.
- 1.3 **Inquiry:** Gathering of information and initial fact-finding to determine whether an allegation or apparent instance of research misconduct has substance and warrants an investigation.
- 1.4 **Data:** encompass all forms of scholarly information about the research without regard to the type of recording or storage media,
- 1.5 **Investigation:** The formal development of a factual record and the examination of that record leading to a decision not to make a finding of research misconduct or to a finding of research misconduct or other appropriate remedies, including administrative actions.
- 1.6 **Research misconduct whistle-blower(s):** Any SAMRC stakeholder or member of the public who reports allegations or suspicion of possible research misconduct.
- 1.7 **Research data:** Any data constituting the products of scholarly inquiry, in any form or medium.
- 1.8 **Respondent:** The person against whom an allegation of research misconduct is directed or the person whose actions are the subject of the inquiry or investigation. There can be more than one respondent in any inquiry or investigation, and, if there are multiple respondents, all references in this policy to “Respondent” shall also be read in the plural as appropriate.
- 1.9 **SAMRC Stakeholders** refers to individuals or groups in the SAMRC involved in research, research training or research-related grants, partnerships, contracts or cooperative agreements and/or collaborative research, including but not limited to scientists/researchers, technicians, technologists, clinicians, field workers, students, visiting scientists, research ethics committees, research ethics screening sub-committees and researcher(s)/institution(s) conducting research within, and/or on behalf of the SAMRC
- 1.10 **Sequestration of the Research Record and Evidence:** Obtaining custody of any original data, research records and evidence, and other material and documents necessary to the conduct of the inquiry and potential future investigation.

2. Policy Statement

- 2.1 The South African Medical Research Council (SAMRC) strives to create a research climate that promotes and maintains adherence to the highest standards of ethics and integrity in the conduct of research in both humans and animals. The SAMRC is committed to applying the ethical values of equity, transparency, participation, mutual respect, responsibility and justice in all of its activities. Research Misconduct is an offense that damages the reputation of an Institution, scientists and/or researchers and the reputation of all relevant key stakeholders involved in an organisation's research activities.
- 2.2 This policy, named the SAMRC Policy on Research Misconduct, creates procedures for the SAMRC's response to allegations as well as apparent occurrences of research breach and research misconduct involving researchers within the institution.
- 2.3 Expectations from this policy perspectives are that all persons involved in the investigation of research misconduct allegations act with integrity and are sensitive to all affected individuals' rights to respect, confidentiality, justice and fairness.
- 2.4 SAMRC stakeholders and the public are expected to report allegations or suspected research misconduct immediately.
- 2.5 The SAMRC shall treat research misconduct whistle-blower(s) and respondent(s) with respect, dignity and fairness.
- 2.6 The champion for the implementation of this policy in the SAMRC will be RIO, and the ultimate accounting officer for ensuring that research conducted in the institutions is of the highest ethical norms, standards and integrity is the President of the SAMRC.
- 2.7 Personal information shall be in compliance with all applicable legislation and guidelines, including but not limited to the Protection of Personal Information (POPI) Act (No. 4 of 2013).

3. Purpose

- 3.1 To prevent, detect and address issues of possible research misconduct
- 3.2 To encourage all SAMRC stakeholders, staff and the public to report allegations of research misconduct.
- 3.3 To ensure prompt and appropriate investigation of alleged or apparent research misconduct while protecting the rights of individuals (both who report misconduct and those about whom allegations are made including other stakeholders).

4. Scope

- 4.1 This policy applies to all SAMRC Intramural Research Units, Extramural Research Units, including but not limited to the researchers funded by the SAMRC and/or scholars who are involved in the conduct of research associated with the SAMRC.
- 4.2 All stakeholders referred to in this policy have an obligation to acquaint themselves with this Policy and to ensure that the provisions thereof are respected and adhered to.
- 4.3 This policy shall be called the South African Medical Research Council's research Misconduct Policy.

5. Breach of research norms, standards and procedures for responsible conduct of research and Research Misconduct:

- 5.1 An unintentional failure to comply with processes, principles or specific provisions, policies and guidelines governing the conduct of research by any individuals and groups at the SAMRC who are involved in research, research training or research-related grants, partnerships, contracts or collaborative agreements may constitute a breach and which does not necessarily points to research misconduct.
- 5.2 **Any** proven intentional distortion of the research process, and/or serious deviations from accepted standards within the research and scholarly community for proposing, conducting or reporting research constitute a potential research misconduct. and may have consequences that are detrimental for the individual¹. In addition, application for- or receiving additional funding for research that is already fully funded by another agency without disclosure to the funder may also be classified as research misconduct.

6. Forms of Research Misconduct

- 6.1 Research misconduct may appear in many forms, and the major ones are:
- 6.1.1 **Fabrication:** Making up data or results and recording or reporting them as though they were real. This is sometimes referred to as “drylabbing”², “fudging”, “massaging”, or outright manufacture of experimental data (*ibid*).
- 6.1.2 **Falsification:** manipulating research materials, equipment, or processes, or changing or omitting data or results such that the research is not accurately represented in the research record.
- 6.1.3 **Plagiarism:** Appropriation of another person’s ideas, processes, results, or words without giving appropriate credit³, i.e. not attributing ideas and citing references. Plagiarism can either be verbatim, near-verbatim or paraphrased.
- 6.1.4 **Dual publication:** When a published work (or substantial sections from a published work) is/are published more than once (in the same or another language) without adequate acknowledgment of the source/cross-referencing/justification.⁴

¹ Yun, X (2008) “What are the consequences of scientific misconduct?” Available at: <http://arstechnica.com/science/2008/08/what-are-the-consequences-for-scientific-misconduct/>. Accessed 10/26/2017

² Shapiro, M.F. (1992). “Data audit by a regulatory agency: Its effect and implication for others”. *Accountability in Research*, 2(3): 219-229

³Garfield, E. (2002). “Demand Citation Vigilance” Available at: <http://www.garfield.library.upenn.edu/papers/demandcitationvigilance012102.html>. Accessed 10/31/2019

⁴The Committee on Publication Ethics (COPE) [guidelines](https://publicationethics.org/category/keywords/redundant-publication):
<https://publicationethics.org/category/keywords/redundant-publication>
Accessed 11/24/2020

- 6.1.5 **Salami publication:** Publishing the result of the same dataset, especially if the hypothesis, raw data, main study findings, and conclusion of both the publications are the same, the one published later might be regarded as duplicate publication.
- 6.1.6 **Photo manipulation:** The manipulation of images to distort their meaning, is also known as “image fraud”⁵.
- 6.1.7 **Gift author(s) and/or guest author (s):** People who are listed as authors but who did not make any contribution to the research. These are often senior figures (e.g. heads of department/units) whose names are added to carry favour (or because it is expected). Another type of gift author is a colleague whose name is added on the understanding that s/he will do the same for you, regardless of your contribution to his/her research, but simply to swell your publication lists (*ibid*). Misconduct is on both the person giving authorship and the person accepting it.⁶
- 6.2 **Research Integrity Office/Research Integrity Officer or abbreviated as RIO:**
- 6.2.1 The SAMRC (RIO) office/official is among others tasked to manage the SAMRC’s Research Integrity Programmes including but not limited to quality assurance and data management, promoting responsible conduct of research, handling possible breach of research standards, possible research misconduct and following through research misconduct processes where actual research misconduct has occurred. Other tasks include but not limited to ethics compliance to SAMRC policies and procedures, legislations, regulations and international guidelines and best practices. Vital functions include giving guidance and advice about policies and procedures associated with research integrity, facilitating training/education to staff to ensure compliance to regulatory requirements and SAMRC needs, managing research ethics office(s), and implement systems to ensure efficiency and meeting ethical standards in the office.
- 7. Reporting of Research Misconduct**
- 7.1 Complainant’s report of allegation of research misconduct should be addressed orally or in writing (preferable) to the SAMRC’s RIO. In the case of oral submissions, RIO will make an effort to convert submission into a written record.
- 7.2 SAMRC stakeholder must immediately report in writing to the SAMRC RIO should he/she become subject of the investigation of an allegation of research misconduct by the external party. Failure to disclose pending investigation may lead to appropriate (disciplinary) action instituted against the SAMRC stakeholder.

⁵http://en.wikipedia.org/wiki/Scientific_misconduct

⁶ Elsevier | Ethics in Research & Publication.

https://minerva.leeds.ac.uk/bbcswebdav/orgs/INTF00001/page_30.htm
Accessed 11/24/2020

8. Responsibilities and rights of the Research Integrity Officer

- 8.1 Ensuring the operationalization of this SAMRC policies on research misconduct and promoting research integrity.
- 8.2 Supporting and guiding compliance of all SAMRC stakeholders to policy, its standard operating procedures, related policies and guidelines, and any other applicable standards imposed by government policies, guidelines and regulations or external funding sources;
- 8.3 Ensuring that confidentiality is always maintained during research misconduct proceedings.
- 8.4 Receiving allegations/suspicions of possible research misconduct.
- 8.5 Determining whether inquiry and/or investigation is (are) warranted, and appointment of inquiry and/or investigation committee(s), where applicable.
- 8.6 Where delegated, take (interim) action and notify the Chief Research Operations Officer (CROO).
- 8.7 Immediately notify the CROO and the President, should allegation of misconduct pose the following risks:
 - 8.7.1 potential health hazard
 - 8.7.2 need to protect public funds or equipment
 - 8.7.3 need to protect the interests of the complainant(s) or respondent(s) as well as his/her co-investigators and associates, if any.
 - 8.7.4 The incident is going to be reported publicly.
 - 8.7.5 involves a public health sensitive issue, e.g., a clinical trial; or,
 - 8.7.6 there is a reasonable indication of a possible criminal violation⁷
- 8.8 Obtaining research data and evidence pertinent to the allegation of research misconduct and maintain it securely in accordance with this policy and applicable laws and regulations.
- 8.9 Notifying respondent and provide opportunities for him/her to review/comment/respond to allegations, evidence, and committee reports.
- 8.10 Informing respondent(s), complainants, and witnesses of the procedural steps in the research misconduct proceeding.
- 8.11 Determining whether each person involved in handling an allegation of research misconduct has an unresolved personal, professional, or financial conflict of interest and take appropriate action, including recusal, to ensure that no person with such conflict is involved in the research misconduct proceeding.
- 8.12 In cooperation with the SAMRC President and members of the Executive Management Committee (EMC), take all reasonable and practical steps to protect or restore the positions and reputations of complainants, witnesses, and committee members and counter potential or actual retaliation against them by respondents or other institutional members;

⁷The University of Texas, Health Science Center at Houston. Handbook of Operating Procedures for Research Misconduct. <http://www.uth.edu/hoop/guidelines-and-procedures-for-allegations-of-research-misconduct...>
Accessed 1/15/18

- 8.13 Keeping the SAMRC President and others who need to know apprised of the progress of the review of the allegation of research misconduct.
- 8.14 Notifying and reporting to the applicable regulatory or legal entities as may be relevant and/or required.
- 8.15 Ensures that administrative actions taken by the SAMRC, and applicable regulatory/legal entities/agencies are enforced and take appropriate action to notify other involved parties, such as sponsors, law enforcement agencies, professional societies, and licensing boards of those actions; and
- 8.16 Maintain records of the research misconduct proceeding and make them available to the relevant authorities, entities and regulatory bodies and/or institutions including funders/sponsors (local and international). Access to this information may be subject to PAIA manual.
- 8.17 RIO may seek confidential advice when assessing the allegation, for example, from the SAMRC Legal Division⁸ through all the stages of the investigations.

9. Responsibilities and rights of the Complainant

- 9.1 The Complainant is responsible for making allegations in good faith, maintaining confidentiality, and cooperating with the inquiry and investigation.
- 9.2 The Complainant is required to refrain from providing false information and/or accusation. If the Complainant believes the incident/allegation to be true that is deemed good faith.
- 9.3 The Complainant will be interviewed at the inquiry stage and may be given the transcript or recording of the interview for correction.
- 9.4 Should the Complainant choose not to be contacted and information that s/he has provided is inadequate, the Research Integrity Office may not be able to proceed with the case.
- 9.5 The Complainant may have an opportunity to testify before the inquiry and investigation committees and be informed of the results of the Inquiry or Investigation, and to be protected from retaliation.
- 9.6 Further, depending on the circumstances of the case, the Complainant may be asked to comment on relevant parts of the interview and inquiry within 10 days, and/or to comment on the complete or relevant parts of the draft investigation report within 30 days of receipt.
- 9.7 The SAMRC has an obligation to consider the comments made by the Complainant on the draft investigation report and should include this in the final report.

10. Responsibilities and rights of the Respondent

- 10.1 The Respondent is responsible for maintaining the confidentiality and cooperating with the conduct of an Inquiry and Investigation.
- 10.2 The Respondent is entitled to:

⁸ This idea has been adapted from the Macquarie University Code for Responsible Conduct of Research (2015).

- 10.2.1 A good faith effort from the RIO, to notify the Respondent in writing at the time of and/or before beginning an Inquiry.
- 10.2.2 Be given an opportunity to comment on the Inquiry Report and have his/her comments attached to the report.
- 10.2.3 Be notified of the outcome of the inquiry and receive a copy of the Inquiry Report that includes a copy of the SAMRC's policies and procedures on research misconduct.
- 10.2.4 Be notified in writing of the allegations to be investigated within 30 days following the SAMRC's determination that an investigation is warranted, and before the investigation begins.
- 10.2.5 Be notified in writing of any new allegations, not addressed in the Inquiry or in the initial notice of Investigation, within 72 hours after the determination to pursue those allegations.
- 10.2.6 Be interviewed during the investigation, able to correct the recording or transcript, and have the updated recording or transcript included in the record of the investigation.
- 10.2.7 Be accompanied by a union or legal representative on an observer status during the inquiry or investigation process.
- 10.2.8 Have interviewed during the investigation any witness who has been reasonably identified by the Respondent as having information on relevant aspects of the investigation, have the recording or transcript provided to the witness for correction, and have the corrected recording or transcript included in the record of the inquiry.
- 10.2.9 Receive a copy of the draft investigation report and, concurrently, a copy of, or supervised access to the evidence on which the report is based and be notified that any comments must be submitted within 30 days of the date on which the copy was received and that the comments will be considered by the SAMRC and addressed in the final report.
- 10.2.10 The Respondent will have the opportunity to admit that research misconduct occurred and that he/she committed the research misconduct. With the Vice President's advice for Research or the designated RIO and SAMRC legal counsel, the SAMRC President may terminate the SAMRC's review of an allegation that has been admitted.

11. Responsibilities and rights of the SAMRC President (Deciding Official)

- 11.1.1 The President of the SAMRC (hereafter referred to as "the President") will receive the Inquiry Report and after consulting with the Chief Research Operating Officer/RIO decides whether an investigation is warranted as delegated by the President from time to time.
- 11.1.2 Any finding that an investigation is warranted must be made in writing by the President and must be provided through CROO to the applicable regulatory/legal agencies locally or internationally, together with a copy of the inquiry report (which must meet the prescriptions of this policy), within 30 days of the finding.
- 11.1.3 If it is found that an investigation is not warranted, the President of the SAMRC and the RIO will ensure that detailed documentation of the inquiry is retained for at least seven (7) years after termination of the inquiry, so that the applicable regulatory

agencies/legal entities may assess the reasons why the institution decided not to investigate.

- 11.1.4 The President will receive the Investigation Report and, after consulting with the RIO and the EMC, decides the extent to which the SAMRC accepts the investigation findings and, if research misconduct is found, decides what, if any, SAMRC administrative actions are appropriate.
- 11.1.5 The President will ensure that the final Investigation Report, his/her and the EMC's findings and a description of any pending or completed administrative action are provided to the applicable regulatory and/or legal entities.

12. Procedures for responding to allegations of research misconduct

12.1 Initial assessment

- 12.1.1 It is the first stage of research misconduct proceedings and will be initiated by RIO only if allegation/information received meet the following criteria:
 - 12.1.1.1 Fits the description of research misconduct,
 - 12.1.1.2 Is against the SAMRC stakeholder, and
 - 12.1.1.3 Is sufficient and credible evidence of possible research misconduct.
- 12.1.2 If RIO is satisfied that the allegation/information meets the criteria, then the matter will proceed to the inquiry stage.
- 12.1.3 In case the RIO determines that the allegation/information does not meet the above criteria and inquiry is not warranted, RIO will inform the CROO and the President in writing about the decision not to initiate an inquiry into the allegation of research misconduct.

12.2 Inquiry

- 12.2.1 For the inquiry to be initiated, the matter must meet the following criteria:
 - 12.2.1.1 It is reasonable to conclude that allegation falls within the prescripts of this policy.
 - 12.2.1.2 There is evidence of potential research misconduct from the initial assessment.
- 12.2.2 Where it is determined that inquiry is warranted, RIO will inform the CROO, President, Respondent and Complainant about the allegation and the decision to conduct an inquiry.
- 12.2.3 Inquiry should be completed within 90 calendar days, save for instances where there are delays. Reasons for the delays should be documented and form part of the report.
 - 12.2.3.1 Once inquiry is complete, RIO will draft a preliminary inquiry report, including all necessary information, and submit it to the Respondent to review and comment.
 - 12.2.3.2 The final inquiry report, which includes RIO's preliminary report, comments from the Respondent and RIO's recommendation to proceed to an investigation or not and will be submitted to the President for the decision making whether to proceed to the investigation stage or not.
 - 12.2.3.3 Whereby the President decides that the investigation is not warranted, RIO will inform the Respondent and identifiable Complainant, and the matter will be closed.

12.3 Investigation

- 12.3.1 An Investigation will be initiated only if the President decides that investigation is warranted, based on:
 - 12.3.1.1 The reasonable conclusion that allegation fits the description of research misconduct.
 - 12.3.1.2 Information from the final inquiry report points out that allegation may be material.
- 12.3.2 Where the President decides that investigation is warranted, the President will:
 - 12.3.2.1 Inform the Respondent and Complainant of the decision to proceed to investigation.
 - 12.3.2.2 Send final inquiry report to the Respondent
 - 12.3.2.3 Setup an investigation committee
- 12.3.3 Investigation committee must:
 - 12.3.3.1 Conduct investigation in an unbiased, impartial and professional manner
 - 12.3.3.2 Afford responded opportunity to review and respond to the current allegation or any new allegation that did not form part of the inquiry
 - 12.3.3.3 Abide by all applicable policies, procedures, regulations and laws while conducting investigations
 - 12.3.3.4 Upon completion of the investigation, draft preliminary investigation report, and forward to the Respondent and his/her representative (where applicable) for review and comments
 - 12.3.3.5 Upon receiving comments from the Respondent, determine whether research misconduct occurred or not, and incorporate the same into the final investigation report.
 - 12.3.3.6 Submit final investigation report to the President.
- 12.3.4 The President will:
 - 12.3.4.1 Inform the CROO, RIO, Respondent and Claimant about the Investigations committee's finding:
 - 12.3.4.2 In case of a finding of research misconduct, decides whether disciplinary actions are warranted.

12.4 Disciplinary proceedings

- 12.4.1 Disciplinary proceedings will only be initiated if the President decides it is warranted, based on the final investigation report.
- 12.4.2 Where disciplinary proceedings are not warranted, the matter will be closed.
- 12.4.3 Where disciplinary proceedings are warranted, RIO will inform the Respondent.
- 12.4.4 Disciplinary proceedings will be in line with the SAMRC's HR policies, guidelines and procedures on disciplinary processes.

12.5 Confidentiality⁹

- 12.5.1 To the extent allowed by law, SAMRC shall maintain the identity of the complainant(s) and respondent(s) securely and confidentially and shall not disclose any identifying information, except to:
 - 12.5.1.1 Those who need to know in order to carry out a thorough, competent, objective and fair research misconduct proceeding; and
 - 12.5.1.2 RIO as it conducts its review of the research misconduct proceeding and any subsequent proceedings.
 - 12.5.1.3 To the extent allowed by law, any information obtained during the research misconduct proceeding that might identify the research participants shall be maintained securely and confidentially and shall not be disclosed, except to those who need to know in order to carry out the research misconduct proceeding.
- 12.5.2 SAMRC prohibits retaliation of any kind against a person who, acting in good faith, reports or provides information about suspected misconduct.

13. Related SAMRC Policies, Procedures, Guideline and Manual

- 13.1 Code of Business Conduct Framework Policy
- 13.2 Collaborative Research Policy
- 13.3 Grievance and Disciplinary Policy
- 13.4 Guidelines on the Responsible Conduct of Research
- 13.5 Promotion of Access to Information Act Manual
- 13.6 Research Ethics Policy

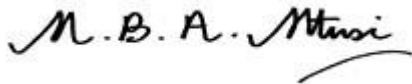
⁹ Adapted from Fredhutch Research misconduct policy. Available:
<https://extranet.fredhutch.org/en/p/lcex/research-misconduct.html>. Accessed 28 September 2020

14. Policy authority

14.1 The Executive Management Committee (EMC) is responsible for the maintenance and review of this policy.

Category:	Level 1
Risk:	Strategic
Effective Date:	June 2021
Review Date:	May 2027
Policy Owner:	Chief Research Operations Officer
Policy Manager / Cognisant Person:	Research Integrity Officer
Board Approval:	November 2024

Confirmation of Approval



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Prof Ntobeko Mtshali
President and CEO

6 December 2024

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Date