# SAMAREC WHISTLE-BLOWER SOP

Version 2.0, JULY 2025

# Procedure for the Investigation of Misconduct in Research

## *PURPOSE OF THIS DOCUMENT*

1. This Procedure recognises that the investigation of allegations of research misconduct can involve complex issues and seeks to discharge the Organisation's responsibilities sensitively and fairly. It outlines the process to be followed when allegations of misconduct in research are brought against a researcher about research conducted under the auspices of the Organisation

| ***MISCONDUCT*** |
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| ***For the purpose of this documents Research Misconduct refers to: 'research misconduct is characterised as behaviours or actions that fall short of the standards of ethics, research and scholarship required to ensure that the integrity of research is upheld. It can cause harm to people and the environment, wastes resources, undermines the research record and damages the credibility of research[1]'.*** |

2. When allegations of misconduct in research are raised that include/relate to allegations of bullying/ harassment, the Organisation will determine whether those allegations are investigated under this Procedure and/or another Organisational process, for example, the bullying/ harassment procedure or disciplinary process.

| **Definition** | |
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| **Complainant** | The Complainant is a person making allegations of misconduct of research against one or more Respondents. |
| **Disciplinary Process** | The Disciplinary Process refers to an Organisation's mechanism for resolving disciplinary issues amongst its staff |
| **Full Investigation** | The Full Investigation is that part of the Procedure the purpose of which is to:<br><br>a. conclude whether an allegation of misconduct in research is upheld in full, upheld in part or not upheld; and<br><br>b. make recommendations, for consideration by the appropriate Organisational authorities, regarding any further action the Full Investigation Panel ("the Panel") deems necessary to:<br>i. address any misconduct it may have found;<br>ii. correct the record of research, and/or<br>iii. address other matters uncovered during the course of its work. |

[1] Definition taken from the Concordat to Support Research Integrity.

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| **Governance Office** | the Office in the Organisation with the responsibility for receiving any allegations of misconduct in research; initiating and supervising the Procedure for investigating allegations of misconduct in research; maintaining the record of information during the investigation and subsequently reporting on the investigation to internal contacts and external organisations; and taking decisions at key stages of the Procedure. |
| **Initial Investigation Stage** | The Initial Investigation stage is that part of the Procedure the purpose of which is to determine whether there is sufficient evidence of research misconduct to warrant a Full Investigation of the allegation or whether alternative action(s) should be taken. |
| **Organisation** | shall mean the South African Medical Association NPC |
| **The Procedure** | The Procedure refers to this document, The Procedure for the Investigation of Misconduct in Research |
| **Professional Body** | A professional body is an organisation with statutory powers to regulate and oversee a particular profession, such as doctors or solicitors. |
| **Regulatory Authority:** | A regulatory authority is an organisation with statutory powers to regulate and oversee an area of activity, such as health and safety, or medicines to be used on humans |
| **Research Integrity Officer** | is the term used in the Procedure for members within the SAMAREC responsible for research integrity and research misconduct matters. They may do this alongside other roles. |
| **Respondent** | The Respondent is the person against whom allegations of misconduct in research have been made. They will be a present or past employee/research student of the Organisation that is investigating the allegations using the Procedure, or an individual visiting the Organisation to undertake research. |
| **SAMAREC** | shall mean the South Africa Medical Association Research Ethics Committee. |

**3.** The Organisation will follow this Procedure through to its natural end point as far as possible even in the event that:

a. any individual(s) concerned leave or has left the jurisdiction of the Organisation, either before the operation of this Procedure is concluded or before the allegation(s) of research misconduct was made; **or**

b. the Complainant(s) withdrawing the allegation at any stage; **or**

c. the Respondent(s) admitting, or having admitted, the allegation in full or in part; **or**

d. the Respondent(s) admitting, or having admitted, other forms of misconduct, whether research misconduct or otherwise; **and/or**

e. the Complainant(s) and/or the Respondent(s) withdrawing from the Procedure.

**4.** After an investigation into alleged misconduct when a Respondent is not a current member of staff of any juristic entity involved in the research study (such as former staff, visiting staff, those on honorary contracts and students from other institutions conducting research on the study site), the Governance Office will determine the nature of any further action to be taken in relation to the investigation and its outcome. Similarly, after an investigation when a Respondent is deceased, the Governance Office will determine the nature of any further action to be taken in relation to the investigation and its outcome.

# Initial Investigation stage

5. **PURPOSE**: the purpose of the Initial Investigation Stage is to determine whether there is sufficient evidence of research misconduct to warrant a Full Investigation of the allegation or whether alternative action(s) should be taken.

6. **CONDUCTED BY**: this stage will normally be conducted by an Investigator. The Investigator shall be free to seek confidential advice from persons with relevant expertise, both within the Organisation and outside it.

7. **POSSIBLE OUTCOMES**: after the Initial Investigation Stage, the Investigator will determine whether the allegation of misconduct in research:
    a. is sufficiently serious and has sufficient substance to warrant a Full Investigation of the complaint; This will render a full liability alternatively, partial liability.
    **Full liability**:
        -Clear and convincing evidence to support the complaint/allegation.
        -Multiple sources corroborate the misconduct.
        -The respondent admits to the misconduct.

    **Partial Liability;**
        -Some aspects of the allegation are supported by evidence, while others are not.
        -Partial admission by the respondent.
        -Evidence is sufficient to confirm some, but not all, of the alleged misconduct

    **or**

    b. has some substance but due to its relatively minor nature or because it relates to poor practice rather than to misconduct, will be addressed through education and training or another non-disciplinary approach, such as mediation, rather than through the next stage of the Procedure or other formal processes (The misconduct is minor and does not significantly impact the integrity of the research); **or**

    c. warrants referral directly to another formal process of the Organisation, including but not limited to examination regulations, academic misconduct process or equivalent; bullying/ harassment procedure or equivalent; financial fraud investigation process or equivalent; disciplinary procedure. In this instance, the allegation falls outside the scope of the research misconduct procedure. The issue is more appropriately handled by another organizational process (e.g., bullying/harassment procedure, financial fraud investigation).; **or**

    d. warrants referral directly to an external organisation, including but not limited to statutory regulators or professional bodies, the latter being particularly relevant where there are concerns relating to **Fitness to Practise.** The misconduct in this instance involves individuals or activities outside the organization's jurisdiction.
    The issue requires the involvement of external regulatory bodies or professional organizations ; **or**

e. is unfounded, because it is mistaken or is frivolous or is otherwise without substance (this could include difference of opinion on methodology), and will be dismissed. In this instance, no credible evidence supports the allegation. The allegation is based on a misunderstanding or difference of opinion.; **or**

f. is unfounded, because it is vexatious and/or malicious, and will be dismissed. Evidence suggests that the allegation was made with malicious intent. The allegation is clearly intended to harm the respondent without basis.

**8.** **TIMESCALE**: The Investigator will normally aim to complete the Initial Investigation Stage within 30 working days following instruction from the Named Person provided this does not compromise the Standards and Principles of this Procedure and the full and fair investigation of the allegation. Any delays to this timescale will be explained to the Complainant, the Respondent and the Named Person in writing, presenting an estimated revised date of completion.

**9.** **PROCESS**: the Initial Investigation Stage will commence following instruction to that effect from the *Governance office* after the Receipt of Allegation. The SAMA Governance will as soon as is practicable, appoint an individual ('the Investigator') to undertake an Initial Investigation into the allegation(s). The Investigator will normally be an experienced member of SAMAREC. Depending on the circumstances of the investigation and at the discretion of the Governance Office, the Investigator may be from within or outside the Committee. All persons appointed to carry out the Initial Investigation will confirm to the Governance Office in writing that:

a. Their participation involves no conflict of interest, seeking advice from the Governance Office if unsure;

b. They will abide by the Procedure;

c. They will respect the confidentiality of the proceedings; and

d. They will adhere to the Principles and Standards of the Procedure.

**10.** The Respondent and Complainant may raise with the Governance Office concerns that they may have about the person chosen to carry out the Initial Investigation but neither has a right of veto over those nominated. The Named Person will consider any concerns raised and whether new persons should be selected to carry out the Initial Investigation Stage.

**11.** In the event of the Investigator becoming unable to participate in the Initial Investigation Stage once it is underway, the Governance Office will determine whether a new person should be selected to take over the role of the Investigator and continue the investigation from its current point or if the Initial Investigation Stage should be restarted.

**12.** The Governance Office will provide the Investigator with all relevant information including any correspondence and information already provided in support of the allegation(s). The Investigator will keep a full record of the evidence received and of the proceedings and should be supported in this by the administrative and other support identified.

**13.** The Investigator will then contact the Complainant and the Respondent to gather information in support of their investigation.

**14.** The Investigator shall assess the information obtained and any additional information they require. The work of the Investigator will include the determination of whether the allegation is made in good faith; a confidential review and assessment of the evidence provided; and reaching a conclusion on the allegation(s) in line with the possible outcomes set out in paragraph (refer to possible outcomes above):

a. As part of the process, in the interests of fairness and impartiality and to help ensure confidence in the process, both parties should have the opportunity to provide input into the investigation whether in writing or by interview.

b. Investigator should consider whether Complainants and Respondents can be accompanied to interviews by a colleague, or whoever else is specified in any additional contractual rights.

c. When interviewed, the Respondent will be allowed to respond to the allegations made against them.

***NOTE***

***When conducting any interviews, the Investigator should be mindful of the Standards of this Procedure, including those relating to record keeping, and any Organisational requirements for the conduct and recording of interviews in conduct enquiries***

**15.** The Investigator may also contact relevant witnesses suggested by the Complainant or Respondent. Care should be taken not to miss opportunities to gather relevant evidence.

**16.** Where the Complainant has raised an allegation relating to a large body of work, or work carried out over a significant period, the Investigator will need to carry out a sufficient investigation to reach a robust conclusion on the allegation(s). This can take time and resources, and advice should be sought from the Governance Office on how to best approach this.

**17.** **CONCLUSION OF THIS STAGE AND NEXT STEPS:** The Investigator shall write a report of (where relevant, for each allegation) the outcome as set out in paragraph 59 above (possible outcomes.

**18.** The standard of proof used by the Initial Investigation is that of "on the balance of probabilities". This means that the activity was more likely than not to have occurred.

**19.** A summary of the findings will be sent to the Complainant and the Respondent for comment on matters of factual accuracy. The Investigator will consider the responses received and if they consider that the report includes errors of fact, will modify the report as necessary.

**20.** The Investigator will then submit their final report and records/material relating to the investigation to the Governance Office, setting out the conclusions of the Initial Investigation stage on the allegation(s) under investigation and any other matters they wish to draw to the attention of the Organisation and SAMAREC.

**21.** The Governance Office shall convey the substance of the Investigator's findings to the Complainant, the Respondent and such other persons or bodies as they deem appropriate or contractually bound.

**22.** The Governance Office will then undertake the following actions depending on the conclusions of the Initial Investigation stage on the allegation(s) under investigation:

a. If it is concluded that the allegation(s) is sufficiently serious and has sufficient substance to warrant a Full Investigation of the complaint, then the investigation moves to the Full Investigation stage (Refer to Full Investigation Stage).

b. For all other outcomes, the investigation moves to the Outcomes and reporting stage (Refer).

**23.** The work of the Investigator is then concluded and they play no further role in the Procedure or any subsequent disciplinary procedure, apart from clarifying any points in their report. As the matter may then give rise to disciplinary or other action, a former Investigator should not make any comment on the matter in question, unless formally permitted by the Organisation or otherwise required to by law. They should also remember that all information concerning the case was given to them in confidence.

**24.** Any queries or requests for comment addressed to the Investigator should be referred to the Governance Office.

**25.** The Initial Investigation stage now ends.

**The Governance Office, working with the Investigator as necessary, should take great care to ensure that all information on the investigation is fully and accurately transferred to the next stage of the procedure**

# Full Investigation stage

**26.** **PURPOSE**: The purpose of the Full Investigation is to review all the relevant evidence and:

a. conclude whether an allegation of misconduct in research is upheld in full, upheld in part or not upheld; **and**

b. make recommendations as appropriate, for consideration by the appropriate Organisational authorities, regarding any further action the Full Investigation Panel ("the Panel") deems necessary to address any misconduct it may have found; correct the record of research, and/or address other matters uncovered during its work.

**27.** **CONDUCTED BY**: The Governance Office will establish a Full Investigation Panel, whose appointment is discussed under 'Process' below. One member of the Panel may be from outside the Organisation. This discretion will rest on the Governance Office wherein reason for their decision shall be noted in their Final Findings report.

**28.** The Governance Office will identify suitable administrative and other support to assist the Panel.

**29.** The Panel shall be free to seek confidential advice from persons with relevant expertise, both within the Organisation and outside, depending on the unique sets of facts.

**30.** **POSSIBLE OUTCOMES**: the Panel will reach a conclusion on the allegation(s) under investigation and may also make recommendations on subsequent actions which should be taken by the Organisation and/or other bodies.

**31.** After the Full Investigation, the Panel will conclude, giving the reasons for its decision and recording any differing views, whether the allegation of misconduct in research is:

a. is upheld in full; **or**

b. is upheld in part; **or**

c. has some substance but due to its relatively minor nature or because it relates to poor practice rather than to misconduct, will be addressed through education and training or another non-disciplinary approach, such as mediation, rather than through the next stage of the Procedure or other formal processes; **or**

d. warrants referral directly to another formal process of the Organisation, including but not limited to examination regulations, academic misconduct process or equivalent; bullying/ harassment procedure or equivalent; financial fraud investigation process or equivalent; disciplinary procedure; **or**

e. warrants referral directly to an external organisation, including but not limited to the current employer, statutory regulators or professional bodies, the latter being particularly relevant where there are concerns relating to Fitness to Practise; **or**

f. is unfounded, because it is mistaken; **or**

g. is frivolous or is otherwise without substance and will be dismissed. g. is unfounded, because it is vexatious and/or malicious, and will be dismissed.

**32.** The Panel may also make recommendations, for consideration by the Governance Office and/or appropriate Organisational authorities, regarding any further action(s) which should be taken by the Organisation and/or other bodies to address any misconduct the Full Investigation may have found; correct the record of research, and/or address other matters uncovered. Such recommendations might include but are not limited to:

a. whether the matter should be referred to the Organisation's relevant disciplinary procedure; **and/or**

b. whether the matter should be referred to another relevant Organisational process, such as the examination regulations, academic misconduct process or equivalent or the Organisation's financial fraud investigation process; **and/or**

c. what external organisations should be informed of the findings of the investigation, with appropriate confidentiality, including statutory regulators, relevant funding bodies, partner organisations and professional bodies, the latter being particularly relevant if concerns relate to Fitness to Practise; and/or

d. whether any action will be required to correct the record of research, including informing the publishers and editors of any journals that have published articles concerning research linked to an upheld allegation of misconduct in research or to correct honest errors; **and/or**

e. whether procedural or organisational matters should be addressed by the Organisation or other relevant bodies through a review of the management of research; **and/or**

f. informing research participants or patients or their doctors; **and/or**

g. other matters that should be investigated, including allegations of misconduct in research which are either unrelated to the allegation in question or alleged to have been committed by persons other than the Respondent and/or other forms of alleged misconduct.

**The potential outcomes listed above reflect the dual purpose of the Full Investigation stage: the Panel must reach a conclusion on the allegation(s) under investigation and may also choose to make recommendations on further actions which might be necessary for the Governance Office and/or the Organisation to take in order to address what the Full Investigation discovers.**

**Whether the Panel makes such recommendations or not, these issues should be considered by the Named Person working with the Research Integrity Officer, and with others as necessary, during the Outcomes and reporting stage.**

**33.** **TIMESCALE**: The Panel will normally reach its conclusions within three (3) months of being established, provided this does not compromise the Standards and Principles of this Procedure and the full and fair investigation of the allegation. This is indicated as it will depend on the number and complexity of the allegations under investigation. The aim throughout must be a thorough and fair investigation of the allegation(s) in question, conducted in a timely and transparent manner, and with appropriate confidentiality. Any delays to this timescale will be explained to the Complainant and Respondent in writing, presenting an estimated revised date of completion.

**34.** **PROCESS**: the Full Investigation Stage will normally commence following instruction to that effect from the Governance Officer after the Initial Investigation stage.

**35.** The Governance Office shall then, as soon as is practicable, appoint a Full Investigation Panel ("the Panel") to undertake a Full Investigation into the allegation(s).

a. The Panel will normally consist between three (3) to Five (5) persons. Depending on the circumstances of the investigation and at the discretion of the Governance Office the Panel may consist of a greater number of persons, for example, to ensure that it contains sufficient expertise or diverse perspectives to reach a thorough and fair conclusion on the allegation(s) under investigation.

b. At least one member of the Panel shall be from outside the Organisation, as recommended by The Concordat to Support Research Integrity. At the discretion of the Governance Office the Panel may include multiple external members. This may be advantageous when allegations involve multiple disciplines of research and/or are especially complex and can help involved parties that the investigation process will be transparent, rigorous and fair.

c. At least two members of the Panel shall be academic specialists in the general area within which the misconduct is alleged to have taken place, and where allegations concern highly specialised areas of research the Panel should have at least one member with specialised knowledge of the field. Such specialists can be drawn from within the Organisation, bearing in mind the conflict-of-interest requirements or from the Panel's external member(s).

d. For allegations that involve staff on joint clinical/honorary contracts it may be helpful to include representation from the other employing Organisation(s). In these circumstances, they are not classified as the external member of the panel.

**36.** The Governance Office will select one of the members of the Panel to act as its Chair. In the event of the Chair becoming unable to participate in the Full Investigation Stage once it is underway, the Governance Office through consultation with the SAMAREC Chairperson will select a new Chair from the members of the Panel and then consider the overall membership of the Panel. At the discretion of the Governance Office, the Chair may be selected from the Panel's external members; this can help reassure involved parties that the investigation process will be transparent, thorough and fair.

**37.** All persons appointed to carry out the Full Investigation, will confirm to the Governance Office that:

a. Their participation involves no conflict of interest, seeking advice from the Governance Office if unsure;

b. They will abide by the Procedure;

c. They will respect the confidentiality of the proceedings and data protection requirements; **and**

d. They will adhere to the Principles and Standards of the Procedure.

**38.** The Respondent and Complainant may raise with the Governance Office concerns that they may have about those chosen to carry out the Full Investigation but neither has a right of veto over those nominated. The Governance Office will consider any concerns raised and whether new persons should be selected to carry out the Full Investigation Stage.

**39.** The Chair of (the Panel) will keep a full record of the evidence received and of the proceedings and should be supported in this by the administrative and other support identified by the Governance Office to assist the Panel.

**40.** The Governance Office or suitable administrative support will provide the Chair and each member of the Panel with:

a. copy of this Procedure;
b. details of the allegation(s) which will be considered under the Full Investigation stage;
c. a copy of the Governance Office note of the Receipt of Allegations stage;
d. a copy of the report of the Initial Investigation stage;
e. other records from the Initial Investigation stage as deemed relevant by the Named Person;
f. names and contact details of the Complainant(s) and the Respondent(s);
g. a summary of correspondence with the Complainant(s) and the Respondent(s) to date; and
h. a summary of any evidence secured by the Governance Office during the Receipt of Allegations stage or by the Investigator during the Initial Investigation stage.

**41.** The Governance Officer will inform the Complainant and the Respondent of the following, formally and in writing that the Procedure has moved to the Full investigation stage and that they will be interviewed as part of the process, and allowed to provide evidence. They will also be informed that they may be accompanied to any meetings by a colleague or Trade Union representative.

**42.** Respondents will normally be informed of the name of any Complainant(s) who have made the allegation(s) concerning them at the discretion of the Named Person, in exceptional circumstances the identity of the Complainant(s) may remain confidential. Any such decision should be made after seeking advice from human resources/ student and/or legal services; taking into account the Organisation's whistleblowing policy or equivalent and the impact on the Respondent(s) ability to respond to the allegation(s) that have been made against them. No decision should be made that compromises the Principles and Standards of this Procedure or the thorough and fair investigation of the allegation(s) in question.

**43.** The Complainants will be informed that their identity is being disclosed to the Respondent(s) at this point unless it has been determined that it should remain confidential.

**44.** The Chair of the Panel will be responsible for the conduct of the proceedings during the Full Investigation. The Panel does not have any disciplinary powers. The Panel shall decide its way of working based on the provisions of this stage of the Procedure and the information that it has been given, as to what information it needs and whom it wishes to interview/ take

statements from in addition to the Complainant and the Respondent, who must be interviewed.

**45.** When making any decisions about the conduct or conclusion of the Full Investigation, the Panel will attempt to reach a consensus by discussion.

**46.** The Panel shall assess the evidence provided and any additional information they require. The work of the Panel will include:

a. determination of whether the allegation is made in good faith;

b. a confidential review and assessment of the evidence provided;

c. reaching a conclusion on the allegation(s) in line with the possible outcomes set out above;

d. it may choose to make recommendations on further actions which might be necessary to address what the Full Investigation discovers in line with the possible outcomes set out above.

**47.** As part of its work, the Panel must separately interview the Complainant and the Respondent. Where there are multiple Complainants and/or Respondents, each must be interviewed separately. Note that Complainants and Respondents are never interviewed together unless the Procedure has adopted a formal hearing approach:

a. Complainants and Respondents have the right to be accompanied to interviews by a colleague, trade union or student union representative, or whoever else is specified in any additional contractual rights (such as by university statutes and ordinances).

b. When interviewed, the Respondent will be allowed to respond to the allegations made against them, set out their case and submit their evidence for consideration by the Panel, before interview. They can also suggest witnesses for the Panel to interview; the Panel may then choose to invite the suggested witnesses to interview.

**48.** If the Complainant or Respondent does not wish to be interviewed, they should be asked to engage with the process through other means, such as providing written answers to questions posed by the Panel.

**49.** The Panel should also interview relevant witnesses; these can include witnesses suggested by the Complainant or Respondent.

**50.** Where the Complainant has raised an allegation relating to a large body of work, or work carried out over a significant period, the Panel will need to carry out a sufficient investigation to reach a robust conclusion on the allegation(s). This can take time and resources, and advice

should be sought from the Governance Office and their advisors/ support on how to best approach this.

**51.** Conclusion of this stage and next steps: the Panel will reach a conclusion on the allegation(s) under investigation.

**52.** The Panel shall write a report setting out their conclusions (where relevant, for each allegation), giving the reasons for its decision and recording any differing views. The standard of proof used by the Full Investigation is that "**on the balance of probabilities**." This means that the activity was more likely than not to have occurred. The potential outcomes are set out.

**53.** In its report, the Panel may also make recommendations, for consideration by the Governance Office and/or appropriate Organisational authorities, regarding any further action(s) which should be taken by the Organisation and/or other bodies to address any misconduct the Full Investigation may have found; correct the record of research, and/or address other matters uncovered during the course of the Full Investigation.

**54.** The outcome of the investigation will be sent to the Complainant and the Respondent for comment on matters of factual accuracy. The Panel will consider the responses received and if they consider that the report includes errors of fact, will modify the report as necessary.

**55.** The Panel will submit their final report to the Governance Office, setting out the conclusions of the Full Investigation stage on the allegation(s) under investigation, their recommendations regarding further actions to be taken and any other matters they wish to draw to the attention of the Organisation. The Chair and Panel will also hand over to the Governance Office or their nominated representative all records/ material relating to the Full Investigation.

**56.** The Governance Office shall convey the substance of the Panel's findings and recommendations to the Complainant, the Respondent and such other persons or bodies as they deem appropriate.

**57.** The work of the Panel is then concluded and the Panel should be disbanded. As the matter may then give rise to disciplinary or other action, the Chair and members of the disbanded Panel should not make any comment on the matter in question, unless formally requested by the Organisation or otherwise required to by law. They should also remember that all information concerning the case was given to them in confidence.

**58.** The Full Investigation stage is complete and the Procedure moves to the relevant section of the Outcomes and reporting stage.

**59.** Those who have contributed to the disbanded Panel should have no further involvement in the Procedure unless formally asked to clarify a point in their written report at a subsequent stage or as part of any subsequent action or process. A role as Chair or member of the Panel rules out participation in any subsequent disciplinary or other processes.

**60.** The Full Investigation stage now ends.

# Outcomes and Reporting stage

**61.** **PURPOSE**: The purpose of the Outcomes and Reporting stage is to ensure that all necessary actions are taken at the conclusion of this procedure, including but not limited to: actions arising following any Initial Investigation or Full Investigation that may have taken place; and ensuring that the research record is correct.

**62.** **CONDUCTED BY**: The Governance Office is responsible for ensuring that the actions described under this stage are carried out. Some actions may require the involvement of other departments within the Organisation and/or external organisations.

**63.** **POSSIBLE OUTCOMES**: the Governance Office is responsible for ensuring that any necessary actions are carried out after the investigation is completed. In general terms, these actions may include:

a. Actions relating to the operation and conclusion (subject to any subsequent appeal) of this Procedure, including appropriate transfers of information to any subsequent Organisational processes or informal measures, and/or to any relevant processes of external organisations.

b. Reporting the outcomes to relevant colleagues/ bodies within the Organisation, for example, line managers, Human Resources and/or Board of Directors, Academic Board or equivalent.

c. Making necessary disclosures on the outcomes of uses of the Procedure to external organisations and other interested parties.

d. Duty of care to Complainants, Respondents and other involved parties, including but not limited to research participants.

e. Ensuring that appropriate efforts are made to correct the research record.

f. Addressing procedural or organisational matters uncovered during the investigation.

**64.** **TIMESCALE**: This will vary depending on the scale of action needed, but the Governance Office should aim to ensure they are completed within three months of completion of the investigation. However, some actions may require longer to complete. Any delays to this timescale will be explained to the Complainant, the Respondent and other involved parties in writing, presenting an estimated revised date of completion.

**65.** **PROCESS**: the required steps of this list fall into two categories: "Required actions" which relate to any use of the Procedure and "Actions required following [OUTCOME]", which relate solely to that particular outcome of the Procedure. All "Required actions" should be taken, followed by those relating to the particular outcome in question.

**Required actions**: The Governance Office working with the Research Integrity Officer, and with others as necessary, should take any further action(s) they deem necessary to:

i. address any misconduct the investigation may have found;

ii. correct the record of research, and/or address other matters uncovered during the course of the investigation.

**66.** Such recommendations might include but are not limited to:

a. whether following the conclusion of the operation of this Procedure, the matter should be referred to the Organisation's relevant disciplinary procedure; **and/or**

b. whether following the conclusion of the operation of this Procedure, the matter referred to another relevant Organisational process, such as the examination regulations, academic misconduct process or equivalent or the Organisation's financial fraud investigation process; **and/or**

c. what individuals and/or departments within the Organisation should be notified of the findings of the investigation, such as line managers, Human Resources and/or Student Services, a central committee with responsibility for research quality, or equivalents; **and/or**

d. what external organisations should be informed of the findings of the investigation, with appropriate confidentiality, such as statutory regulators, relevant funding bodies, partner organisations and professional bodies, the latter being particularly relevant if concerns relate to Fitness to Practise; **and/or**

e. informing research participants and other involved parties; **and/or**

f. whether any action will be required to correct the record of research, including but not limited to informing the editors of any journals that have published articles concerning research linked to an upheld allegation of misconduct in research and/or by a person against whom an allegation of misconduct in research has been upheld; **and/or**

g. whether procedural or organisational matters should be addressed by the Organisation or other relevant bodies through a review of the management of research and other measures as appropriate; **and/or**

h. other matters that should be investigated, including allegations of misconduct in research which are either unrelated to the allegation in question or alleged to have been committed by persons other than the Respondent and/or other forms of alleged misconduct; **and/or**

i. When considering the above, the Governance Office and the Research Integrity Officer should take into account any recommendations on such actions made by the Full Investigation Panel and any need to involve other elements of the Organisation (for example, line managers, Human Resources, committees/ departments with responsibility for research quality, etc.) and/or external bodies (for example, partner research organisations, publishers, funders, regulatory bodies, etc.) in carrying out agreed actions.

**67.** **Actions required following the conclusion that the allegation(s) is unfounded because it is mistaken or is frivolous or is otherwise without substance**:

a. The Governance Office shall take appropriate steps to preserve the good reputation of the Respondent. If the case has received any adverse publicity the respondent may be offered the opportunity to have an official statement released by the Organisation.

b. Those who have raised concerns/ made allegations in good faith will not be penalised and the Governance Office shall take appropriate steps to preserve the good reputation of the Complainant.

c. Appropriate communications on the outcome and the reasons for it will be important to ensure a good understanding of the process and outcome.

**68.** **Actions required following the conclusion that the allegation(s) is unfounded because it is vexatious and/or malicious:**

a. The Governance Office may consider recommending to the appropriate authorities that action be taken against anyone where there is clear evidence that a complaint was vexatious and/or malicious. This may include disciplinary action where the individual is internal to the Organisation.

b. The Governance Office shall take appropriate steps to preserve the good reputation of the respondent. If the case has received any adverse publicity the Respondent may be offered the opportunity to have an official statement released by the Organisation.

**69.** **Actions required following the conclusion that the allegation(s) warrants referral directly to another formal process of the Organisation:** *Where this is necessary, the Governance Office will inform the Complainant in writing of:*

a. the reasons why the allegation cannot be investigated using this Procedure;

b. which process for dealing with complaints is appropriate for handling the allegation; and

c. that the allegation will be referred to the relevant department/ process.

**70.** Actions required following the conclusion that the allegation(s) warrants referral directly to an external organisation:

i. When the Governance Office has determined that the allegation does not relate to researchers or research under the auspices of the Organisation, the Governance Office will inform the Complainant, in writing, of:

   a. The reasons why the Organisation is not an appropriate body to investigate the allegation;

   b. Which external organisation(s) might be an appropriate body to investigate the allegation;

c. Relevant information relating to contacting the external organisation(s).

ii. When the Governance Office has determined that, while the allegation does relate to researchers or research under the auspices of the Organisation, the allegation warrants referral directly to an external organisation, the Governance office will:

a. Contact the relevant external organisation(s), in writing, to inform them of the allegation and ask them to investigate or otherwise address it. The Governance Office should also explain why the Organisation has concluded that the allegation warrants referral directly to the external organisation in question.

b. Inform the Complainant, in writing, that the allegation is being referred directly to the external organisation(s) in question and provide the Complainant with relevant information so that they can contact the external organisation(s) in question if they so wish.

**71. Actions required following the conclusion that the allegation(s) has some substance but due to its relatively minor nature or because it relates to poor practice rather than to misconduct, will be addressed through education and training or other non-disciplinary approaches:** *The Governance Office shall ensure that the relevant education and training or other informal measures are provided either directly or by referring the matter to the relevant department.*

**72.** Further advice on addressing matters using informal measures, rather than a punitive/ disciplinary approach, is given in Annex 1: Resolution using informal measures.

## Annex 1: Resolution using informal measures

A. One potential outcome of the use of this Procedure is a conclusion that the allegation(s) under investigation has some substance but, due to its relatively minor nature or because it relates to poor practice rather than to misconduct, will be addressed through education and training or another non-disciplinary approach. This annex provides general guidance on the implementation of this type of outcome. They may be used after the initial investigation or full investigation stage. It is not recommended that they are used after the receipt of allegation stage, as an assessment of the substance of the allegation has not taken place at this point.

B. Resolution through such measures - called 'informal' as opposed to resolution through a formal process of the Organisation, such as a disciplinary process or academic regulations - can be challenging. There are many types of informal measures and they can be applied to many potential situations. Those operating this Procedure will need to determine what informal measures follow the outcome of a particular investigation.
    a. The Named Person and/or Research Integrity Officer may need to seek advice from colleagues to determine the best course of action and can also contact the relevant body of authority for further guidance.

    b. Decisions made concerning the implementation of informal measures, and the reasoning behind those decisions, should be recorded in a brief format, in case they need to be referred to at a later date.

C. Informal measures can take many forms and some examples are given below. This list should not be taken as exhaustive and Organisations should devise and implement other informal measures as needed for the situation in question.
    a. Education, training and other development activities.

    b. Enhanced supervision/ oversight of research activities.

    c. Restriction of research activities.

    d. Mentoring.

    e. Mediation between involved parties.

    f. Awareness-raising of relevant issues of good research practice.

    g. Pastoral care and support.

    h. Revision of relevant research practices, systems and/or policies relating to the allegation(s) in question. Such revision may be limited to a particular team or have a wider scope, covering a department or the entire organisation, and should be supported by appropriate training and awareness-raising.

D. The audience of the informal measures can also vary - Respondents, Complainants, other involved parties, other researchers and/or professional services staff within the Organisation

or even the Organisation as a whole. Different informal measures may well be needed for different people.

E. **IMPLEMENTING RESOLUTION USING INFORMAL MEANS**: *six key features of an effective system of resolution using informal measures are set out in the following paragraphs*:

   a. The nature and scope of the informal measures should be clearly defined.

   b. A designated person should be responsible for carrying out the agreed measures.

   c. Their duration should be clearly set out.

   d. The designated person, working with the Research Integrity Officer and others, should ensure that the informal measures are delivered.

   e. Appropriate documentation should record the delivery and outcomes of the informal measures, and any next steps.

   f. Once completed, there should be discussion by the Research Integrity Officer and others about any learning points for the Organisation.

F. The person designated to carry out the informal measures can also request implementation of formal measures instead, and this should be considered by the Governance Office as outlined above.

G. **DEFINED:** the nature and scope of the informal measures should be defined in writing. This should be communicated by the Governance Office or the Research Integrity Officer to the persons involved, in writing and including those who will be responsible for carrying out the informal measures. *(e.g., "The Respondent should undergo training in authorship and publication ethics, including the norms of their discipline. The training will be sourced by the Organisation and the Respondent must provide evidence to their line manager that they have completed it.").*

H. If communications with external persons or organisations are required, this would normally be carried out by the Research Integrity Officer on behalf of the Organisation.

I. **DESIGNATED PERSON**: the Organisation should determine who will carry out and/or oversee the informal resolution, what resources will be made available to support them, and to whom they will give updates on the progress of the informal resolution *(e.g., "The Departmental Head will liaise with the Research Integrity Officer to arrange awareness-raising activities on plagiarism, including discipline-specific information, within their department. The Research Integrity Officer will provide materials for these activities and, if possible, a speaker for an awareness-raising event.").*

J. **DURATION**: the duration of informal measures should be set out at the onset, including a proposed start date, and communicated to all involved parties *(e.g., "The process of mentoring for the Complainant will last for three months and then there will be a review by the line manager, with the mentoring extended for an additional three months if necessary").* The

designated person should make the Named Person aware via the Research Integrity Officer if there is a significant delay in starting or completing the informal measures.

K. **DELIVERY:** Given their nature, informal measures can be vulnerable to delays and/or a lack of engagement from involved persons, whether an individual (e.g., Complainant and/or Respondent) or groups (e.g., a research team or a department within the Organisation). The aim is the delivery of the informal measures as defined (see above) and progress should be measured, in a light-touch way, against their agreed nature and scope *(e.g., "We are undertaking the agreed course of mediation between the Complainant and Respondent to repair their working relationship. At the end of the mediation, they and their line managers will explore whether the Complainant and Respondent now both feel comfortable working together in the future or if they will no longer work in partnership." ).*

L. **DOCUMENTATION**: the informal nature of these measures does not mean that no records should be kept. Brief notes should be kept on:
   i. the nature and scope of the informal measures;
   ii. who has responsibility for their delivery;
   iii. the proposed and actual duration of the measures; and
   iv. their delivery and associated outcome(s).

M. When informal measures are concluded, involved parties (e.g., Complainant and/or Respondent; Governance Office and/or Research Integrity Officer; line managers/ supervisors; Human Resources ) should be informed in writing, summarising the delivery and outcome(s) of the informal measures and any next steps (*e.g., "The Respondent has now completed the six-month period of additional supervision of their research. They have outlined in writing key lessons learned during this period [see attached] and the additional supervision will now cease. The Respondent has been reminded that they can seek advice from their supervisor, their line manager and the Research Integrity Officer on issues of consent and data management in the future."* ).

N. **DISCUSSION**: the conclusion of informal measures is an opportunity for review and learning, whether in relation to the persons involved; wider groups of researchers and/or professional services staff; or for the systems and practices as a whole. The Research Integrity Officer, working with others as necessary, can generate learning points for dissemination to appropriate members of the Organisation, supported by anonymised summary information, to safeguard and enhance good research practice within the institution.

Approved by:

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SAMAREC Chairperson:

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Dr M Nodikida

SAMA CEO

Date Signed: 22 July 2025