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# 1 PURPOSE AND SCOPE

## 1.1 Purpose

- (1) This Standard Operating Procedures (SOP) document establishes the operational framework for the Independent Institute of Education (IIE) Research Ethics Committee (REC) to ensure ethical, transparent, and compliant review of research involving human participants, animal subjects, and the environment. The SOP provides systematic guidance for all aspects of the REC's operations, including application submission, review processes, decision-making, record-keeping, and ongoing monitoring.

## 1.2 Scope

- (1) These SOPs apply to:
  - a) All members of the IIE REC and its subcommittees, as applicable;
  - b) All research conducted under the auspices of The IIE by staff, students, adjuncts, and contracted researchers;
  - c) External researchers seeking to conduct research involving IIE participants, data, facilities, or systems;
  - d) Campus Research Ethics Committees and the Higher Degrees Committee when conducting ethics reviews; and
  - e) Administrative staff supporting the research ethics review process.

## 1.3 Legal and Regulatory Framework

- (1) The REC operates in accordance with:
  - a) The National Health Act 61 of 2003, particularly Section 73 regarding research ethics committees
  - b) National Department of Health Guidelines for Health Research Ethics in South Africa (NDoH 2024, 3rd Edition)
  - c) The Higher Education Act, 1997 and institutional governance structures
  - d) IIE Research and Postgraduate Studies Policy (IIE007) and Criteria and Minimum Standards (PDIIIE007)
  - e) IIE Research Ethics Committee Terms of Reference
  - f) IIE Research Ethics Committee Code of Conduct
  - g) Protection of Personal Information Act (POPIA), 2013
  - h) The Belmont Report and Singapore Statement on Research Integrity

## 2 DEFINITIONS AND ABBREVIATIONS

### 2.1 Key Definitions

- (1) **Adverse Event:** Any untoward occurrence in a research participant that occurs during research, whether considered related to participation in the research.
- (2) **Ethical Clearance:** Formal written approval from the REC indicating that a research protocol meets ethical standards and may proceed.
- (3) **Ethical Consent:** Written acknowledgment from the REC that external research with existing ethics clearance may proceed at The IIE subject to specified conditions.
- (4) **Expedited Review:** An accelerated review process conducted by designated REC members for minimal risk research between full committee meetings.
- (5) **Full Board Review:** A comprehensive review of a research protocol by the complete REC at a scheduled meeting, required for medium to high-risk research.
- (6) **Informed Consent:** A process by which potential participants receive comprehensive information about a study and voluntarily agree to participate, documented through signed consent forms.
- (7) **Principal Investigator (PI):** The researcher with primary responsibility for the design, conduct, and reporting of a research study.
- (8) **Protocol Amendment:** Any modification to an approved research protocol that substantially changes the methodology, participant population, risk profile, or data collection procedures.
- (9) **Protocol Deviation:** An unintentional departure from the approved research protocol that may affect participant safety, rights, or data integrity.
- (10) **Vulnerable Populations:** Groups requiring special protection in research, including children, persons with cognitive impairments, prisoners, pregnant women, economically disadvantaged individuals, and other marginalized groups.

### 2.2 Abbreviations

- (1) **ACE:** Academic Centre of Excellence
- (2) **CREC:** Campus Research Ethics Committee
- (3) **HDC:** Higher Degrees Committee
- (4) **IIE:** The Independent Institute of Education

- (5) **NAC:** Non-Assessing Chair
- (6) **NDoH:** National Department of Health
- (7) **NHREC:** National Health Research Ethics Council
- (8) **NQF:** National Qualifications Framework
- (9) **PI:** Principal Investigator
- (10) **POPIA:** Protection of Personal Information Act
- (11) **REC:** Research Ethics Committee
- (12) **RPGS:** Research and Postgraduate Studies
- (13) **SOP:** Standard Operating Procedures

### **3 COMMITTEE COMPOSITION AND MEMBERSHIP**

#### **3.1 Committee Structure**

- (1) The REC is constituted as a permanent governance structure reporting to Senate through the Research and Postgraduate Studies Committee. The Committee comprises voting members appointed for specified terms, supported by administrative personnel.

#### **3.2 Minimum Membership Requirements**

- a) In accordance with the REC Terms of Reference and NDoH Guidelines, the Committee shall consist of:
  - a) A Chair with demonstrated expertise in research ethics, research governance, and academic leadership
  - b) At least one member with expertise in legal and regulatory frameworks relating to human and animal research, constitutional principles, and data protection
  - c) Members with expertise in research methodology across various disciplinary fields relevant to applications under review
  - d) At least one external member to ensure independence, accountability, and public trust
  - e) At least one community representative to ensure participant-centred and societal interests
  - f) Additional members as determined by Senate to ensure adequate expertise and capacity

## **4 MEMBER APPOINTMENT PROCESS: RECRUITMENT AND NOMINATION**

### **4.1 Advertisement of Vacancies and Call for Nominations**

- (1) The appointing authority shall ensure transparent and accessible recruitment processes by:

#### **4.1.1 Public Advertisement**

- (1) Publishing vacancy notices through multiple channels including:
  - a) The institution's official website and intranet
  - b) Relevant professional networks and associations
  - c) Community organizations and public forums
  - d) Academic institutions and healthcare facilities (if applicable)
  - e) Social media platforms and email bulletins

#### **4.1.2 Notice Content**

- (1) Each vacancy advertisement shall clearly specify:
  - a) The role and responsibilities of REC membership
  - b) The member category being recruited (expert or community)
  - c) Required and desirable qualifications
  - d) Time commitment expectations (approximately 1 hour per meeting plus 2-3 hours preparation time)
  - e) Term of office (typically three years with possibility of renewal)
  - f) Application deadline and submission method
  - g) Contact information for inquiries

#### **4.1.3 Call for Nominations**

- (1) The appointing authority may solicit nominations from:
  - a) Current REC members
  - b) Professional bodies and learned societies
  - c) Healthcare institutions and research organizations
  - d) Community leaders and civil society organizations
  - e) Academic institutions

- (2) Self-nominations shall be encouraged and accepted.

#### **4.1.4 Recruitment Timing**

- (1) Vacancies shall be advertised at least 8-12 weeks before the anticipated start date to allow adequate time for recruitment, selection, and induction.

#### **4.1.5 Observer Opportunities**

- (1) Prospective applicants shall be encouraged to attend REC meetings as observers prior to applying, to better understand the committee's work and responsibilities.

### **4.2 Required Qualifications and Experience for Member Categories**

- (1) The REC shall comprise a multidisciplinary and balanced membership across the following categories:

#### **4.2.1 Expert Members (Target: At least 50% of membership)**

Expert members shall include individuals with:

- (1) **Healthcare Professionals (if applicable)**

- a) Currently or previously registered healthcare practitioners including:
  - i. Physicians (various specialties relevant to research areas)
  - ii. Nurses and allied health professionals
  - iii. Pharmacists
  - iv. Clinical psychologists

- (2) **Research Specialists**

- a) Individuals with professional qualifications or experience in:
  - i. Design and conduct of health-related research
  - ii. Clinical trial methodology
  - iii. Biostatistics and data analysis
  - iv. Behavioural or social sciences research
  - v. Laboratory or basic sciences relevant to health research

- (3) **Ethics and Legal Experts**

- a) Individuals with:
  - i. Professional qualifications or expertise in bioethics, research ethics, or applied ethics
  - ii. Legal qualifications with knowledge of health law, research regulation, or human rights law
  - iii. Experience in ethical review processes

**(4) Minimum Requirements for Expert Members:**

- a) Relevant professional qualifications or demonstrable expertise in their field
- b) Understanding of research principles and methodology
- c) Ability to review research protocols critically
- d) Commitment to protecting participant welfare
- e) Strong analytical and communication skills

**4.2.2 Community Members**

**(1) Community members are individuals who:**

- a) Are not currently registered as healthcare professionals
- b) Do not have clinical research as their primary professional interest

**(2) Community members may include:**

- a) Retired healthcare professionals (where appropriate)
- b) Researchers or administrators from pharmaceutical companies or clinical research organizations
- c) Legal professionals
- d) Educators and academics from non-health disciplines
- e) Religious or spiritual advisors
- f) Business and industry professionals
- g) Administrative professionals
- h) Community leaders

**(3) Minimum Requirements for Community Members:**

- a) No requirement for specific qualifications in health or research
- b) Ability to represent the perspective of research participants and the broader community
- c) Understanding of (or willingness to learn) ethical principles
- d) Strong communication and critical thinking skills
- e) Commitment to participant protection

**(4) General Competencies Required for All Members:**

- a) Integrity, impartiality, and ethical commitment
- b) Ability to analyse complex information
- c) Strong interpersonal and communication skills
- d) Capacity for respectful disagreement and consensus-building
- e) Cultural sensitivity and awareness
- f) Commitment to continuous learning
- g) Availability to attend meetings regularly
- h) Ability to maintain confidentiality
- i) Willingness to declare and manage conflicts of interest

## 4.3 Demographic Representivity Considerations and Succession Planning

### 4.3.1 Principles of Representivity

- (1) The appointing authority shall ensure the REC membership:
  - a) **Gender Balance:** Achieves gender-balanced membership as far as possible
  - b) **Cultural and Social Diversity:** Reflects the social, cultural, ethnic, and linguistic diversity of communities from which research participants are most likely to be drawn
  - c) **Geographic Representation:** Where applicable, includes members from different regions or catchment areas served by the institution
  - d) **Age Diversity:** Includes members across different age groups to ensure varied generational perspectives
  - e) **Disability Inclusion:** Actively encourages applications from persons with disabilities and makes reasonable accommodations as needed

### 4.3.2 Succession Planning

- (1) **Knowledge Transfer:**
  - a) Pair experienced members with new members through mentorship arrangements
  - b) Ensure adequate overlap periods when members rotate off the committee
  - c) Document institutional knowledge and lessons learned
  - d) Maintain comprehensive orientation and training programs
- (2) **Terms of Appointment:**
  - a) Initial term: Three years (renewable)
  - b) Maximum consecutive service: Two terms (six years total)
  - c) Cooling-off period: Minimum one year before re-appointment after serving maximum term

## 4.4 Application and Nomination Procedures

### 4.4.1 Application Requirements

All applicants (whether self-nominated or nominated by others) shall submit:

- (1) **Completed Application Form** including:
  - a) Personal and contact information
  - b) Professional qualifications and registrations
  - c) Employment history and current position
  - d) Relevant experience and expertise

- e) Interest in REC membership and motivation
  - f) Declaration of any potential conflicts of interest
  - g) References (typically two professional references)
- (2) **Current Curriculum Vitae** detailing relevant qualifications and experience
- (3) **Personal Statement** addressing understanding of the REC role, relevant skills and experience, and commitment to ethical research

#### 4.4.2 Application Submission

- (1) Applications shall be:
- a) Submitted by email
  - b) Acknowledged within five business days of receipt
  - c) Kept confidential throughout the process

### 4.5 Review and Shortlisting Processes

#### 4.5.1 Assessment Panel Composition

- (1) An Advisory Assessment Panel shall be constituted to review applications, comprising:
- a) The REC Chair or designated senior REC member
  - b) A representative from the appointing authority
  - c) An independent member with relevant expertise
  - d) Where possible, a member representing diversity or equality considerations
  - e) Administrative support from the REC secretariat

#### 4.5.2 Assessment Criteria

Applications shall be assessed against:

- (1) **Essential Criteria** (must be met):
- a) Meets category definition (expert or community)
  - b) Has required qualifications or experience for category
  - c) Demonstrates understanding of REC role
  - d) Confirms ability to meet time commitments
  - e) Shows commitment to ethical principles
- (2) **Desirable Criteria** (used for ranking):
- a) Relevant professional or personal experience
  - b) Specific expertise needed by the committee
  - c) Communication and interpersonal skills
  - d) Contribution to committee diversity

- e) Prior ethics committee or governance experience

#### 4.5.3 Shortlisting Process

- (1) The Assessment Panel shall:
  - a) **Review Applications:** Each panel member independently reviews applications against criteria
  - b) **Scoring/Ranking:** Use a structured evaluation form to score or rank applicants consistently
  - c) **Panel Meeting:** Convene to discuss applications collectively, compare assessments, consider committee composition needs, and recommend candidates for interview
  - d) **Shortlist Approval:** The recommended shortlist shall be reviewed and approved by the appointing authority

#### 4.5.4 Communication with Applicants

- (1) Within 2-4 weeks of the application deadline:
  - a) Shortlisted candidates shall be notified by email and invited to interview
  - b) Non-shortlisted candidates shall be notified with appreciation for their interest
  - c) Feedback may be provided to unsuccessful applicants upon request

#### 4.5.5 Interview and Selection Process

- (1) **Interview Format:**
  - a) Face-to-face, virtual, or hybrid format as appropriate
  - b) Panel interview
  - c) Opportunity for candidates to ask questions
- (2) **Selection Decision:**
  - a) The Panel evaluates all interviewed candidates against agreed criteria
  - b) The Panel provides ranked recommendations to the appointing authority
  - c) The appointing authority makes the final appointment decision based on merit
  - d) References are checked for preferred candidate(s)
  - e) Background checks are conducted as required by institutional policy

#### 4.5.6 Onboarding and Induction

- (1) Newly appointed members shall:
  - a) Sign and return acceptance of Terms and Conditions of Membership and Code of Conduct
  - b) Submit conflict of interest declarations

- c) Receive comprehensive induction training including REC role and functions, ethical principles, review procedures, relevant legislation, and confidentiality requirements
- d) Be assigned a mentor from current membership
- e) Receive ongoing training and professional development opportunities

#### 4.5.7 Records and Documentation

- (1) The appointing authority shall maintain confidential records of all applications, assessments, selection decisions, and appointment documentation in accordance with the institution's document retention policy.

## 4.6 Appointment and Terms

### 4.6.1 Approval Authority for Appointments

#### 4.6.1.1 Appointing Authority

- (1) The Research and Postgraduate Committee shall serve as the appointing authority for the REC, with delegated authority to:
  - a) Approve the appointment of REC members based on recommendations from the selection panel
  - b) Ratify the appointment of the REC Chair and Vice-Chair(s)
  - c) Approve reappointments and renewals of membership
  - d) Authorize early termination of appointments where necessary
  - e) Delegate specific appointment functions to designated officers where appropriate

#### 4.6.1.2 Approval Process

- (1) **Recommendation:** The selection panel submits a written recommendation to the appointing authority, including:
  - a) Candidate name(s) and category
  - b) Summary of qualifications and relevant experience
  - c) Assessment against selection criteria
  - d) Statement on how the appointment contributes to committee composition and diversity
  - e) Proposed term of appointment and commencement date
- (2) **Review and Decision:** The appointing authority reviews recommendations and:
  - a) May approve appointments as recommended
  - b) May request additional information or clarification
  - c) May decline to approve and request alternative candidates
  - d) Shall provide written rationale for any decisions not to approve recommended candidates

- (3) **Documentation:** All appointment decisions shall be:
- a) Formally recorded in minutes of the appointing authority's meetings
  - b) Maintained in confidential appointment files
  - c) Communicated to successful candidates in writing
  - d) Reported in annual governance reports (in aggregate, without identifying individual members)

#### 4.6.1.3 Delegated Authority

- (1) The appointing authority may delegate certain functions to designated officers, including.

#### 4.6.1.4 Independence and Conflicts of Interest

- (1) To ensure independence and avoid conflicts of interest in the appointment process:
- a) Selection panel members must declare any relationship with candidates or conflicts of interest
  - b) The appointing authority shall not interfere with REC member decisions on specific research protocols

### 4.7 Term Length for Members

#### 4.7.1 Standard Term of Appointment

(1) **Initial Term:**

- a) **Duration:** Three years from the date of appointment
- b) **Commencement:** The term begins on the date specified in the formal appointment letter

(2) **Renewal of Appointment:**

- a) Members may be reappointed for an additional term subject to:
  - i. Satisfactory performance during the initial term
  - ii. Continued need for the member's expertise or category representation
  - iii. Member's willingness to continue service
  - iv. Approval by the appointing authority

#### 4.7.2 Term Review and Renewal Process

- (1) **Advance Notice:** Six months prior to term expiry, the REC Secretariat shall notify:
- a) The member of their upcoming term end date
  - b) The REC Chair for recommendation on renewal
  - c) The appointing authority of the pending vacancy

- (2) **Member Consultation:** Members nearing term end shall be consulted regarding:
- a) Their interest in reappointment
  - b) Any changes in circumstances affecting continued service
  - c) Feedback on their REC experience
- (3) **Renewal Decision:** The appointing authority shall approve or decline renewal based on:
- a) Chair's recommendation
  - b) Member's performance and continued suitability
  - c) Current committee composition needs
  - d) Diversity and succession planning considerations

## 4.8 Maximum Number of Consecutive Terms

### 4.8.1 Term Limits

To ensure fresh perspectives, prevent institutional capture, and support succession planning, the following maximum consecutive term limits shall apply:

- (1) **General Members:**
- a) **Maximum consecutive terms:** Two full terms (total of 6 years)
- (2) **Chair and Vice-Chair(s):**
- a) **Maximum consecutive terms in leadership role:** Two full terms (total of 6 years)
  - b) Former Chair/Vice-Chair may continue as ordinary member if they have not reached the general member term limit

### 4.8.2 Cooling-Off Period

- (1) **Mandatory Break After Maximum Terms:**
- a) After serving the maximum number of consecutive terms, members must take a cooling-off period of at least one year
  - b) During the cooling-off period, the individual may not:
    - i. Serve as a member of the REC
    - ii. Attend REC meetings except as invited expert consultants (non-voting)
    - iii. Participate in REC decision-making
- (2) **Re-eligibility After Cooling-Off Period:**
- a) After completing the cooling-off period, former members may:
    - i. Apply for reappointment
    - ii. Be considered for appointment in a different member category if qualified

- iii. Serve additional terms if approved by the appointing authority

### **4.8.3 Exceptions to Term Limits**

- (1) In exceptional circumstances, the appointing authority may approve extensions beyond normal term limits where:
  - a) The member possesses unique specialized expertise critical to the committee's function
  - b) Retention is necessary to maintain committee quorum or essential balance
  - c) The extension is temporary pending recruitment of replacement
  - d) The REC Chair provides strong written justification
  - e) The member agrees to the extension
- (2) Such exceptions shall be:
  - a) Granted sparingly and only when clearly justified
  - b) Subject to annual review
  - c) Accelerating or delaying planned recruitment

## **4.9 Formal Appointment Letter and Induction Process**

### **4.9.1 Formal Appointment Letter**

Upon approval by the appointing authority, each appointed member shall receive a formal written appointment letter, containing:

- (1) **Essential Appointment Details:**
  - a) Full name and address of appointee
  - b) Member category
  - c) Commencement date of appointment
  - d) Term length
  - e) Details of the appointing authority
- (2) **Role and Responsibilities:**
  - a) Overview of REC purpose and mandate
  - b) Key responsibilities of REC membership
  - c) Expected time commitment
  - d) Attendance requirements
  - e) Specific duties related to member category
- (3) **Terms and Conditions of Membership:**
  - a) Reference to detailed Terms and Conditions document (to be signed and returned)

- b) Code of conduct and ethical standards
- c) Confidentiality obligations
- d) Conflict of interest management requirements
- e) Data protection and information security obligations

**(4) Support and Resources:**

- a) Administrative support available from REC Secretariat
- b) Access to REC member portal, documents, and resources
- c) Training and professional development opportunities
- d) Indemnity and liability protection provisions

**(5) Remuneration and Expenses:**

- a) Statement on volunteer status (unpaid position) or honorarium details
- b) Expense reimbursement policy
- c) Any honorarium for community members (where applicable)

**(6) Induction and Training Requirements:**

- a) Mandatory induction
- b) Required training modules to be completed
- c) Timeline for completion of induction requirements
- d) Ongoing continuing education expectations

**(7) Contact Information:**

- a) REC Chair contact details
- b) REC Manager/Administrator contact details
- c) Research Governance Office contact details
- d) IT support for member portal access

**(8) Acceptance and Documentation:**

- a) Request to sign and return acceptance of appointment
- b) List of documents to be completed and returned:
- c) Signed Terms and Conditions of Membership
- d) Confidentiality agreement
- e) Conflict of interest declaration
- f) Data protection acknowledgment
- g) Emergency contact information form
- h) Bank details for expense reimbursement (where applicable)
- i) Deadline for return of documentation

**(9) Next Steps:**

- a) Schedule for induction activities
- b) Date of first meeting attendance

- c) Mentor assignment information

(10) **Signature:**

- a) Signed by authorized representative of appointing authority
- b) Date of letter

#### **4.9.2 Comprehensive Induction Process**

- (1) The induction process shall be structured to ensure new members are fully prepared to contribute effectively to the REC's work.
- (2) All new members are required to complete the Sirius Certification Course prior to commencing duties. Thereafter, the new member is required to read the following essential materials:
  - a) REC Terms of Reference
  - b) Standard Operating Procedures (SOPs)
  - c) REC Code of Conduct
  - d) IIE007 Policy and Procedure Documents and supporting documents/annexures
  - e) Relevant legislation and regulations as outlined in the Sirius Course
  - f) Recent REC meeting minutes (2-3 months)
- (3) Then the new member is to ensure that they have portal access and can use the portal. The REC Secretary will provide the meeting invitations.

#### **4.9.3 Continuing Education and Professional Development**

Beyond initial induction, members are expected to engage in ongoing professional development:

- (1) **Annual Training Requirements:**
  - a) Minimum of [8-12] hours of continuing education annually which may include workshops, webinars, conferences, self-study.

#### **4.10 Member Roles and Responsibilities**

- (1) All REC members must fulfil the responsibilities outlined in the REC Code of Conduct, including:
  - a) Regular and punctual attendance at meetings
  - b) Thorough and independent review of assigned protocols
  - c) Active participation in committee deliberations
  - d) Maintenance of strict confidentiality
  - e) Declaration and management of conflicts of interest
  - f) Ongoing professional development in research ethics

#### **4.10.1 Chair Responsibilities**

- (1) The Chair shall:
  - a) Convene and preside over REC meetings
  - b) Ensure meetings are conducted efficiently and decisions are reached fairly
  - c) Assign primary reviewers for applications
  - d) Facilitate consensus-building and manage conflicts
  - e) Oversee quality assurance and compliance activities
  - f) Serve as primary liaison with institutional leadership and external regulators
  - g) Approve expedited reviews in accordance with established criteria
  - h) Sign formal correspondence and decision letters

#### **4.11 Termination of Membership**

- (1) Membership may be terminated due to:
  - a) Expiry of term
  - b) Voluntary resignation
  - c) Failure to attend three consecutive meetings without reasonable explanation
  - d) Breach of confidentiality or conflict of interest protocols
  - e) Violation of the Code of Conduct
  - f) Loss of capacity to fulfil member responsibilities

### **5 MEETING PROCEDURES**

#### **5.1 Meeting Schedule**

- (1) The REC convenes monthly or more frequently (up to twice a month), if required to ratify decision and review research protocols and conduct committee business.
  - a) Monthly or biweekly meetings are held on a Wednesday morning as scheduled by the Committee Secretary
  - b) Special or emergency meetings may be convened at the discretion of the Chair
  - c) Meeting dates are set up for the year in January of each year for meetings running from February to December

#### **5.2 Meeting Notice and Agenda**

##### **5.2.1 Notice Requirements and Agenda Distribution**

- (1) Members receive meeting notices (placeholders) in January for the year.
- (2) Submission of agenda items closes 12 days before the meeting
- (3) 10 days before the meeting the draft agenda prepared by the Committee Secretary is sent to the Chair for review and approval

- (4) Standard Agenda items include approval of minutes, matters arising, new applications, amendments, progress reports, correspondence, and any other business
- (5) 7 days before the meeting the agenda is sent out to all Committee members required for the upcoming meeting. At this point the meeting invite is updated to remove members not required for the sitting.

### **5.3 Quorum Requirements**

- (1) In accordance with the Terms of Reference, quorum for an REC meeting includes at minimum:
  - a) One external member
  - b) One legal or ethics expert
  - c) One research methodology expert
  - d) One lay/community representative
- (2) If quorum is not met, the meeting shall be rescheduled or decisions deferred to the next meeting.

### **5.4 Meeting Conduct**

#### **5.4.1 Attendance and Participation**

- (1) Members must remain present for the entire meeting to maintain quorum
- (2) Meetings will be conducted virtually on a platform approved by The IIE for governance meetings
- (3) Apologies for absence must be submitted to the REC Administrator/Committee Secretary in advance
- (4) Attendance is recorded in the minutes

#### **5.4.2 Confidentiality and Conflict of Interest Declarations**

- (1) At the commencement of each meeting:
  - a) Members confirm their commitment to maintain confidentiality (minuted)
  - b) Members declare any conflicts of interest related to protocols on the agenda
  - c) Conflicted members recuse themselves from discussions and decision-making for affected protocols
  - d) Declarations are documented in a Conflict-of-Interest Register and meeting minutes

### 5.4.3 Deliberation Process

- (1) The Chair facilitates orderly discussion of each agenda item
- (2) Primary reviewers present their assessment of assigned protocols
- (3) All members participate as secondary reviewers providing additional perspectives
- (4) Discussion focuses on ethical issues, scientific merit, risk-benefit assessment, and participant protection
- (5) Researchers or supervisors may be invited to clarify aspects of protocols but are not present during decision-making

## 5.5 Decision-Making Procedures

### 5.5.1 Consensus Decision-Making

- (1) The REC strives for consensus in all decisions. Where consensus is achieved:
  - a) The decision is recorded as unanimous in the minutes
  - b) The rationale for the decision is documented

### 5.5.2 Majority Vote

- (1) Where consensus cannot be reached:
  - a) Decisions are made by simple majority vote of members present
  - b) The vote count is recorded in the minutes
  - c) Minority viewpoints are documented where significant ethical concerns exist
  - d) The Chair has a casting vote in the case of a tie

### 5.5.3 Decision Categories

- (1) The REC may render one of the following decisions:
  - a) **Approved:** The protocol meets ethical standards and may proceed without modifications
  - b) **Approved with Minor Revisions:** The protocol is fundamentally sound but requires minor clarifications or adjustments that can be verified administratively
  - c) **Revisions Required:** The protocol requires substantial modifications before approval can be granted; revised protocol must be resubmitted for review
  - d) **Deferred:** Decision is postponed pending receipt of additional information or clarification from the researcher
  - e) **Not Approved:** The protocol does not meet ethical standards and cannot be approved in its current form; fundamental redesign may be required

## **5.6 Minutes and Documentation**

### **5.6.1 Minute-Taking Requirements**

- (1) Meeting minutes shall include:
  - a) Date, time, location, and meeting type
  - b) Names of members present, absent with apology, and absent without apology
  - c) Confirmation of quorum
  - d) Confirmation of confidentiality commitments
  - e) Conflict of interest declarations
  - f) Summary of deliberations for each protocol reviewed
  - g) Decisions reached, including rationale and conditions
  - h) Action items with responsible persons and deadlines
  - i) Other business discussed and outcomes

### **5.6.2 Approval and Distribution**

- (1) Draft minutes prepared by the Committee Secretary and provided to the Chair within 5 days of meeting
- (2) The Chair reviews and approves the minutes within 7 days from receipt
- (3) The approved minutes are then distributed to members for review prior to the next meeting
- (4) Formal approval of the minutes occurs at the subsequent meeting
- (5) The minutes are then stored according to The IIE Registrar's protocol for a minimum of 5 years.

## **6 APPLICATION SUBMISSION AND REVIEW PROCESS**

### **6.1 Application Categories**

- (1) The REC reviews the following categories of applications:

#### **6.1.1 Internal Research Applications**

- (1) Research conducted by IIE staff involving human participants, animal subjects, or the environment
- (2) NQF Level 8 research projects by students (reviewed by Campus Research Ethics Committees)
- (3) Master's and Doctoral research (reviewed by Higher Degrees Committee)

- (4) Pilot studies and feasibility studies

### **6.1.2 External Research Applications**

- (1) External researchers seeking access to IIE students, staff, systems, data, or premises
- (2) Collaborative research involving IIE as a research site
- (3) External researchers must provide evidence of ethics clearance from their registering institution and seek ethics consent from The REC.

### **6.1.3 Exemptions from Ethics Review**

- (1) The following are exempt from ethics review:
  - a) Desktop studies (secondary studies, theoretical research, conceptual analysis, literature reviews) that do not involve primary data collection from human participants
  - b) Quality assurance and service evaluation activities not intended for research publication
  - c) Case studies using publicly available de-identified data
  - d) Researchers uncertain about exemption status must consult with the REC Chair or Administrator.

## **6.2 Application Requirements**

### **6.2.1 Required Documentation**

- (1) Complete applications must include:
  - a) Completed REC application form (appropriate version for staff, student, or external researcher)
  - b) Full research proposal including background, aims, methodology, ethical considerations, and data management plan (to a maximum of 15 pages)
  - c) Participant information sheets and consent forms in appropriate language(s)
  - d) Final Data collection instruments (surveys, interview guides, observation protocols, etc.)
  - e) Recruitment materials and advertisements
  - f) Letters of permission from relevant gatekeepers or institutions (where applicable)
  - g) Curriculum vitae of Principal Investigator and supervisors
  - h) Evidence of external ethics clearance (for external researchers)
  - i) Any other documentation specified in application guidance

### **6.2.2 Submission Process**

- (1) The researcher must consult their supervisor (if applicable) to assist with understanding the submission process

- (2) External applicant can consult with the brand research administrator or the ACE administrator to obtain the forms and criteria
- (3) Completed forms are submitted either to the research administrator consulted or to the email address: research@iie.ac.za
- (4) Applications are dealt with on a first come first served basis.

## 6.3 Initial Administrative Review

### 6.3.1 Completeness Check

- (1) The REC Administrator and / or the brand Research Administrator conducts an initial administrative review of the application received to verify:
  - a) All required documents are included
  - b) Forms are properly completed
  - c) Application is within REC jurisdiction
  - d) Appropriate application category has been selected

### 6.3.2 Response to Incomplete Applications

- (1) Applications deemed incomplete are:
  - a) Returned to the applicant with specific feedback on deficiencies
  - b) Not forwarded to reviewers until all required materials are provided
  - c) Resubmitted applications treated as new submissions with corresponding timelines

## 6.4 Risk Assessment and Review Classification

### 6.4.1 Risk Classification Framework

- (1) In accordance with PDIE007, all researchers are required to classify their research prior to submission. This classification is then confirmed by the reviewers as either:
  - a) **Minimal Risk Research:** Minimal risk research investigates predominantly uncontroversial topics. The probability of harm in this type of research is minimal which means that the risk of research is not greater than what the participants experience in their day-to-day life. Some general features of minimum-risk research include the following:
    - i. The type of questioning in the data collection instrument does not require the respondent/ participant to reflect on traumatic or negative lived experiences.
    - ii. The participants or respondents are not classified as vulnerable groups.

- iii. The data collected is non-sensitive as per Raymond Lee’s definition of a “sensitive research topic” which defines it as any topic that is “intimate, discreditable, or incriminating.”
- b) **Medium Risk Research:** Medium-risk research has a higher probability of emotional or psychological discomfort experienced by the respondents or participants involved in the research study. Some of the general features of medium-risk research include the following:
    - i. Research that involves “sensitive topics” is usually considered medium risk.
    - ii. Participants share private information or opinions on sometimes sensitive matters.
    - iii. Research participants could be considered vulnerable or marginalised.
    - iv. Any study that outlines controversies that could potentially have negative effects or feelings towards the researcher, participants, institution or broader community.
  - c) **High Risk Research:** High-risk research is research in which there is a considerable risk of physical or emotional harm to the stakeholders involved. Some of the general features of high-risk research include the following:
    - i. The research could either be on highly sensitive topics or include the participation of highly vulnerable and marginalised individuals/ groups.
    - ii. The data collection process requires participants or respondents to reflect on traumatic experiences.
    - iii. The research activity could potentially place the researcher and the institution in a position of disobeying legislative requirements by protecting the identity of participants or respondents involved in potentially illegal activities.

#### 6.4.2 Review Type Determination

- (1) Based on risk classification, the Chair determines the appropriate review type:
  - a) **Expedited Review:** Minimal risk research may qualify for expedited review by designated members between meetings
  - b) **Full Board Review:** Medium and high-risk research requires review by the full REC at a scheduled meeting

### 6.5 Expedited Review Procedures

#### 6.5.1 Criteria for Expedited Review

- (1) Research may be reviewed via expedited procedures when:
  - a) Classified as minimal risk
  - b) Does not involve vulnerable populations
  - c) Uses standard non-invasive data collection methods
  - d) Appropriate informed consent procedures are in place

- e) Minor amendments to previously approved protocols

### **6.5.2 Expedited Review Process**

- (1) 2 reviewers are designated by the Chair for expedited review
- (2) The two reviewers first confirm the categorization of the risk. If they confirm that it is a minimal risk study they proceed to review the application and provide their feedback on the portal. If both reviewers are in agreement then the clearance may be issued.
- (3) The Research Administrator will issue the required letter signed by the Chair
- (4) Chair provides approval authority
- (5) The expedited review decisions are reported to full REC for noting at the next meeting

### **6.5.3 Referral to Full Board**

- (1) Expedited reviewers may refer any protocol to the full REC if:
  - a) Significant ethical concerns are identified
  - b) Risk level appears higher than initially classified
  - c) Consensus cannot be reached among expedited reviewers
  - d) Additional expertise is required

## **6.6 Full Board Review Procedures**

### **6.6.1 Primary Reviewer Assignment**

- (1) If the reviewer has identified their research as medium or high risk and this the Chair will assign 2 primary reviewers per protocol based on expertise
- (2) Primary reviewers complete detailed assessment
- (3) All other members conduct secondary review once they receive the meeting agenda before the meeting
- (4) At the REC meeting the primary reviewers table the item and their findings for discussion and deliberation.

### **6.6.2 Review Criteria**

- (1) Reviewers assess protocols against the following criteria:
  - a) Scientific and academic merit of the research design
  - b) Respect for persons and protection of autonomy
  - c) Beneficence and non-maleficence (risk-benefit assessment)
  - d) Justice and equitable participant selection

- e) Adequacy of informed consent procedures
- f) Protection of privacy and confidentiality
- g) Special protections for vulnerable populations (if applicable)
- h) Compliance with POPIA and other relevant legislation
- i) Appropriateness for NQF level (for student research)
- j) Data management and security arrangements
- k) Plans for dissemination and feedback to participants

### **6.6.3 Meeting Presentation and Discussion**

- (1) During the meeting:
  - a) Primary reviewers present their assessment and recommendations
  - b) Secondary reviewers provide additional observations
  - c) Committee discusses ethical issues, concerns, and questions
  - d) Researcher may be invited to clarify aspects of the protocol but is excused during deliberation and voting
  - e) Committee reaches decision by consensus or majority vote

## **7 COMMUNICATION OF DECISIONS**

### **7.1 Decision Letters**

- (1) Following each review, the REC issues a formal decision letter to the Principal Investigator and relevant stakeholders (supervisor, programme coordinator, etc.). Decision letters include:
  - a) Clear statement of the decision rendered
  - b) Rationale for the decision based on ethical principles
  - c) Specific revisions required (where applicable)
  - d) Conditions of approval (where applicable)
  - e) Ethics clearance number (for approved applications)
  - f) Validity period of approval
  - g) Instructions for next steps
  - h) Information on appeals process (for non-approvals)

### **7.2 Ethical Clearance Certificates**

- (1) For approved applications, the REC issues an Ethics Clearance Certificate containing:
  - a) Unique ethics clearance number
  - b) Principal Investigator name and affiliation
  - c) Research title
  - d) Date of approval
  - e) Validity period
  - f) REC registration number and Chair signature
  - g) Statement that research may commence

## **8 AMENDMENTS AND PROTOCOL DEVIATIONS**

### **8.1 Protocol Amendments**

#### **8.1.1 Definition and Requirements**

- (1) A protocol amendment is any modification to an approved research protocol that substantially changes the methodology, participant population, risk profile, or data collection procedures. Researchers must obtain REC approval before implementing any amendments.

#### **8.1.2 Amendment Submission Process**

- (1) The original forms together with track change amendments must be provided to the research administrator (ACE or Brand) and / or via the email address: [research@iie.ac.za](mailto:research@iie.ac.za) to document the proposed changes
- (2) A justification or rationale for the proposed amendments must be provided with the amended forms indicating the potential impact on participants
- (3) The review process will occur as in the case of a new application and based on the risk categorization originally allocated.

## **9 CONTINUING REVIEW AND MONITORING**

### **9.1 Progress Reporting**

- (1) In accordance with IIE007 and PDII007, researchers conducting ongoing studies must submit:
  - a) Annual progress reports for extended staff research projects
  - b) Final reports upon study completion
  - c) Adverse event reports as they occur

### **9.2 Monitoring and Auditing**

- (1) The REC has the authority to conduct the following monitoring and audits:
  - a) Random audits of approved studies
  - b) Targeted audits based on risk level or concerns
  - c) Review of informed consent documentation
  - d) Verification of data security and storage practices
  - e) Follow-up on conditions of approval

## **10 APPEALS PROCESS**

### **10.1 Grounds for Appeal**

- (1) Researchers may appeal REC decisions on the following grounds:
  - a) Procedural irregularities in the review process
  - b) New information not available at the time of original review
  - c) Demonstrable misunderstanding of the research protocol by reviewers
  - d) Substantive evidence that the researcher may have been disadvantaged through the review process

### **10.2 Appeal Submission Process**

- (1) Should a candidate wish to appeal a decision of the REC, the candidate must provide written reasons supported with evidence as to why they are not in agreement with the outcome.
- (2) The appeal documentation (request with reasons) must be sent via the same method used by the candidate in submitting their original application.
- (3) An appeal should be lodged with the REC within a reasonable time.
- (4) The appeal will be reviewed on the same ethics principles as per the IIE007 Policy but by 2 different reviewers from the REC as allocated by the Chair.
- (5) It remains the responsibility of the researcher to not collect data until the ethics consent or clearance letter has been released by the REC.
- (6) Where the application has been declined for a second time, the applicant cannot resubmit unless major changes as communicated in both letters of outcomes are made and evidenced.

### **10.3 Appeal Review Process**

- (1) In accordance with the Terms of Reference and Code of Conduct:
  - a) Appeals are reviewed by 2 different reviewers of REC as appointed by the Chair; these are members who were not involved in the original review
  - b) Appeals are reviewed on the same ethics principles as the original application
  - c) Where applications are declined for a second time, resubmission requires major changes as communicated in both outcome letters

## **10.4 Data Collection During Appeals**

- (1) Researchers must not collect data until the ethics clearance or consent letter has been released by The REC. An appeal does not constitute approval to proceed.

## **11 RECORD KEEPING AND DOCUMENTATION**

### **11.1 Records to be Maintained**

- (1) The REC maintains secure records of:
  - a) All submitted applications and supporting documentation
  - b) Reviewer assessments and recommendations
  - c) Meeting minutes and attendance records
  - d) Conflict of interest declarations
  - e) Decision letters and ethics clearance certificates
  - f) Correspondence with researchers
  - g) Amendment and deviation reports
  - h) Progress and final reports
  - i) Adverse event reports
  - j) Appeals and appeal outcomes
  - k) Audit reports and quality assurance activities

### **11.2 Data Retention and Security**

- (1) The IIREC will comply with the retention requirements of The IIE's Registrar's Office as well as institutional policy.
- (2) Storage will be electronic and for a minimum of 5 years.
- (3) Access to stored documents will be controlled and limited to the Chair and Research Administrators (Brand and ACE)
- (4) The stored files will be backed up according to the institutional policy and processes already in place

## **12 CONFIDENTIALITY AND CONFLICT OF INTEREST MANAGEMENT**

### **12.1 Confidentiality Requirements**

- (1) As specified in the Code of Conduct, REC members must:
  - a) Maintain strict confidentiality regarding all research protocols, discussions, and decisions
  - b) Protect intellectual property contained in proposals

- c) Refrain from unauthorized disclosure of committee deliberations
- d) Store documents securely and return or destroy them as required
- e) Sign confidentiality agreements

## 12.2 Conflict of Interest Identification

- (1) Conflicts of interest exist when:
- a) Personal involvement or participation in the research under review
  - b) Close personal or professional relationship with the researcher
  - c) Financial interest in the research or its outcomes
  - d) Involvement in competing research
  - e) Any other situation that could compromise objective review

## 12.3 Conflict Management Process

- (1) A conflict of interest exists when a REC member has:
- a) **Financial interests:** Significant financial interest in the research sponsor, product, or outcome
  - b) **Professional involvement:** Direct involvement in the design, conduct, or reporting of the research under review
  - c) **Personal relationships:** Close personal or familial relationship with the principal investigator or research team
  - d) **Institutional conflicts:** Situations where the member's institutional role creates competing interests
  - e) **Other interests:** Any situation where a reasonable person would question the member's impartiality

### 12.3.1 Declaration Process

- (1) **Annual Declaration:**
- a) All members complete a written Conflict of Interest Declaration Form annually
  - b) Covers financial interests, professional relationships, and other potential conflicts
  - c) Submitted to REC Chair/Secretary at beginning of each academic year
  - d) Updated whenever material changes occur
- (2) **Meeting-by-Meeting Declaration:**
- a) At the start of each REC meeting, the Chair polls all members present
  - b) Members verbally disclose any conflicts related to specific applications on the agenda
  - c) Members have ongoing duty to disclose conflicts as they become aware of them

### 12.3.2 Conflict of Interest Register

(1) **Register Maintenance:**

- a) REC Secretariat maintains a confidential Conflict of Interest Register
- b) Contains all annual declarations and meeting-specific disclosures
- c) Updated in real-time as conflicts are declared
- d) Cross-referenced with research applications to flag potential conflicts

(2) **Register Contents:**

- a) Member name and category
- b) Nature of conflict (financial, professional, personal, institutional)
- c) Affected research projects/protocols
- d) Date of declaration
- e) Management action taken (recusal, withdrawal, etc.)
- f) Date conflict resolved (if applicable)

(3) **Access and Confidentiality:**

- a) Register accessible to REC Chair, Secretary, and authorized governance staff only
- b) Summary statistics reported annually (without identifying individuals)
- c) Retained for 5 years

### 12.3.3 Recusal Procedures

(1) **Mandatory Recusal:** Members **MUST** recuse themselves when they:

- a) Are listed as investigator or research team member on the application
- b) Have significant financial interest in the research sponsor or product
- c) Have immediate family member involved in the research
- d) Have any other substantial conflict that compromises objectivity

### 12.3.4 Recusal Process

(1) **Declaration** (before or during meeting)

- a) Member declares conflict to Chair
- b) Briefly states nature of conflict (without detailed discussion)
- c) Chair confirms recusal is appropriate

(2) **Documentation**

- a) Recusal recorded in meeting minutes, including:
  - i. Member name
  - ii. Protocol/application reference number
  - iii. Nature of conflict (general terms)

- iv. Duration of absence from meeting

**(3) Physical Recusal**

- a) Member leaves the meeting room during all discussion and deliberation
- b) If attending virtually, member's connection is terminated for that item
- c) Member does not receive copies of application materials for conflicted protocols
- d) If materials already received, member directed to destroy them

**(4) Exclusion from Quorum**

- a) Recused member not counted toward quorum for that specific application
- b) Committee must still maintain minimum quorum without the recused member

**(5) No Participation**

- a) Recused member may not:
  - i. Participate in discussions or deliberations
  - ii. Vote on the application
  - iii. Provide advice or recommendations
  - iv. Discuss the matter informally with other members

**(6) Return to Meeting**

- a) Member returns only after decision is made and recorded
- b) Chair confirms the item is concluded before member re-enters

## **13 SUBCOMMITTEES**

### **13.1 Campus Research Ethics Committees**

- (1) Campus Research Ethics Committees are subcommittees of the REC established to review NQF Level 8 research proposals at campus level.

#### **13.1.1 Mandate and Authority**

- (1) CRECs are authorised to:
  - a) Review and approve NQF Level 8 research projects
  - b) Ensure research topics and methodologies pose no risk to participants
  - c) Confirm that research does not involve vulnerable populations
  - d) Report approvals to the REC for noting

#### **13.1.2 Escalation to REC**

- (1) CRECs must escalate to the REC:

- a) Proposals with sensitive topics
- b) Research involving vulnerable populations
- c) Proposals posing any level of risk
- d) Any uncertain or contentious cases

## **13.2 Higher Degrees Committee**

- (1) The Higher Degrees Committee, a subcommittee of the Research and Postgraduate Studies Committee, is responsible for ethics review of Master's and Doctoral research proposals.

### **13.2.1 Mandate**

- (1) The HDC reviews:
  - a) Master's by Coursework mini-dissertation proposals
  - b) Master's by Dissertation proposals
  - c) Doctoral research proposals
  - d) Ethics applications for above research levels
  - e) Amendments to approved Master's and Doctoral protocols

### **13.2.2 Reporting**

- (1) The HDC reports its decisions to the REC for oversight and noting.

## **14 QUALITY ASSURANCE AND COMPLIANCE**

### **14.1 Quality Assurance Activities**

- (1) The SOPs and guidance documents will be reviewed periodically
- (2) The Chair will periodically monitor review timelines and efficiency metrics
- (3) The Chair will benchmark policies and procedures against peer institutions periodically

### **14.2 External Audits and NHREC Reporting**

- (1) The REC:
  - a) Submits annual reports to the NHREC as required by the National Health Act
  - b) Cooperates with NHREC audits and inspections
  - c) Implements corrective actions from audit findings
  - d) Maintains NHREC registration in good standing

## **15 TRAINING AND CAPACITY DEVELOPMENT**

### **15.1 REC Member Training**

- (1) As detailed in Section 3.5, all REC members must complete:
  - a) Mandatory training prior to appointment
  - b) Annual continuing professional development
  - c) Specialized training as needed for emerging ethical issues

### **15.2 Researcher Training and Support**

- (1) The IIE provides comprehensive research ethics training and support:
  - a) Research methodology modules at NQF Levels 8 and 9
  - b) Proposal Development Programmes for Master's and Doctoral students
  - c) Annual supervisor onboarding and capacity development sessions
  - d) Research ethics workshops and academic seminars
  - e) Guidance documents and template resources
  - f) One-on-one consultation support from REC Administrator

## **16 REPORTING OBLIGATIONS**

### **16.1 Internal Reporting**

#### **16.1.1 Reporting to Research and Postgraduate Studies Committee**

- (1) The REC Chair provides written reports to the Research and Postgraduate Studies Committee at each meeting including:
  - a) Number and types of applications reviewed
  - b) Decision outcomes summary
  - c) Notable ethical issues or trends
  - d) Adverse events or protocol deviations
  - e) Committee activities and quality assurance initiatives

#### **16.1.2 Annual Report to Senate**

- (1) Through the Research and Postgraduate Studies Committee, the REC provides an annual comprehensive report to Senate covering:
  - a) Committee composition and any changes
  - b) Summary of activities and decisions
  - c) Compliance with regulatory requirements
  - d) Training and capacity development undertaken
  - e) Challenges and recommendations

## 16.2 External Reporting

### 16.2.1 Annual Reporting to NHREC

- (1) In compliance with the National Health Act, the REC submits an annual report to the NHREC each year, including:
  - a) Updated committee membership information
  - b) Summary of applications reviewed and decisions
  - c) Adverse events and protocol deviations
  - d) Compliance with NDoH Guidelines
  - e) Any other information required by NHREC

## 17 REPORTING VIOLATIONS AND MISCONDUCT

### 17.1 Duty to Report

- (1) As stipulated in the Code of Conduct, all individuals covered by these SOPs have a responsibility to report suspected violations of:
  - a) Research ethics principles and requirements
  - b) Code of Conduct provisions
  - c) Research misconduct (fabrication, falsification, plagiarism)
  - d) Participant rights or welfare

### 17.2 Reporting Mechanisms

- (1) Reports may be made to:
  - a) The IIE Ethics Hotline ([ethicshotline@iie.ac.za](mailto:ethicshotline@iie.ac.za))
  - b) The REC Chair
  - c) Campus Research Ethics Committee Chair
- (2) All reports must be accompanied by substantiative evidence of the violation or misconduct.

### 17.3 Investigation Process

- (1) The REC Chair will conduct the initial assessment of the complaint and appoint investigators free from conflicts.
- (2) The REC Chair ensures that due process is provided for both complainant and respondent. The investigators are provided with a reasonable time to conduct and conclude their investigation.

- (3) IIE policies (IIE015, IIE023) will be consulted and complied with depending on the circumstances of the investigation and complaint.
- (4) The Chair may refer a complain to NHREC or professional councils, where appropriate.

## **17.4 Protection of Whistleblowers**

- (1) The IIE is committed to protecting individuals who report violations in good faith from retaliation, discrimination, or harassment. Anonymous reporting options are available where appropriate.

## **18 REVIEW AND REVISION OF SOPs**

### **18.1 Review Schedule**

- (1) These SOPs shall be reviewed:
  - a) Systematically every three to four years
  - b) More frequently as necessitated by research ethics changes
  - c) Following updates to NDoH Guidelines or NHREC requirements
  - d) After significant changes to institutional research policies
  - e) In response to audit findings or quality assurance recommendations

## APPROVAL AND SIGNATURES

These Standard Operating Procedures have been reviewed and approved by:

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**Chair, IIE Research Ethics Committee**

Date: \_\_\_\_\_

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**Chair, Research and Postgraduate Studies Committee**

Date: \_\_\_\_\_

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**Registrar, The Independent Institute of Education**

Date: \_\_\_\_\_

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**Senate Representative**

Date: \_\_\_\_\_